Neurology Health Reform Task Force to Address Looming Issues

With a new president and Congress going to work this month, the US health care crisis will be among the top issues of the new administration. This may be the most opportune time in the past 15 years to make major structural changes in the nation’s health care policies and practices that benefit patients and recognize the value of physicians.

To help focus the Academy’s efforts to fix the broken physician payment system, the AAN Professional Association has appointed a task force to develop a comprehensive and cohesive plan for neurology. The new Health Reform Task Force is chaired by Bruce Sigsbee, MD, FAAN. Members include key representatives from Academy committees: Legislative Affairs, State Affairs, Practice, and Medical Economics and Management.

The Health Reform Task Force will be responsible for developing and implementing a proactive strategy for assuring that the interests of Academy members and their patients are considered and represented in health reform proposals under consideration by policymakers. The group also will act as a rapid response team as health care reform proposals are put forward.

Sigsbee said, “The Academy must be ready to represent the interests of neurologists as health care reform moves ahead.”

We are developing an evidence-driven process, looking at not only the current but future needs for neurologic care. Inherent in this discussion is to assure adequate recognition for evaluation and management. The availability of neurologists in the future is dependent on appropriate reimbursement.”

Sigsbee looks to a data-driven process that will make the case for neurology on the pertinent facts involved. The task force will collect member input, survey information, research articles, and other information to support advocacy efforts. “Most specialty society efforts will be emotional, with veiled or not so veiled threats of decreased access or withdrawal from continued on page 10

Wine Tasting and Auction Stir Palates, Support Research

Come delight your taste buds—and support research in neurology—at the 2009 AAN Foundation Wine Tasting and Auction. The event takes place on Wednesday, April 29, from 7:00 p.m. to 9:30 p.m., at the Annual Meeting in Seattle.

Attendees are invited to sample some of the finest wines in the Pacific Northwest and enjoy an array of food, music, and fun. Bid on a variety of silent auction prizes including exquisite wine, entertainment, gifts, and more. The evening culminates with a live auction of exciting, high-profile prizes. Proceeds will benefit the AAN Foundation’s research program. Tickets are $100 per guest. Space is limited, so attendees are encouraged to purchase tickets with their Annual Meeting registration. Visit www.aan.com/wine for details.

For more information about the event, contact Sue Rodmyre at sroodmyre@aan.com or (651) 695-2725. Members wishing to donate wine or other items for the auction can contact Kristyn Timmers at ktimmers@aan.com or (651) 695-2724.
The Mission of the AAN is to promote the highest quality patient-centered neurologic care and enhance member career satisfaction.

The Vision of the AAN is to be indispensable to our members.

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AANnews is published monthly by the American Academy of Neurology.
The Meeting Management Committee (MMC) sets the framework and recommends policies for the Annual Meeting and regional programs. The committee, chaired by Timothy A. Pedley, MD, is comprised of the AAN President and President-Elect; the chairs of the Education, Science, and Practice Committees; the Chairs of the AAN Foundation, Academy Enterprises, Inc., and the Corporate Roundtable; and several at-large members. The MMC oversees the annual culmination of the efforts of our Education, Science, and Practice Committees, and of our dedicated staff under Christy Phelps, and to them all, we owe our gratitude for the continuing success of the AAN annual and midterm meetings.

Stephen M. Sergay, MB BCh, FAAN
President, AAN

Proper Planning Ensures Success of Annual Meeting, Regional Programming

By Timothy A. Pedley, MD, FAAN

Most of the Meeting Management Committee’s time is spent planning, implementing, and evaluating the Annual Meeting. While the Education, Practice, and Science Committees develop specific aspects of the program, the MMC reviews, approves, and integrates all meeting activities into a coherent whole. In addition, the committee develops unique programs such as the Celebration for Research, Run/Walk for Research, and other activities.

Last year’s 60th Annual Meeting in Chicago registered the largest number of attendees in AAN history. Given the previous year’s record-breaking attendance in Boston, there had been concerns that this was an anomaly, and that registration would drop in 2008. This proved not to be the case. Chicago attendees were attracted to an enhanced focus on research, including integrated neuroscience programs and online poster presentations. The AAN also marked its 60th anniversary with a special celebration, and attendees responded positively to new fundraising activities, including the chance to purchase brain certificates to honor friends, colleagues, and loved ones, and participate in the Run/Walk for Research.

Chicago’s McCormick Place was a good venue for a meeting of this size, although the distance between meeting hotels and the convention center required attendees to be bussed. We also incurred additional expenses due to higher labor costs, and because Illinois and the city of Chicago do not honor tax exemptions for nonprofit organizations.

Plans for 2009 are well underway, and we are very excited about the Seattle meeting. The Education Program has been determined, the Scientific Program will be finalized in January, and planning for the ancillary events is well underway. New activities for 2009 include Art for Research; Wine Tasting and Auction; an enhanced Guidelines, Practice, and Advocacy Open House; new Integrated Neuroscience programming; a program to assist residents in developing research careers; and much more.

The Meeting Management Committee takes seriously its responsibility to set policies for both the Annual Meeting and Regional Programs. These include defining the roles and obligations of faculty members and other presenters, establishing guidelines for interactions between the AAN and industry, and developing and monitoring disclosure policies. The committee also is responsible for enforcing AAN policies as they apply to meetings, and this can sometimes require imposing sanctions on corporate sponsors and faculty/presenters.

As successful as AAN Annual Meetings have been, we always seek to improve them. We are very aware that our meetings must be considered within the framework of the Academy’s strategic plan and its annual budget. It is therefore important for our meetings, like other Academy activities, to be data driven, and that our planning process systematically incorporates information from pertinent environmental scans. At its 2009 winter meeting, the MMC will spend a full day considering the Annual Meeting from the perspective of the Academy’s evolving new strategic plan.

At the winter meeting, the MMC also will review our regional programs. Current regional conferences offer extraordinary opportunities for both education and networking. However, with the increasing time, financial, and other demands placed on physicians, we must ask if regional conferences are the best way to offer CME in the context of a growing use of online learning and other innovative education opportunities. In anticipation of the MMC’s 2009 winter meeting, we invite your input. Please share your thoughts and suggestions about our annual and regional meetings with Christine Phelps at cphelps@aan.com or (651) 695-2727.
Four noted physician-scientists will outline their recent research findings, along with the clinical implications of their work, at the Frontiers in Clinical Neuroscience Plenary Session on Thursday, April 30, from 9:00 a.m. to 11:00 a.m. in the Washington State Convention and Trade Center. The session, moderated by John W. Griffin, MD, Lecture Awards Subcommittee Chair, is open to all Annual Meeting participants.

The four featured lecturers are:

**Helen S. Mayberg, MD**
*Emory University School of Medicine, Atlanta*

Helen Mayberg, MD, is Professor of Psychiatry and Behavioral Sciences and Neurology, and holds the Dorothy C. Fuqua Chair in Psychiatric Imaging and Therapeutics at the Emory University School of Medicine. Her research over the past 20 years has systematically examined neural mechanisms mediating depression pathogenesis and antidepressant treatment response. Her goal is to define imaging biomarkers that discriminate depression subtypes, optimize treatment selection, and identify disease risk and relapse vulnerability. Her long-term interest in neural network models of mood regulation in health and disease led to the recent development of a new intervention for treatment-resistant depression using deep brain stimulation, a study initiated at the University of Toronto and now continuing at Emory. Mayberg completed her neurology residency at the Neurological Institute of New York at Columbia University, with fellowship training in nuclear medicine at Johns Hopkins. She received her MD from the University of Southern California. She has held previous academic appointments at John Hopkins, The University of Texas Health Sciences Center in San Antonio and the University of Toronto, where she was the first Sandra Rotman Chair in Neuropsychiatry. Mayberg has an active research program with current funding from NIMH, NARSAD, the Stanley Medical Research Institute, the Dana Foundation and the Woodruff Fund. She also currently serves on the NINDS Advisory Council, the ANA Council, and the Scientific Advisory Boards of NARSAD and the Dana Alliance. She was the 2007 recipient of the Nola Maddox Falcone Prize in Affective Disorders and was elected this year to the Institute of Medicine of the National Academies.

**Henry L. Paulson, MD, PhD, FAAN**
*University of Michigan, Ann Arbor, MI*

Henry Paulson is the Lucile Groff Professor of Neurology in the Department of Neurology at the University of Michigan, where he oversees departmental programs in neurodegenerative diseases. Paulson received his MD and PhD in cell biology from Yale University in 1990. He then completed a neurology residency and neurogenetics/neurogenetics movement disorders fellowships at the University of Pennsylvania. In 1997, he joined the faculty at the University of Iowa, where he remained until 2007. His research and clinical interests concern the causes and treatment of age-related neurodegenerative diseases, with particular interests in ataxia, polyglutamine disorders, and Alzheimer’s disease. In 1997, his lab described abnormal protein aggregates in polyglutamine diseases, now recognized as a pathological hallmark in this class of inherited diseases. Using test tube, cell-based, and animal models, he and his laboratory colleagues have contributed to advances in the understanding of polyglutamine and other neurodegenerative diseases. His lab also has helped pioneer the use of RNA interference as potential therapy for neurological disorders caused by “toxic” mutant genes. Paulson has directed genetics and ataxia courses for the Academy, serves on the scientific advisory boards of numerous disease-related national organizations, and belongs to the Board of Scientific Counselors at the National Institute for Neurological Disorders and Stroke. Among his awards, 

**Modulating Putative Depression Circuits Using Deep Brain Stimulation**

Critical to development of deep brain stimulation (DBS) as a novel therapy for treatment of resistant depression has been the evolving characterization of brain systems mediating normal and abnormal mood states, as well as those mediating successful and unsuccessful response to various antidepressant interventions. Building on converging functional neuroimaging evidence implicating the subcallosal cingulate as a critical node within this depression network, we targeted this region directly, adapting DBS neuromodulation techniques routinely used to treat Parkinson’s disease and other movement disorders. The theoretical and data-driven foundation for piloting this new procedure as well as long-term clinical and imaging findings from ongoing experimental studies will be presented.
Paulson has been an Ellison Medical Foundation New Scholar and recipient of the Paul Beeson Physician Faculty Scholar in Aging Award from the American Federation for Aging Research.

“Toward Therapies for Polyglutamine Diseases”

Polyglutamine expansion diseases collectively represent a major cause of heritable neurodegeneration. At least nine disorders are due to CAG repeat expansions that encode abnormally long stretches of glutamine in the respective disease proteins. This shared mutational motif, coupled with the abnormal accumulations of disease protein that occur in all polyglutamine diseases, suggests a common pathogenic mechanism occurring at the protein level. For each polyglutamine disease, however, the host protein context differs greatly, and this in turn influences both the biochemical properties of expanded polyQ and the resultant disease phenotypes. Drawing on research findings from many polyglutamine diseases, including our own studies of Spinocerebellar Ataxia type 3 and Huntington disease, I will discuss a model of disease pathogenesis that integrates current understanding of the role of protein misfolding and aggregation with emerging evidence that alterations in native protein interactions contribute to toxicity. I will then discuss promising therapeutic strategies for polyglutamine disorders, some of which target shared disease pathways that enhance the cell’s ability to maintain protein homeostasis while others target individual disease proteins or disease-specific pathways.

Caroline M. Tanner, MD, PhD, FAAN

Parkinson’s Institute, Sunnyvale, CA

Caroline Tanner, MD, PhD, FAAN, earned her medical degree at Loyola University and completed a residency in neurology and fellowship in clinical neuropharmacology and movement disorders at Rush-Presbyterian-St. Luke’s Medical Center. Early in her career, she became interested in evidence suggesting environmental toxicants might cause Parkinson’s disease (PD), and she went on to complete a doctorate in environmental health sciences in the School of Public Health at the University of California, Berkeley. As the Director of Clinical Research at the Parkinson’s Institute in Sunnyvale since 1990, she has combined her expertise as an epidemiologist and movement disorders specialist to study new therapies and conduct neuro-epidemiologic investigations of genetic and environmental risk factors for PD and other neurodegenerative diseases. Her research comprises investigations in a variety of populations in the United States, including the National Academy of Science/National Research Council Veterans Twins Registry, the Agricultural Health Study, the Honolulu Asian Aging Study, the Alaska Native Medical Center, a pilot project to establish a statewide PD registry in California, as well as clinical trials conducted by the Parkinson Study Group, Neuroprotection Exploratory Trials in Parkinson’s Disease, and the Chinese Parkinson Study Group in China. Tanner has been an active member of the AAN since her residency. She is the current chair of the Neuroepidemiology Section of the AAN, and she also has served as the chair of the Movement Disorders Section and on the Annual Meeting Scientific Program Subcommittee, among other activities.

“Seeking the Causes of Parkinson’s Disease”

Parkinson’s disease (PD) is likely due to the combined effects of environment and genes in most cases. Environmental factors inversely associated with PD (or putative protective factors) include cigarette smoking, use of coffee/caffeine, higher uric acid levels, and anti-inflammatory drug use. Less well-established inverse associations with PD include higher cholesterol levels, statin use, higher dietary vitamin B6, and night-shift work. Putative risk factors are pesticide exposure, head trauma, certain occupations, and milk consumption. The pathogenesis of PD may begin decades before motor symptoms, and PD may have shared determinants with other neurodegenerative disorders. The pathophysiologic mechanisms of the rare forms of parkinsonism with a single genetic or toxicant cause have been assumed to apply to those more common cases of PD without known etiology. While it is not yet known whether this assumption is correct, mechanisms identified through studying these rare forms appear to parallel those associated with idiopathic PD. This supports the idea that the rare forms with single genetic or environmental causes can provide insights into the more common forms of PD without known cause. In most cases, PD will likely be understood to be multifactorial, and both genetic and environmental determinants will be important. Sophisticated methods of investigation are needed to arrive at an answer. These will include studies of large populations well-characterized both for genetic and for environmental factors. Close collaboration of epidemiologists, clinicians, and basic scientists involved in laboratory investigations of disease mechanisms remains critical.

Stephen T. Warren, PhD

Emory University School of Medicine, Atlanta

Stephen Warren is currently the William Patterson Timmie Professor of Human Genetics and Chair of the Department of Human Genetics at Emory University School of Medicine, which he founded in 2001. He is also Professor of Biochemistry and

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Frontiers in Clinical Neuroscience Plenary Session Focuses on Translational Research

Continued from page 5

Professor of Pediatrics at Emory. Warren received his PhD in human genetics from Michigan State University and performed postdoctoral work at the University of Illinois and the European Molecular Biology Laboratory prior to joining the faculty at Emory, where he was an HHMI Investigator for over a decade. Warren is a diplomat of the American Board of Medical Genetics and a founding Fellow of the American College of Medical Genetics. Warren was president of the American Society of Human Genetics in 2006 and is a former editor-in-chief of The American Journal of Human Genetics (1999–2005). Among his awards are the Albert E. Levy Faculty Award from Emory University, the William Rosen Research Award from the National Fragile X Foundation (awarded twice), a NIH MERIT award, the William Allan Award of the American Society of Human Genetics, the Herbert & Esther Bennett Brandwein Award in Genetic Research from the University of Connecticut, and the Outstanding Alumni Award from Michigan State University. In 2003, Warren was an inaugural inductee into the National Institute of Child Health and Human Development Hall of Honor and in 2004 was elected to the Institute of Medicine of the National Academies.

"Mechanisms of Fragile X Syndrome and Associated Disorders"

Fragile X syndrome (FXS) is a common inherited form of cognitive impairment and autism. It is due to a CGG-repeat expansion in the 5’ untranslated portion of the X-linked FMR1 gene. Normal alleles have 7–55 triplets while alleles causing FXS have more than 200 repeats. Carrier premutation alleles have 55–200 triplets and leads to a risk of premature ovarian in females as well as the genetic risk for FXS in offspring. In males more than 50 years of age, the premutation leads to fragile X-associated tremor/ataxia syndrome (FXTAS). This neurodegenerative disorder appears due to the sequestering of RNA-binding proteins, such as Purα, on the lengthened riboCGG-repeat of the FMR1 message. In FXS, alleles with more than 200 repeats become methylated with heterochromatic chromatin marks, silencing FMR1. Thus the loss of the encoded protein, FMRP, is responsible for FXS. The majority of cellular FMRP can be found associated with ribosomes, particularly at the base of or within dendritic spines, a location where local control of protein synthesis is critical in synaptic plasticity. Indeed, FMRP is a selective RNA-binding protein and acts as a translational suppressor of its target mRNAs. In the absence of FMRP, this negative influence of FMRP on translation is lost, leading to the over-translation of mRNAs normally associated with FMRP in the postsynaptic space following type I mGluR stimulation. Antagonists of mGluR excitatory signaling or GABAergic inhibitory agonists can reduce this over-translation and rescue FXS phenotypes in model systems pointing to therapeutic strategies.

Preorder and Save on 2009 Virtual Annual Meeting Products

Preorder your 2009 Virtual Annual Meeting products today to take advantage of significant savings on these valuable resources. AAN members can save up to $70 by preordering the 2009 Annual Meeting Syllabi on CD and up to $50 by preordering the 2009 Annual Meeting Webcasts-on-Demand.

The Syllabi on CD includes more than 175 educational programs and is preorder priced at just $99 for members, compared to $169 on-site and $199 post-meeting pricing. Members looking to access multimedia presentations from the Annual Meeting can preorder the Webcasts-on-Demand for only $119. The webcasts feature slides, audio, and video online of more than 240 hours of programs and presentations on the latest science and education and includes all five plenary sessions. The AAN member preorder price is $119 compared to $169 on-site and $199 post-meeting pricing. Members can also purchase the Syllabi on CD and Webcasts-on-Demand together for a special price of only $198.

Preorder today by visiting www.aan.com/go/education/online/virtual.

Late-breaking Science Abstracts Due February 20

Abstract submission forms for the Late-breaking Science program at the Annual Meeting are due by February 20, 2009. Abstracts are accepted from neurologists, neuroscientists, and other researchers whose work is of major scientific importance, warranting expedited presentation and publication. Key aspects of the research must have been conducted after November 3, 2008.

Forms may be submitted online at www.aan.com/go/am/science/latebreaking. The 2009 Late-breaking Science schedule will be available in March. For more information, contact Kyle Krause at kkrause@aan.com or (651) 695-2733.
Free Annual Meeting Colloquia Offer Valuable Information

This year’s colloquia will offer attendees four opportunities to obtain valuable information that will enhance their professional skills and knowledge. All colloquia are free of charge to registered attendees.

**BRAINS Colloquium: Critical Thinking for Critical Issues**
**Saturday, April 25, 1:00 p.m.–5:00 p.m.**

This colloquium will provide attendees with up-to-date information on the “business” of neurology and an opportunity to develop practice management skill sets further. Faculty will address the logistics of taking call and the different call options, implementing an electronic health record, and salary and staffing issues that accompany an atmosphere of declining reimbursement.

**Patient Safety Colloquium: Medication Safety Across Your Practice Settings**
**Sunday, April 26, 9:00 a.m.–12:00 p.m.**

By attending this colloquium, neurologists will be empowered to participate in the implementation of medication safety and understand safety issues related to herbal medication and medication interactions. Additional objectives include learning the value of Internet tools and safe prescribing practices. The colloquium will enable neurologists to develop patient safety initiatives for their patients.

**Practice Colloquium: Improving Quality through Incentives: Lessons from Model Programs**
**Sunday, April 26, 1:30 p.m.–4:30 p.m.**

Incentivizing quality, or “pay-for-performance” (P4P), has received substantial national emphasis over the past several years, but the evidence on what works and what doesn’t work regarding improved health care efficiency and outcomes has been mixed. This practice colloquium will review the best available evidence on P4P, particularly with regard to improving the quality of primary versus specialty (neurologic) care. Specific models of P4P that have shown the most promise in large health care systems will be emphasized.

**Education Colloquium: Ethics and Education**
**Monday, April 27, 9:00 a.m.–12:00 p.m.**

The ethical dimensions of medical practice have grown exponentially over recent decades, with neurologists often playing a central role in the identification of ethical issues and developing guidelines for care based on ethical, scientific, and clinical principles. Participants will learn about ethics education; the influence of the clinical environment and culture on the ethical behavior of students, residents, faculty, and practitioners; the essentials of an ethics curriculum and an exploration of a variety of ways to teach ethics; and medical practice and the structure and purpose of health law.

**DON’T MISS THESE FREE ANNUAL MEETING EVENTS**

Every registered attendee has free access to a variety of programs and events throughout the week, including:

- Scientific Platform and Poster Sessions
- Plenary Sessions
- Celebration for Research: Neurobowl®, Neuro Idol, Main Stage, and Neuro Hop
- Advocacy Events
- Guidelines, Practice, and Advocacy Open House
- Digital Demos: Technology Solutions That You Can Afford
- All Colloquia
- Exhibits (guest passes are available for purchase)
- Resident Activities
- Scientific Topic Highlights
- Corporate Therapeutic Updates
- New Member Information Session
- International Attendee Summit

For individual event details, visit the www.aan.com/go/am or consult your Annual Meeting Registration and Advance Program.
Annual Meeting Opportunities for Students, Residents, and Fellows

To help build careers in neurology, the Annual Meeting offers a variety of opportunities geared specifically to students, residents, and fellows. Registration for students, residents, and fellows includes scientific platform and poster sessions, plenary sessions, colloquia, Awards Luncheon, Celebration for Research, and exhibits. Medical students and residents also receive a reduced rate for Education Programs. Medical and graduate students and PhD candidates who present a student ID card or are AAN members receive free admission to the Annual Meeting.

Basic Science Resident Curriculum
Sunday, April 25, 9:00 a.m.–6:00 p.m.

The resident neuroscience initiative is a concept to develop a three-year basic science curriculum for residents at the Annual Meeting. The curriculum is intended to help neurology residents prepare for requirements from the Neurology Review Committee (NRC), Part I of the Neurology Boards, and the Residency In-service Training Examination (RITE). Topics over the three-year cycle are neuroanatomy, neurophysiology, neuropathology, neuropsychology, genetics, and development. Programming will be held as two half-day courses on the first Saturday of the meeting. This year’s topics are:

- **1AC.001 Resident Basic Science I: Neurogenetics**
  9:00 a.m.–12:45 p.m.

- **1PC.001 Resident Basic Science II: Neurometabolic Disorders**
  2:15 p.m.–6:00 p.m.

Residents and Fellows Luncheon
Sunday, April 26, 12:00 p.m.–2:00 p.m.

This luncheon honors Annual Meeting Resident Scholarship recipients. The Consortium of Neurology Residents and Fellows Business Meeting is incorporated into the luncheon. Elections will be conducted for the new chair-elect position and activities for involvement within the Academy will be highlighted. Free and open to all registered residents and fellows; however, RSVP is required. To secure a seat, RSVP to Cheryl Alementi at calementi@aan.com by March 3, 2009.

Celebration for Research: Neurobowl®, Neuro Idol, and Neuro Hop
Sunday, April 26, 6:30 p.m.–10:30 p.m.

An exciting evening filled with music, dancing, socializing, and more. Enjoy a delicious buffet of Seattle favorites while networking with your friends and colleagues. Laugh along with celebrated comedian Josh Blue as he relates his experiences living and dealing with cerebral palsy as the Main Stage feature. Free and open to all registered attendees. Additional guest tickets are available through registration.

American Board of Psychiatry and Neurology Resident Informational Session
Monday, April 27, 5:00 p.m.–6:30 p.m.

Meet members of the American Board of Psychiatry and Neurology. The panel will discuss all aspects of the neurology boards and what is expected from candidates. Free and open to all meeting registrants.

Student Interest Group in Neurology (SIGN) Meeting and Reception
Monday, April 27, 5:30 p.m.–6:30 p.m.

Student and faculty representatives from existing SIGN chapters and those interested in starting chapters will gather for presentations and discussions. Free to all medical students.

Residents and Fellows Career Forum and Reception
Monday, April 27, 6:30 p.m.–9:00 p.m.

Learn how to search for a fellowship, how program directors select fellows, and how a fellowship could benefit your career. Find out how to start a career in academics/research and private practice. Socialize with other residents and fellows as well as representatives from various neurology programs and learn about potential positions from headhunters. Advertisers in AAN Dendrite™ Careers in Neurology also will be on hand to discuss job opportunities. New this year, neurology residency programs that feature an international element will have the opportunity to showcase their programs during the poster forum and reception, and to share information about their international outreach. Programs that have a formal affiliation with foreign programs that encompass teaching and research are encouraged to submit a poster.
American Academy of Neurology and American Academy of Neurology Foundation Awards Luncheon
Wednesday, April 29, 12:00 p.m.–1:30 p.m.
Sheraton Grand Ballroom A-D

Join Academy and Foundation leaders as they honor the recipients of the 2009 AAN Awards. From enterprising high school students to world-renowned researchers, this program recognizes some of the top accomplishments in neuroscience research. Paul G. Allen, co-founder of Microsoft, owner of the Seattle Seahawks and Portland Trailblazers, and neurology philanthropist, will receive the Public Leadership in Neurology Award. He will be honored for his commitment to neurologic research as founder of the Allen Institute for Brain Science in Seattle.

Resident/Medical Student Rush Line

Check in at the Special Registration Services Booth each morning for tickets to available programs for that day. Two tickets will be held for each program, available on a first-come, first-served basis. Eligible participants are limited to one free program per day, two free programs for the week unless there are unclaimed tickets 10 minutes prior to a program starting. The Rush Line is available for half-day and full-day courses, case-study programs, kick-off programs, and therapy programs. Seminars, workshops, and luncheons are not included.

Join us for the
2009 RUN/WALK for Brain Research
Sponsored by Eli Lilly and Company

Tuesday, April 28
6:30 a.m.–8:30 a.m.

Move Your Feet for Research!
Put your legs (and your support) behind research! Join your colleagues for a 5k run or one mile walk along the beautiful Seattle waterfront.

Get Sponsors, Help Us Reach the Finish Line
Friends and family can sponsor your run or walk for a flat donation. Recruit more sponsors to raise more for research. The runner with the most donations receives FREE 2010 Annual Meeting registration.

- Special Prizes also given for Best Male and Female runners!
- Free Run/Walk T-shirt and refreshments

Proceeds support Clinical Research Training Fellowships in neurology.

What’s Provided?
Water and refreshments will be available following the race. The registration fee is $25. Participants will receive a Run/Walk T-shirt, commemorating the event.

Register Now: www.aan.com/run
Buy a “Brain” at Annual Meeting, Support Neurologic Research

The AAN again will be selling “brain” certificates at the Annual Meeting to raise money for clinical research training fellowships in neurology. For each $5 donation to the AAN Foundation’s Brain Fund, you will receive a brain certificate to add to the walls of the Washington State Convention and Trade Center. Place your name or the name of someone you are honoring on each brain you purchase.

One hundred percent of every donation to the Brain Fund goes directly to support research. More than $16,500 was raised at the 2008 Annual Meeting in Chicago, and the Foundation looks to break this record. Buy a brain to invest in the future of neurology to support careers in research and better outcomes for patients.

For more information, contact Susan Rodmyre at srodmyre@aan.com or (651) 695-2725.

Neurology Health Reform Task Force to Address Looming Issues

Continued from cover

Medicare. That type of assertion of their importance may feel good for those specialties, but it is not very effective at modifying policy and shaping legislation. Our task force will collect and develop the data that captures the reality of our situation in clear, compelling, and reasoned terms.”

Initially, the task force has developed an education campaign to build awareness among policymakers and other stakeholders on the role of a neurologist, the increasing number of neurologic patients, and the specific needs of the profession and the patients neurologists serve. The next step will be to develop reform principles that will drive Academy support for various reform proposals and to submit potential solutions.

For more information about the task force, contact Rod Larson, Chief Health Policy Officer, AAN Center for Health Policy, at rlarson@aan.com or (651) 695-2772.

Health Reform Task Force Members
Bruce Sigsbee, MD, FAAN, Chair
Sara G. Austin, MD, FAAN
Terrence L. Cascino, MD, FAAN
Lily Jung, MD, FAAN
Joel M. Kaufman, MD, FAAN
Laura B. Powers, MD, FAAN
Rita M. Richardson, MD
Lisa M. Shulman, MD, FAAN
J. Baldwin Smith, III, MD
James C. Stevens, MD, FAAN
Robert C. Griggs, MD, FAAN, Ex-officio
Stephen M. Sergay, MB BCh, Ex-officio

Viste Neurology Public Policy Fellow Takes Congressional Position

Terri Postma, MD, the 2008–2009 Kenneth M. Viste, Jr., MD, Neurology Public Policy Fellow, has accepted an offer from the Senate Finance Committee. She will work with the minority staff under ranking member Senator Chuck Grassley (R-IA). She will be working mainly with the health care subcommittee, but may also assist with other Finance Committee issues such as oversight and investigations.

“I again thank the Academy, the American Neurological Association, and the Child Neurology Society for this opportunity,” said Postma. “I’m looking forward to this work during what should be a very interesting year for health care!”
February brings state society meetings for neurologists in Virginia, Rhode Island, California, North Carolina, Georgia, Texas, and Iowa. The Academy urges members to attend these gatherings to work on local issues of concern and share insights for improving their practices and the care of their patients.

Members of the Academy’s advocacy staff will be attending many of the upcoming meetings. Staff enjoy being present at the meetings to make presentations, answer questions about how the organization is addressing issues related to health care policies, and support the state groups.

“Neurology state societies are essential to the growth and development of neurology outreach efforts,” said Anna DePold Hohler, MD. “I was fortunate to be involved in the development of the Washington State Neurological Society (WSNS) with Drs. Lily Jung, Maureen Callaghan, and Lynne Taylor, all fellow participants of the Palatucci Advocacy Leadership Forum. Some of our initiatives included an annual meeting, a legislative advocacy day at the state capitol, and the development of a neurology consortium with local support groups and not-for-profit organizations. My experience with the WSNS helped to increase my understanding of my role in improving the careers of neurologists and the lives of the patients we serve. After moving to Boston, I joined the Massachusetts Neurological Association and continued my advocacy efforts. State societies are the link to neurology patients, the local community, and local legislators. Neurologists should strongly consider joining their state society for educational opportunities, networking, and advocacy issues.”

For a list of upcoming state society meetings, websites, and contact information, refer to the Upcoming Dates and Deadlines section on page 28. For more information on Academy participation at state events, contact Dave Showers at dshowers@aan.com or (651) 332-8683.
Practice Management Essentials. Latest Tools and Resources. Excellent Value.

2009 AAN Annual Meeting Practice Opportunities.

The 2009 AAN Annual Meeting continues its tradition of excellence by providing the latest information, tools, and resources to help you with your day-to-day practice challenges. Discover how to code correctly and get reimbursed more quickly, save time and money while improving quality, increasing patient safety, and applying the latest technologies to boost efficiency.

Best of all, the Annual Meeting presents an excellent value by providing the latest information in the field, best education programming, and unparalleled networking opportunities—all in one meeting.

Early registration discount and hotel deadline is March 20, 2009.

Register today at www.aan.com/2009AM
New CPT Coding Changes Available

Neurologists should be aware of a number of important changes contained in the new 2009 CPT® book. Highlights include:

New Codes
There are new codes to report performance of the canalith repositioning procedure and actigraphy sleep testing:

- **95992 Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day**
  (Do not report 95992 in conjunction with 92531, 92532)

- **95803 Actigraphy testing, recording, analysis, interpretation, and report**
  (minimum of 72 hours to 14 consecutive days of recording)
  (Do not report 95803 more than once in any 14-day period)
  (Do not report 95803 in conjunction with 95806-95811)

Prolonged Services Revisions
CPT codes 99354–99357 have been revised. The AMA clarifies prolonged physicians service codes with direct (face-to-face) patient contact with revised introductory language regarding using the codes to report the total duration of face-to-face time spent by a physician on a given date providing the prolonged service even if the time spent by the physician on that date is not continuous. The clarification also states that the use of the time-based add on codes in the section requires that the primary E/M service have a specified time published in the CPT book. The book also articulates the appropriate way to code a total duration of prolonged services exceeding 105 minutes as 99354 X1 and 99355 X2 or more for each additional 30 minutes.

Anticoagulant Management Codes
New language in the 2009 CPT book specifies anticoagulation management services as outpatient services only (99363–99364). When anticoagulation therapy is initiated or continued in the inpatient or observation setting, a new period begins after discharge and is then reported with 99364.

Chemodenervation Codes
Introductory language for the chemodenervation codes (64600–64681) specifies that the codes include the injection of other therapeutic agents (e.g., corticosteroids) and instructs individuals to use 64699 for therapies that are not destructive of the target nerve. This section also includes a new code for destruction by neurolytic agent, plantar common digital nerve (64632).

Remote Real-Time Interactive Video-conferenced Critical Care Services
The Category III section of the 2009 CPT book features new codes for remote real-time video-conferenced critical care (0188T–0196T). This includes introductory language that explains the codes as remote real-time interactive video-conferenced critical care as the direct delivery by a physician(s) of medical care for a critically ill or critically injured patient from an off-site location. The codes are intended to supplement on-site critical care services at times when a critically ill or injured patient requires additional critical care resources than are available on-site. Physicians providing such services should review the introductory section as it provides additional information on when the code should be used and what types of services need to be available to the physicians who perform remote real-time interactive video-conferenced critical care services.

Quantitative Sensory Analysis Category III Codes
Those who perform quantitative sensory testing (QST) are reminded to report those services using category III codes that currently exist for QST (0106T–0106T).

For more information about CPT coding changes, contact Katie Kuechenmeister at kkuechenmeister@aan.com or (651) 695-2783.

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Neurologists Needed to Take Part in Stroke Registry, Contact the AAN with Experience

Neurologists are needed to participate in the CARE Registry™, a carotid artery revascularization quality improvement initiative. The registry was developed by the American College of Cardiology Foundation in collaboration with the AAN and other organizations as an independent, national outcomes registry for carotid artery disease patients. Unique to the CARE Registry is the inclusion of NIH Stroke Scale scores pre- and immediately post-procedure, as well as at 30 days post-procedure.

“The CARE Registry recognizes the importance of neurologic expertise,” said Irene Katzan, MD, who served on the working group that developed the registry. “This is a major advance over current practice of carotid endarterectomy in most institutions. If neurologists do not take the lead in these areas, then the quality of patient care may suffer, neurologic outcomes of these procedures will remain unknown, and procedures will occur in a poorly guided environment.”

Katzan said neurologists should have their medical directors enroll their hospitals in the CARE Registry. “If their hospitals are already enrolled, neurologists should make sure they are using the registry,” she said. “Their participation will lead to improved quality of patient care, and these patients are in dire need of an optimized stroke prevention plan.” If you are participating in the CARE Registry at your facility, the AAN is eager to learn about your experience.

The CARE Registry provides participants with quarterly reports that compare the practice patterns, demographics, and outcomes of their diagnostic carotid artery stenting and endarterectomy procedures and therapies with those of reporting facilities nationwide.

“Enrollment in the registry gives your facility access to a comprehensive benchmarking tool for measuring the quality of patient care, enabling you to identify gaps in that care and implement effective, continuous quality improvement processes,” Katzan said.

The registry meets requirements of Centers for Medicare & Medicaid Services, payers, and regulators for data collection for these procedures and it will help participants meet the demand from payers for outcome-based quality improvement measures.

Contact Rebecca Swain-Eng at rswaineng@aan.com or (651) 695-2808 to share your experience using the CARE Registry at your facility.

For more information, visit www.ncdr.com.

New Templates Provide Further Assistance with E/M Services

In response to feedback from members, the Academy’s Coding Subcommittee has developed nine new templates to address Level 1 and 2 Initial hospital stay, subsequent hospital care and new patient/consultation; and Level 3 Initial hospital stay and subsequent hospital care services. These templates have been designed to assist neurologists in coding appropriately for these types of visits.

To access the templates, visit www.aan.com/emtemplates. For more information, contact Gina Gjorvad at ggjorvad@aan.com or (651) 695-2715.
Physician-Patient Communications Increasingly Move Online

The AAN Annual Meeting will offer “Digital Demos: Technology Solutions That You Can Afford,” a free event on April 27, 2009, in Seattle. This is the fourth article in a series of six designed to help members understand the benefits and considerations regarding digital technology in the office.

Playing phone tag may soon go the way of the rotary dial telephone as more patients and physicians take advantage of secure email messaging. This is accomplished with an encrypted email portal that enables a two-way, secure communication between parties. Patients are discovering the advantages of communicating with their physicians at their convenience and without the hassles of being placed on hold or waiting for a return call.

According to Steven J. Zuckerman, MD, “The advantages of an asynchronous form of communication have been demonstrated. This approach saves time for physician offices and the convenience this offers for patients is greatly appreciated. Despite concerns to the contrary, physicians are not inundated with frivolous—or worse—medically emergent messages. In fact, office phone calls are significantly reduced when such a secure system is in place.”

Zuckerman, who will speak on secure communications at the Digital Demos program at the Annual Meeting, is a member of the Academy’s Practice Management and Technology Committee and has long held a keen interest in medical informatics. His master’s thesis for the Royal College of Surgeons in Bath, England, evaluated the ways in which technology is changing how patients and physicians have traditionally communicated. Now the Chief of Neurology and Medical Information Officer at Baton Rouge General Hospital in Louisiana, Zuckerman is an MDNG Healthcare IT Advisory Board member.

There are several approaches to secure online communications, and numerous vendors and price points from which to choose. Full service practice portals RelayHealth, Medem, and MedFusion are examples of vendors that offer much more than simple messaging capabilities, including:

- Front office support: delivering remittance statements and account balance, online bill payments, and even verification of insurance and credit status.
- Back office support: receive patient requests for appointments or prescription refills, and generate patient reminders to decrease “no-shows.” One product, from Smile Reminder, can send appointment reminders to patients with text messages.
- Patient education: making education materials available to patients.
- Some ePrescribing functionality (compliance with Medicare Part D regulations may vary, affecting qualification for CMS bonuses).

RelayHealth, for example, offers a suite of online services for practitioners. At its core, RelayHealth provides a secure communication platform between patients and their physicians. However, it allows more than simple email messaging. Patients can request appointments, ask for medication refills, or even obtain test results via the same infrastructure.

RelayHealth also allows a robust personal medical history (including medications, allergies, and past medical and surgical conditions). “In fact, they have partnered with Microsoft’s HealthVault to expand the ease and functionality of this feature. RelayHealth asserts that there is interoperability between practice management systems as well as EHRs, but I have not seen that functionality to know its ease or cost,” said Zuckerman.

Some of these communications tools are implemented as an ASP (application service provider) model. “This means that all software and data reside with vendor,” said Zuckerman. “An advantage of this model is that the only hardware requirement to start using the service is Internet access. There are no software investment requirements. On the other hand, physicians do not own the data, and if they part ways with the provider, that information may no longer be available.”

Zuckerman points out there are numerous options at different price points. “For communication without all of the frills, Medem offers iHealth, a clinically focused subset of their secure communications, for $395 per year. Subscribing to AskMedica can provide a more focused and economical program for $300 a year, and can route messages to the appropriate office recipient. Patients can register for this service at no charge, which does not place additional clerical burdens on one’s practice. An even less expensive email encryption programs is available from ZixMail, a leader in the field of secure medical messaging. It offers an encrypted, HIPAA-compliant mail service for $125 annually.”

“This approach saves time for physician offices, and the convenience this offers for patients is greatly appreciated.”

—Steven J. Zuckerman, MD
AAN Seeks Topic Nominations for Clinical Performance Measures

AAN members can now submit topic nominations for development into clinical performance measures. In order for a topic to be considered, there must be a demonstrated gap or variation in care, e.g., patients are not receiving proper diagnosis, management, or treatment which may or may not differ based upon the practitioner. There must be also be evidence-based recommendations available on the topic.

Topic nominations must include:

- Topic name (i.e., disease or condition)
- Population (i.e., age, sex, limiting factors)
- List of existing relevant practice guidelines on the topic
- Literature list of existing measures and indicators for the topic area
- Statement of importance, usefulness in improving outcomes, and the need for development of measures (gaps, variations, and cost variability in care for the topic)
- Expected purpose for quality improvement versus accountability; expected level of measures (patient encounter, individual provider, or system)
- Suggestions of other specialties/organizations that should be invited to participate in developing the measures

An AAN Quality Measure and Reporting Process Manual is available to help guide members through the topic nomination process.

“We have a real opportunity to improve the quality of care through development of these measures,” said Christopher Bever, Jr., MD, MBA, FAAN, chair of the Quality Measurement and Reporting Subcommittee. “The AAN is taking a leading role in measure development, which allows us to define what quality means to the care of our patients, make sure the measures are evidence-based, and ensure that they are meaningful.”

The measures may be used for quality improvement and accountability initiatives. Other potential uses of AAN performance measures include: documenting that care is evidence-based; improving health outcomes for patients; promoting increasing underutilized services, preventing misuses, or decreasing overuse; sharing data and engaging patients; measuring quality to establish performance standards, reach benchmarks; recognition and reward for high levels of performance or improvement; advocating for fair reimbursement; reducing practice and system variation; affirming the role of neurologists in the diagnosis and treatment of neurological disorders; influencing public or hospital policy; and promoting efficient use of resources.

To nominate a topic or for more information, contact Rebecca Swain-Eng at rswaineng@aan.com or (651) 695-2808.

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New AAN Guidelines Identify Best Tests for DSP

The AAN has developed new, evidence-based guidelines to support the most accurate diagnosis for distal symmetric polyneuropathy (DSP). The guidelines, published in the December 3, 2008, online issue of Neurology®, find that a combination of laboratory and genetic blood tests and other specialized assessments like autonomic testing and nerve and skin biopsy appear to be the most helpful tests for finding the cause of DSP.

“There are many people with a neuropathy who have been walking around for years without having been diagnosed and treated,” said guidelines author John D. England, MD, FAAN. “Both neurologists and people with neuropathy need to know that the appropriate choice of tests is critical to accurate diagnosis.”

The guidelines were developed in full collaboration with the American Association of Neuromuscular and Electrodiagnostic Medicine and the American Academy of Physical Medicine and Rehabilitation. Authors analyzed all available scientific studies on the topic.

The guidelines recommend that doctors obtain certain blood tests for all patients with numb, painful feet. “People with suspected nerve problems should talk to their doctors about screening tests, especially blood glucose, vitamin B12 level and serum protein levels, since these tests can often point to common causes of neuropathy,” said England. The guidelines recommend tailored genetic testing for accurately diagnosing certain neuropathies that run in families.

The guidelines further recommend that doctors consider a combination of specialized tests to accurately evaluate neuropathies with autonomic dysfunction and measure the action of the nerves that control sweating, heart rate, and blood pressure. Skin biopsy may also be useful to diagnose loss of tiny nerve fibers in the skin.

To read the full guidelines, visit www.aan.com/guidelines. For more information, contact Thomas Getchius at tgetchius@aan.com or (651) 695-2805.

Muhammad Ali’s Daughter Renews Partnership with AAN to Raise Parkinson’s Awareness on Radio

Rasheda Ali-Walsh, daughter of boxing legend Muhammad Ali, has agreed to another partnership with the AAN to raise public awareness about Parkinson’s disease.

Ali-Walsh initially recorded radio public service announcements (PSAs) in 2006 in conjunction with the publication of the AAN’s guidelines on Parkinson’s disease. These public service announcements generated 135 million media impressions. Due to the success of this first partnership with Ali-Walsh, the Academy is redistributing the PSAs this winter to 1,000 radio stations across the country.

The announcements inform the public about the AAN’s clinical guidelines that make it possible to improve the quality of life for people with Parkinson’s disease. These guidelines have helped neurologists make correct diagnosis, optimize time-tested and effective therapies, screen for and treat depression and dementia, and use therapies that improve motor function.

As the daughter of a man living with Parkinson’s, Rasheda Ali-Walsh is well aware of the challenges confronting people who live with this disease, and the financial and emotional costs. Both she and her father know that early diagnosis, proper treatment, and regular contact with a neurologist can help patients improve and maintain a good quality of life.

To listen to the PSAs, go to www.aan.com/go/press/kits/2006. The AAN’s guidelines on Parkinson’s disease and summaries for physicians and patients are available for downloading at www.aan.com/go/practice/guidelines. The AAN Store® offers an Understanding Parkinson’s poster priced at $10.00 for AAN members. Visit www.aan.com/aanstore to learn more and log in to get your member discount.

For more information about the public service announcements, contact Angela Babb at ababb@aan.com or (651) 695-2789.
New 2008 Version of Online NeuroSAE Available

A new version of the popular NeuroSAE™ (Neurology Self-Assessment Examination) is now available. This examination is designed to help you meet the American Board of Psychiatry and Neurology’s (ABPN) self-assessment requirement for Maintenance of Certification.

The 2008 NeuroSAE content outline is based on the one used for the ABPN’s cognitive examination for recertification in clinical neurology. The 2008 NeuroSAE features all new questions as well as three times as many images as the 2007 version.

The 2007 version will remain online and available for physicians to take, however separate payments are required for each version.

Both versions feature 100 multiple-choice questions that help you determine your strengths and areas for improvement. Since the examination is presented entirely online, you may take it from your home or office at your convenience. This format allows you to:

- Take the examination at your own pace; complete as many items as you like and return to the examination at a later time
- Receive immediate or delayed feedback; time your performance and receive feedback at the end of the examination or receive feedback immediately after each item
- Compare your performance to that of other neurologists
- Print and save the entire examination, including the question and alternatives, correct answers, your responses, and text justifying the correct answer
- Access the examination questions and answers and your responses for up to eight months after the date of purchase

Both versions of the NeuroSAE are available to members for $99 each. Nonmembers can take the exams for $149 each. For more information or to take the new NeuroSAE, visit www.aan.com/sae.

The American Board of Psychiatry and Neurology has reviewed the AAN NeuroSAE and has approved this product as part of a comprehensive self-assessment program, which is mandated by the American Board of Medical Specialties as a necessary component of maintenance of certification.

Deadline Is January 31 for A. B. Baker Award Nominations

The deadline to submit nominations for the 2010 A. B. Baker Award for Lifetime Achievement in Neurologic Education is January 31, 2009.

Established in 1990 by the A. B. Baker Section of Neurologic Educators, the award is designed to recognize lifetime career achievements in the field of neurologic education with an emphasis on national accomplishments. The award is funded by an endowment created by matching funds from the A. B. Baker Family Trust and Novartis Pharmaceuticals Corporation.

“The field of neurology is noted for having many excellent teachers,” said D. Joanne Lynn, MD, who chairs the Undergraduate Education Subcommittee and the A. B. Baker Section of Neurologic Educators.

“However, the A. B. Baker Award for Lifetime Achievement is awarded to an educator who has been extraordinarily effective in engaging students in learning neurology, inciting intellectual curiosity, and making a lifelong impact on students. The A. B. Baker Award winner has demonstrated achievement of significant influence beyond his or her home institution and has contributed to the neurologic education of a whole generation of physicians and other health care professionals.”

For more information or to submit a nomination, visit www.aan.com/go/about/sections/abbaker or contact Nancy Poechmann at npoechmann@aan.com or (651) 695-2812.
Register On-site for Winter Conference in Sunny Florida

It’s not too late to escape the cold of winter and take in the top education programming at the 2009 AAN Winter Conference, January 16 through 18 at Disney’s Contemporary Resort in sunny Lake Buena Vista, FL. On-site registration is still available and this compact, three-day weekend promises to combine an exciting, warm-weather destination with unparalleled CME and first class networking opportunities for you. As an added bonus, Walt Disney World is offering exclusive discounts on park admission to all Winter Conference attendees. Learn more at www.aan.com/go/education/conferences/winter09/discount.

For more information and full conference schedule, visit www.aan.com/go/education/conferences/winter or contact Naomi Soderbeck at nsoderbeck@aan.com or (651) 695-2814.

The 2009 AAN Winter Conference is an ABPN-approved program for Maintenance of Certification that is geared toward practitioners, academicians, residents, fellows, practice managers, and office administrators.

Nominations Sought for AAN Medical Student Prize

Neurology clerkship directors, program directors, and department chairs are encouraged to nominate a medical student for the AAN Medical Student Prize for Excellence in Neurology. The nomination deadline is February 27, 2009. One graduating medical student nominated by each medical school will be recognized for excellence in clinical neurology and receive a $200 prize.

Directors should evaluate the performance of graduating medical students in the clinical neurology clerkship and select one student from each medical school as recipient. Qualified award winners will exhibit outstanding recommendations from faculty and excellent performance on the neurology shelf exam or equivalent examination. If more than one student satisfies these criteria, the student who shows the most promise for a career in neurology should be nominated. The award will be in addition to, and separate from, any other neurology award given to graduates at the local or institutional level.

Letters and nomination forms were sent out in November, but you can also nominate a student online by visiting www.aan.com/go/education/awards or contacting Cheryl Alementi at caleamenti@aan.com or (651) 695-2737.

Call for Artists: Art for Research:
AN AAN GALLERY SHOW

Are You an Artist?

We’re looking for your artistic talent to raise money for research in neurology at the Annual Meeting in Seattle.

Pieces will be displayed at the Art for Research: An AAN Gallery Show, and sold, with proceeds going to support clinical research training in neuroscience. Academy members and/or their families may donate pieces for the show.

Three Ways to Donate:
• Donate a piece of art for the Academy to sell at the meeting
• Sell a piece of art with 20% of the proceeds going to support research
• Submit your art for showcase only for a $50.00 fee

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BETASERON (interferon beta-1b) is indicated for the treatment of relapsing forms of multiple sclerosis to reduce the frequency of clinical exacerbations.

Patients with multiple sclerosis in whom efficacy has been demonstrated include patients who have experienced a first clinical episode and have MRI features consistent with multiple sclerosis.

The most commonly reported adverse reactions are lymphopenia, injection-site reaction, asthenia, flu-like symptom complex, headache, and pain.

Gradual dose titration and use of analgesics during treatment initiation may help reduce flu-like symptoms. BETASERON should be used with caution in patients with depression. Injection-site necrosis has been reported in 4% of patients in controlled trials. Patients should be advised of the importance of rotating injection sites. Female patients should be warned about the potential risk to pregnancy. Cases of anaphylaxis have been reported rarely. See "Warnings," "Precautions," and "Adverse Reactions" sections of full Prescribing Information.

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BETASERON®
INTERFERON BETA-1b

Brief Summary of Full Prescribing Information

INDICATIONS AND USAGE
Betaseron® (interferon beta-1b) is indicated for the treatment of relapsing forms of multiple sclerosis (MS), including primary progressive, secondary progressive, and relapsing-remitting forms. Beneficial effects on disability have been confirmed in clinical trials with Betaseron®

CONTRAINDICATIONS
Betaseron® is contraindicated in patients with a history of hypersensitivity to interferon or recombinant interferon products, pregnant women, and males whose partners are pregnant. Betaseron® is also contraindicated in patients with severe liver disease or serious active infections.

WARNINGS AND PRECAUTIONS
Betaseron® (interferon beta) should be used with caution in patients with depression, 5% of whom reported depression during clinical trials. Depression has also been reported in patients treated with interferon. Patients who report symptoms of depression or worsening of existing depression should be monitored systematically, and precautions should be advised in patients with suicidal ideation or behavior in the absence of clinical depression or suicidal ideation. If a patient preconceived or present suicidal ideation or behavior while taking Betaseron®, the patient should be apprised of the potential hazard to the fetus and it should be discontinued.

Injection Site Reactions
In four controlled and uncontrolled clinical trial settings, injection site reactions occurred in 78% of patients receiving Betaseron® injection with site reactions in 4%, injection site inflammation (4%), injection site pain (16%), injection site hyperemia (4%), injection site induration (4%), injection site edema (12%), injection site mass, injection site pain, injection site edema and injection site alopecia. 7% of patients developed injection site reactions due to allergy. If the incorporated syndrome complex is at least 40% for the duration of the study.

Drug-Related Laboratory Abnormalities
In the controlled clinical trials, leukopenia was reported in 10% and 12% of patients receiving Betaseron® and placebo, respectively. No patients were withdrawn due to leukopenia or eosinophilia. Other abnormalities included increase of GPT to greater than five times baseline value (12%), and increase of GGT to greater than five times baseline value (4%). In study I, two patients were withdrawn for leukopenia, one for decreased eosinophils, and one for neutropenia, and was withdrawn due to leukopenia, one for decreased eosinophils, and one for neutropenia.

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Core Values Support Revised AAN Mission, Vision Statements

As organizations evolve and mature, the more thoughtful ones periodically examine the environment in which they operate and make sure their efforts are still properly aligned with their purposes. At the direction of President Stephen M. Sergay, MB BCh, FAAN, the Academy has undertaken this analysis over the past 18 months. One of the results of this self-examination has been distilling the AAN mission statement down to its essence, and marrying it to a clearly articulated vision that should underlie every endeavor contemplated or carried out by Academy leadership and staff:

The Vision of the AAN is to be indispensable to our members.

The Mission of the AAN is to promote the highest quality patient-centered neurologic care and enhance member career satisfaction.

The AAN’s Long Range Planning Committee, chaired by Terrence L. Cascino, MD, FAAN, also reaffirmed who these current and prospective constituents are, producing the following statement:

- We exist to serve the needs of our members
- Our core constituency is US neurologists including neurologists in training
- Additional constituents include:
  - Canadian and other international neurologists
  - Neuroscientists, business managers, neuropsychologists, nurses, physician assistants, nurse practitioners, graduate students, and medical students
  - Non-neurologist physicians, neurological patients and their caregivers, and the public

The AAN has grown significantly, and the environment in which our members work has become increasingly complex, since the adoption of the original mission statement. This is the first time, to anyone’s recollection, that a vision statement or Board-approved set of core values has been created. When coupled with the newly focused mission statement, they put in words the present and future direction of the AAN. The development of the vision, mission, and core values set the framework and foundation for the members, leaders, and staff to move the organization forward.

The Core Values of the American Academy of Neurology

Leadership
We provide guidance and inspiration through education, information, policy development, and advocacy for our members and their patients.

Integrity
We set and maintain the highest ethical and professional standards for ourselves, our staff, and our programs.

Respect
We embrace the dignity and uniqueness of every human being and in all we do keep the interests of the patients first.

Compassion
We are sensitive and empathetic to the needs of others.

Professionalism
We work with expertise, commitment, and diligence to provide high-quality neurological care.

Commitment
We are dedicated to upholding the integrity and mission of the American Academy of Neurology.

Said Sergay of these and other changes initiated during his tenure, “The Board has delineated the necessary methodology and structure for the Academy to be a data-driven organization, based upon the thoughts of our committees, the needs of our members, the profession of neurology, and the society in which we live and incorporates the intrinsic ability to be both self-renewing and rapidly responsive to change.”
Solveras Helps Grow Revenue with Recurring Billing, Online Payments

Solveras Payment Systems offers expanded payment options through the AAN Partners Program that can help you acquire and retain more patients, save on administrative costs, and improve cash flow.

“We use Solveras mainly as a processing center to submit copayment and deductible charges to credit card companies,” said Marc Raphaelson, MD, a member of the Coding Subcommittee and a Solveras user since 2006. “Without Solveras we would have to initiate payment arrangements separately with each credit card company. The service is reliable and responsive.”

Solveras simplifies payment processing for you and your patients. Pre-authorizing for recurring services or facilitating installment payments for qualified patients is easy with Solveras’ web-based terminal. You quickly and securely set up records with credit card and/or electronic check data, and automatically process scheduled payments. Solveras’ web terminal also can send billing emails—before or after procedures and services are provided—with a click-to-pay option. Patients pay quickly and easily online through a secure instant payment link.

The average AAN member saves:

- $65.60 a month
- $787.17 a year
- 21.81 percent from previous processor

“No practice can survive without accepting credit cards,” said Emilio Ruocco, Solveras’ Vice President of Marketing. “Rates and fees can reach four percent or more, and fee structures are so complex you may not know what accepting cards is really costing you. Solveras does in-depth analysis of each type of card you’re accepting, what nominal rates are being charged, and what hidden fees increase the effective or actual rates your practice is paying. If we find you already have great rates, we’ll tell you. If we can save you money, we’ll help you capture the savings immediately.”

Lower Transaction Costs with Electronic Checks

Solveras also offers payment via electronic check to help you increase your bottom line. Electronic checks are direct debits from a checking account, processed through the Automated Clearing House system. They have the lowest costs of any form of electronic payment, just cents per transaction. Practitioners can improve their cash flow through payments made within 48 hours instead of waiting for a check to clear.

To receive the free analysis and learn more, visit www.solveras.com/aan. For full details, contact Solveras toll free at (800) 613-0148 or info.1@solveras.com.

The AAN Partners Program provides additional member benefits and savings from approved vendors. For more information, visit www.aan.com/partners or contact Kelly Lawton Rogosheske at krogosheske@aan.com or (651) 695-2778.

MEET SOLVERAS AT AAN WINTER CONFERENCE

Members attending the Winter Conference who are considering accepting credit card payments, or wondering if they’re getting the best deal from their current provider, can visit with Solveras representatives to learn more about this program. For more information, see the Winter Conference article on page 19.

Latest AAN Store Catalog Features New Products

The AAN Store’s 2009 catalog offers a host of new products of interest to neurologists, including the convenient Botulinum Toxin Injection Guide, oversized eye model, hand-sewn OKN Flag, and an expanded line of reflex hammers highlighted by the Deluxe Troemner Hammer. Catalogs will arrive in the mail for US and Canadian members this month.

Members are encouraged to check out the store’s high-quality offerings and take advantage of their exclusive member discounts and convenient ordering from one online location. Purchases from the AAN Store help benefit Academy programs and keep members’ dues low.

To order online, visit www.aan.com/store.
AAN CELEBRATION FOR RESEARCH

Sunday, April 26, 2009

Come to Support Research. Stay for the Fun!
Celebrate the kick-off of the 2009 Annual Meeting with your Academy friends and colleagues at this not-to-be-missed evening of fantastic entertainment and food—all for a great cause! Free to Annual Meeting attendees; guest tickets are $50.

Neurobowl®
6:00 p.m.–8:00 p.m.
NEW! In 2009 Neurobowl will pit brainy gladiators from both sides of the Mississippi to test their knowledge in an all-out neuro-rumble. It’s East versus West and the winners will take on the 2008 Neurobowl champions! AAN former president Thomas R. Swift, MD, FAAN, hosts this popular quiz show.
Sponsored by UCB, Inc.

Neuro Idol
8:00 p.m.–10:00 p.m.
Come see your fellow neurologists take the spotlight and showcase their musical talents in a cabaret-style show. To sign up as a performer, contact Erin Jackson at ejackson@aan.com
Sponsored by AAN Press

Main Stage
8:30 p.m.–10:30 p.m.
Josh Blue Brings Down the House with Big Laughs!
Celebrated comedian Josh Blue’s comedy centers on his experiences living and dealing with cerebral palsy. Blue exploded onto the national comedy scene by capturing the attention and endearment of the country as the winner of NBC’s “Last Comic Standing.”
Sponsored by Teva Neuroscience, Inc.

Neuro Hop
8:30 p.m.–10:30 p.m.
Dance the night away to classic hits from today and yesteryear. DJ Kyle spins the tunes. You provide the wild dance moves!

www.aan.com/celebrate
Fill Out Census to Help AAN Serve You Better

Members are encouraged to complete the AAN Membership Census now if they haven’t done so already.

“The AAN uses the information from the census to direct its activities,” said Katherine A. Henry, MD, MEd, FAAN, chair of the Member Demographic Subcommittee. “Member response to the census will impact on how the AAN develops new products or services and meets the needs of AAN members. The AAN also uses the information to represent the field of neurology to others, so it’s vital that these data be as accurate as possible.”

The AAN completes a census of all its members every three years and creates a report based on the results. In addition to capturing a snapshot of member demographics and practice characteristics, the report also tracks changes that occur over time, such as trends in practice setting, practice size, and number of patient events per week.

“Based on the results, we can see how the practice of neurology is changing over time, and the AAN can better focus its future efforts,” Henry said.

The short, two-page survey takes only a few moments to complete. To complete the census, visit www.aan.com/census.

“Member response to the census will impact on how the AAN develops new products or services and meets the needs of AAN members.”

—Katherine A. Henry, MD, MEd, FAAN

Foundation Friends

The AAN Foundation greatly appreciates gifts received from the following donors between October 1 and October 31, 2008. Gifts of $100 and greater are recognized in AANnews. For secure on-line giving options, visit www.aan.com. For more information about the AAN Foundation or its programs, contact Susan Dunlop at sdunlop@aan.com or (866) 770-7570.

ANNUAL FUND

($1,000–$4,999)
Stanley Fahn, MD, FAAN

($100–$499)
Strategies for the Global Environment
(In memory of Seena Samuels)

THE FUND FOR BRAIN RESEARCH

Research–General

($1,000–$4,999)
Austin J. Sumner, MD, FAAN
Kerith St. Louis
Bert Wallace

($500–$999)
Timothy A. Pedley, MD, FAAN

Research–Stroke

($1,000–$4,999)
Finnegan Kelly and Lisa Pinsky,
The Go Game
(In tribute to Patrick Orion Fierro)

($100–$499)
Earl C. Hutchins, MD

Research–Alzheimer’s

($100–$499)
Jody Corey-Bloom, MD, PhD
(In tribute to Robert Katzman,
MD, FAAN)

2009 Silent Auction

($500–$999)
Catherine A. Zahn, MD, FAAN

($100–$499)
Vinay Chaudhry, MD, FAAN

Kenneth M. Viste, Jr., MD, FAAN
Patient Advocate Fund

($100–$499)
Glenn A. Mackin, MD, FAAN, FACP
(In memory of David Goldblatt,
MD, FAAN)
FREE publications featuring up-to-date information on scientific research and news affecting the neuroscience community
- Neurology® journal
- Neurology Today®
- Neurology Now®
- AANnews®
- Online AAN Membership Directory
- AAN Pocket Guidelines (free PDA download)
- Continuum: Lifelong Learning in Neurology® (free to Junior members only)

Discounts on AAN events, products, tools, and resources
- Annual Meeting registration
- Fall and Winter Conference registration
- CME course fees
- NeuroSAE™ (Neurology Self-Assessment Examination) fee
- Residency In-service Training Examination (RITE) fee
- AAN Store™
- AAN Dendrite™ Careers in Neurology listing
- Syllabi on CD-ROM
- Virtual Annual Meeting

Wide range of FREE or reduced-rate CME opportunities
- Neurology Online CME
- Continuum: Lifelong Learning in Neurology®
- Quintessentials®
- Annual Meeting
- Regional programs

Tools for practice assistance
- ICD-9-CM Coding Book & Online CPT®
- AAN Practice Guidelines
- AAN Pocket Guidelines
- E/M Pocket Coding Guide
- HIPAA resources
- Regulatory compliance assistance via the website
- AAN Dendrite™ Careers in Neurology listing
- Practice manager opportunities through BRAINS

Public outreach and patient education materials
- Neurology Now®
- The Brain Matters® Website
- Patient education book series and brochures

Federal, state, and local advocacy efforts representing your interests and concerns
- Donald M. Palatucci Advocacy Leadership Forum
- Neurology on the Hill
- Viste Neurology Public Policy Fellowship
- State neurology society support
- Vocus online advocacy tool

AAN Partners Program offering competitively priced, high-quality products and services to meet your needs
- Malpractice insurance
- Payment processing
- Credit cards
- Life insurance
- Medical insurance
- Long-term care insurance evaluation
- Disability insurance
- Business overhead insurance
- Home and auto insurance
- PDA hardware and software
- Epocrates products

Involvement, networking, and peer recognition
- Sections, committees, work groups, task forces
- Awards, scholarships, prizes

Available online only to international members

For more information, contact AAN Member Services Monday through Friday from 8:00 a.m. to 5:00 p.m. CT at memberservices@aan.com, (800) 879-1960, or (651) 695-2717 (international), or visit the AAN website at www.aan.com/go/membership/benefits.
### Upcoming Dates and Deadlines

#### January 2009

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Contact Details</th>
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<tbody>
<tr>
<td>January 9</td>
<td><strong>AAN Journalism Fellowship</strong> Award Deadline</td>
<td><a href="http://www.aan.com/go/press/journalism">www.aan.com/go/press/journalism</a></td>
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<tr>
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<td><a href="mailto:rachel.seroka@aan.com">rachel.seroka@aan.com</a></td>
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<td>(651) 695-2738</td>
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<td>January 9</td>
<td><strong>Equilibrium Part II for Program Directors</strong></td>
<td><a href="mailto:sarah.tonn@aan.com">sarah.tonn@aan.com</a></td>
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<td>(651) 695-2819</td>
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<td>January 20</td>
<td><strong>2009 RITE Cancellation Deadline</strong></td>
<td><a href="mailto:lori.strachota@aan.com">lori.strachota@aan.com</a></td>
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<td>(651) 695-2706</td>
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<td>January 31</td>
<td><strong>A. B. Baker Award for Lifetime Achievement in Neurologic Education</strong></td>
<td><a href="mailto:nancy.poechmann@aan.com">nancy.poechmann@aan.com</a></td>
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<td></td>
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<td>(651) 695-2812</td>
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#### February 2009

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<th>Date</th>
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<th>Contact Details</th>
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<tr>
<td>February 10</td>
<td><strong>Rhode Island Neurological Society</strong></td>
<td>rins.aan.com</td>
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<tr>
<td></td>
<td><strong>Elaine Jones, MD</strong></td>
<td><a href="mailto:ejones@rwmc.org">ejones@rwmc.org</a></td>
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<td>February 12</td>
<td><strong>Association of California Neurologists</strong></td>
<td>acn.aan.com</td>
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<td></td>
<td><strong>Peggy Pearce</strong></td>
<td><a href="mailto:peggypearce2@sbcglobal.net">peggypearce2@sbcglobal.net</a></td>
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<td>February 20</td>
<td><strong>Late-breaking Science Deadline</strong></td>
<td><a href="http://www.aan.com/go/am/science/latebreaking">www.aan.com/go/am/science/latebreaking</a></td>
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<td>February 20-21</td>
<td><strong>North Carolina Neurological Association</strong></td>
<td><a href="http://www.123signup.com/event?id=zqnct">www.123signup.com/event?id=zqnct</a></td>
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<td><strong>Nancy Lowe</strong></td>
<td><a href="mailto:nlowe@ncmedsoc.org">nlowe@ncmedsoc.org</a></td>
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<td>(800) 722-1350 ext. 111</td>
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<td>February 22</td>
<td><strong>Georgia Neurological Society</strong></td>
<td><a href="mailto:mark.kozinn@faan.org">mark.kozinn@faan.org</a></td>
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<td><strong>Mark Kozinn, MD, FAAN</strong></td>
<td><a href="mailto:mark.kozinn@bellsouth.net">mark.kozinn@bellsouth.net</a></td>
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<td>February 27</td>
<td><strong>Medical Student Prize for Excellence in Neurology Application Deadline</strong></td>
<td><a href="http://www.aan.com/go/press/journalism">www.aan.com/go/press/journalism</a></td>
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<td><strong>Cheryl Alementi</strong></td>
<td><a href="mailto:clementi@aan.com">clementi@aan.com</a></td>
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<td>(651) 695-2737</td>
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#### March 2008

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<th>Date</th>
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<tr>
<td>March 17</td>
<td><strong>AAN Member Census Due</strong></td>
<td><a href="http://www.aan.com/census">www.aan.com/census</a></td>
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<td>March 20</td>
<td><strong>AAN Annual Meeting Early Registration Deadline</strong></td>
<td><a href="http://www.aan.com/go/am">www.aan.com/go/am</a></td>
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#### AAN Annual Meetings

- **2009 / Seattle**
  - April 25–May 2
- **2010 / Toronto**
  - April 10–17
- **2011 / Honolulu**
  - April 9–16

#### Regional Conferences

- **2009 / Lake Buena Vista, FL**
  - January 16–18
DENDRITE RATE INFORMATION
Rates are charged per ad, up to 100 words. A word consists of one or more letters or numbers surrounded by a space on each side. Ads appear on the Academy Website and in print in the AANews.

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>NONMEMBER</th>
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<tr>
<td>One month ad, up to 100 words</td>
<td>$300</td>
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<tr>
<td>Three month ad, up to 100 words</td>
<td>$750</td>
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<tr>
<td>Additional words</td>
<td>$3.00/per word</td>
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<tr>
<td>Confidential Blind Box reply</td>
<td>$50.00</td>
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All ads appear in paragraph format. The title or header of the ad will appear in bold at no additional charge. There is no bolding or capitalization allowed in any other portion of the ad.

Ad copy must be received no later than January 15, 2009, to appear in the March 2009 issue. The same deadline applies to changes/cancellations, which must be received in writing.

Advertisements can now be entered electronically at www.aan.com/dendrite. Advertisements must be paid for at the time of submission. For further inquiries, contact Amy Schoch at (651) 695-2749; email: aschoch@aan.com. For payment information, contact Elaine Mund at (651) 695-2751; email: emund@aan.com.

The American Academy of Neurology reserves the right to decline, withdraw, or edit advertisements at its discretion. Every care is taken to avoid mistakes but responsibility for clerical or printer errors does not exceed the cost of the ad.

REPLY TO BLIND BOX NUMBERS
Address replies to blind box numbers to:
The Dendrite: Box
American Academy of Neurology
1080 Montreal Ave., St. Paul, MN 55116
All replies will be forwarded within one week of receipt.

INCREASE YOUR AUDIENCE BY ADVERTISING IN NEUROLOGY!
Looking to reach a larger audience for your open positions in neurology? Place an ad in the journal Neurology®! Maximize your range and impact for job postings, fellowships, meetings, and more with a classified listing. Start now by contacting Danni.Morinich@wolterskluwer.com or (215) 521-8405.

NORTH EAST

Fellowship-Emory University Fellowship in Clinical Neurophysiology/Epilepsy/Sleep. The Emory University School of Medicine Department of Neurology has fellowship positions available in clinical neurophysiology for the 2009-2010 academic year. Options are available for either general clinical neurophysiology training or for a year focused on either epilepsy/EEG or sleep medicine. These fellowships are ACGME accredited. Training focuses on both inpatient and outpatient exposure. Applicants must have completed an accredited neurology residency program. For more information, contact Charlotte Whitehead at 404-727-1452 or email cwhite@emory.edu.

Suburban Philadelphia Practice Solo neurologist in suburban Philadelphia hospital with excellent practice opportunity. Very stable 20-year practice with recent hospital supported growth opportunity. The practice is primarily office based with a concentration on neurophysiology but all candidates with good clinical skills will be seriously considered. Call is shared with other neurologists in the community (1 in 4). Competitive salary with partnership offered. Contact Joseph Lubeck, DO at 610-667-0278 or jubeck99@gmail.com.

Director Stroke Wonderful opportunity to align with a forward thinking health system as it reinvests in the ongoing development of Neurology Services and specifically Neurovascular/Stroke Care. As the Director for the Service Line, you will be responsible for advancing all neurovascular programs within the health system toward achieving new benchmarks in quality care, and ultimately designation as a Regional Stroke Center. You will be joining a well-established group of three Neurologists, committed to the community and health system. Potential exists for academic affiliation with a leading NY based medical center. This hospital based practice offers a highly competitive compensation and benefits package, commensurate with experience. In confidence, please reply to Timothy Kouble, VP Operation, Stonebridge & Company, 203-256-1185, xt 102, or timk@stonebridgecompany.org.

New York City Group Of 5 BC neurologists affiliated with teaching hospitals and on Cornell faculty looking for sixth BC/BE Adult Neurologist. Fellowship training in EMG/EEG preferred. Competitive salary/benefit package with partnership track. Please send CV via email to das2011@nym.cpr or fax 212.517.9551.

BC/BE Neurologists Geisinger Health System seeks BC/BE Neurologists to join its growing, multidisciplinary Neurosciences Institute. Positions are available at Geisinger Medical Center, Danville, PA, and Geisinger Wyoming Valley Medical Center, Wilkes-Barre, PA. Both regions offer an excellent quality of life and easy accessibility to NYC, Philadelphia, and Baltimore. Join a dynamic, collegial group with various subspecialties. Opportunities currently exist for General, Stroke, and Epilepsy Neurologists. Geisinger is a physician-led, patient-focused, integrated delivery system that utilizes a multi-electronic health record connecting more than 700 physicians over a 40-county area serving 2.5 million people. Visit www.join-geisinger.org/516/Neurology or contact Peggy at psgraf@geisinger.edu - 1-800-845-7112.

Neurology Position in Central Maine Maine: Central Maine Medical Center is seeking a BC/BE Neurologist to join an established adult neurology practice. An interest or competence in stroke, muscle disease, or movement disorder would be a welcome addition, but are not required. A competitive salary and attractive benefits package are enhanced by the scenic beauty and abundant outdoor adventure Maine lifestyle affords. Send CV to Babette Irwin, Central Maine Medical Center, 300 Stone Street, Lewiston, Maine 04240. Fax: 207-795-5096;

E-mail: Btrowin@cmhc.org, or call: 800/445-7431. Not a J1 opportunity.

BC/BE Neurologist Full-Time-Lahey Clinic Lahey Clinic is seeking a full-time BC/BE Neurologist with an interest in sleep medicine for an immediate opportunity. The successful candidate will have completed a fellowship in Sleep Medicine or be certified by the ABEM in Sleep Medicine and will participate in the sleep lab at the Central Maine Medical Center in Lewiston, Maine. E-mail: Birwin@cmhc.org, or call: 800/445-7431.

Neurologist: NYC suburban dynamic teaching hospital Group of 6 neurologists seek associate who enjoys hospital consultations and care. Starting salary $200k with productivity incentive. Excellent support services and very well established group. Congenial work environment. Pleasant suburban lifestyle. On call 1/3. Send CV to neuro1234@hotmail.com.

Neurology Opportunity - Beautiful New England Baystate Greenfield Neurology seeks Neurologist to join growing practice in Greenfield, Massachusetts. Located on the campus of Baystate Franklin Medical Center (BFMC) in western Massachusetts, 20 minutes from the bustling arts and college communities of Northampton and Amherst. Practice provides quality neurological care specialized in diagnosing and treating adults with epilepsy, memory disorders, migraines, multiple sclerosis, Parkinson’s Disease and sleep disorders. Must be Board Certified or Eligible. Competitive compensation and benefits package, commensurate with experience. Great schools; safe, affordable New England community; beautiful countryside and abundant outdoor activities; and a vibrant, world-class arts scene. J1 Waivers accepted. Please contact us at PhysicianCareers@bfmc.org or 413-794-2571.

Western Pa Opportunity Immediate opportunity for a clinical neurologist to join three busy neurologists and five physician assistants in Western Pennsylvania near Pittsburgh. Our area has outstanding housing, schools, and working conditions with abundant outdoor recreation and an ideal family environment. Studies done in the office include MR, Epilepsy monitoring, a three-bed IV immunotherapy unit and a Balance disorder lab. Position
seeks someone with excellent clinical and interpersonal skills and possible subspecialty training. Excellent salary and fringe benefits are offered. Send CV to Louis W. Catalano Jr., M.D., NYWP, Central Medical Arts Building, 433 Free Farm Road, Greensburg, PA 15601. Phone (724)517-1088.

Adult Neurologist-Staten Island Adult Neurologist BC/BE for well established expanding group practice. Full time and part time positions are available immediately. Looking for caring, self motivated, dedicated Neurologist for Hospital and office based practice. Academic position and title is available. Opportunity to teach medical students and residents. Consider joining this single specialty (Adult Neurology) collegial five physician group. Excellent financial package and benefits. Contact Allan Perel, MD or Sandi Glasgow – Phone: 718-667-3800 X100 Fax: 718-667-3590 Email: sandi.glasgow@alhospalneuryc.com.

Practice Opportunity-Southern New Jersey (Near Philadelphia). Very busy, four-person, private practice is expanding and seeks BC/BE Neurologist. Fellowship and/or experience in EMG is required. We are an academically oriented practice with office MRI and CT facilities. Competence in reading MRI and CT scans is subspecialties considered. Staff appointments at major neurologist (PT or FT). Fellowship training preferred, all hospital work only. This would be a two-three year program. email replies to len1865@verizon.net.

Jersey Shore Area 1 hour from NY and Phila. Established private group practice of six BC adult neurologists with multiple board certifications seeking BC/BE Adult Neurologist (PT or FT). Fellowship training preferred, all subspecialties considered. Staff appointments at major medical center with university affiliation and residency program. Office includes EEG, EMG and evoked potentials. Hospital consult service includes comprehensive stroke center, inpatient video EEG, ambulatory EEG, intraoperative monitoring. Competitive salary/benefit package with attractive call schedule and partnership track. Email CV to neuromare@aol.com or fax to 732-774-6816.

Vermont - Neurologist Beautiful Mountain Region. Hospital-employed consultative neurology opportunity. Outpatient clinic care. Inpatient consults. EMG, EEG, Evoked Potentials. Call coverage is by choice. Vacation, holidays and CMH total 40 days. The financial offer includes salary, relocation allowance, and loan repayment. J-1 visa holders are invited to inquire. Live and work in a traditional New England community with an energetic business district, rich cultural amenities, year-round recreational venues and lovely historic district. Named by National Geographic as the #1 town for adventure. Contact Lianne Harris, New England Health Search. Phone 207-866-5680; E-mail Lharris@nhs.net.

Long Island, N.Y. Multiple neurologist practice seeking BC/BE General Neurologist, EEG/EMG experience preferred. Equal schedule of call and vacation time. Competitive salary and excellent track to full partnership. Email replies to LEN1865@VERIZON.NET.

Neurohospitalist Opportunity - Boston, MA 100% Inpatient Neurologist. Neurology group located south of Boston is in the process of developing a Neuro-Hospitalist program at local 284 bed Hospital, just 1.5 miles south of Boston, MA. The Neuro-Hospitalist will handle inpatient hospital work only. This would be a two-year commitment, which at the end of the commitment, would provide the physician an opportunity to join the private practice on a clinical basis or they could continue on as a Neuro-Hospitalist. Shift schedule (4-4-4 Day) only, with rotating weekend coverage. Program is looking to hire 2 inpatient Neurologists. Email lorde@emprc.com.

Medical Staff Development Neurologist Needed in NW PA Meadville Medical Center, located in the Great Lakes Area of NW PA, is searching for a general neurologist to replace a physician moving into administration. Very competitive salary with full benefits or private practice opportunity with income guarantee. Sign on bonus. Call 1:3. Meadville, PA is a great place to raise your family, and is located within easy access of Pittsburgh, Cleveland and Erie. Service area is 90,000. Meadville Medical Center is a progressive, independent, regional community Medical Center. For information, please contact Judith Janes, Medical Staff Development, at 814-333-5701 or jjanes@rmhc.org.

Neurologist Central CT Partnership opportunity to join dynamic Neurology group seeking to replace retiring associate. Call 1:6, modern office attached to university affiliated tertiary care hospital in Hartford, CT. BC/BE with EMG certification and neuropsychology a plus. Competitive salary and benefits. Desirable upscale communities, 2 hours to NYC and Boston. For details, please contact Christine Bourbeau at 800.892.1846 or fax/email your CV to 860.714.8894. Email: cbourbeau@birnscare.org.

Movement Disorders Specialist The Department of Neurology at Perez State Milton S. Hershey Medical Center is recruiting for a full-time Movement Disorders Specialist. The position is at the Assistant/Associate Professor level. This is an exciting opportunity for an individual with expertise in movement disorders to join a growing comprehensive clinical and research program. Candidates should be board certified or board eligible in neurology and have completed fellowship training in movement disorders, or have comparable experience. Applicants should submit a letter of interest with a C.V. to David Good, MD, Professor and Chair, Department of Neurology-EC337, Penn State University College of Medicine, 30 Hope Drive, Hershey, PA 17033, e-mail dgood@psu.edu. Job Requisition #22022. Penn State is committed to affirmative action, equal opportunity, and the diversity of its workforce. EOE-AMA-M/F/H/V.

Neurologist Geisinger Health System’s Neurosciences Institute seeks a general neurologist and stroke neurologist to join its growing, multidisciplinary team. Positions are available at Geisinger Wyoming Valley Medical Center and Geisinger South Wilkes-Barre in Wilkes-Barre, PA, which offers an excellent quality of life and easy accessibility to NYC and Philadelphia. Join a dynamic, collegial group of neurologists with various subspecialties, and have the opportunity to conduct research and teach. Geisinger is a physician-led, patient-focused, integrated delivery system that utilizes a mature electronic health record connecting more than 700 physicians over a 40-county area serving 2.5 million people. For more information, please contact Peggy Graaf, Physician Recruiter, at 1-800-845-7112 or pgraaf@geisinger.org or for more information visit www.joingeisinger.org/516/neurology.

SOUTH EAST

Neurologist for Beach Resort Community Seeking BC/BE Neurologist to join 2 physician Neurology practice in a quaint resort community. This well-established practice serves a rapidly growing area, including an expanding community hospital with an active neuro-diagnostic lab and hospital program. Neurology call is 1 in 4. Office environment is state-of-the art with EMG/NCV, EEG, sleep studies and EMR on the premises. Experience in EEG/EMG/Sleep Study interpretation is desirable. This position offers excellent income benefits with partnership. Will work at our state-of-the-art schools and a safe family environment with the obvious recreational benefits of coastal living. Email admininst@delteneuro.com or call (302) 644-8880. Or fax CV to (302) 644-8882.

Growing Duke Neurology practice in Raleigh, NC. Excellent opportunity for a General Neurologist to join a growing community-based, Duke faculty multi-specialty clinic on the campus of Duke Raleigh Hospital. The practice offers general and specialized clinical Neurology care and is located in a new 40,000 square foot medical office building adjacent to Duke Raleigh Hospital. Neurology consultations for inpatients are provided by the practice. The position offers the opportunity to participate in community-based clinical research through a faculty appointment with Duke University School of Medicine. Financial package includes a competitive two year income guarantee and faculty benefits.

Neurologist Exceptional opportunity for hardworking, motivated general and/or subspecialty-trained neurologist(s) to join a busy, well-respected large adult private neurology practice. Our practice includes seven offices in suburban Maryland and Washington, D.C., and offers the opportunity for academic affiliation with local teaching hospitals. The practice size and geographic range served allow us to foster the development of subspecialty practices (i.e. Neuroophthalmology, Neuro muscular disease, etc.), so those with such expertise are enthusiastically sought. An excellent salary, benefit package and early partnership are available. Please send CV and letter of interest to: The Neurology Center, PA, c/o Ezra D. Cohen, M.D., 1201 Seven Locks Road, Suite 101 Rockville, MD 20854 or via email to recruiting@neurologycenter.com. Please visit our website at www.neurologycenter.com.

Section Chief Cerebrovascular Disease/IP Neurology Carillon Clinic, a physician-run clinic in Roanoke, VA, is seeking a fellowship trained Vascular Neurologist to develop a Stroke Center at Carilion Roanoke Memorial Hospital, an 825-bed academic/tertiary care medical center. Requirements include experience with multi-disciplinary stroke team, assisting the hospital in establishing the Stroke Program and working towards accreditation. Additional skills include leadership and program development, as well as interest in research, developing novel acute therapies for stroke, and teaching within our GME programs and at the new Virginia Tech Carilion School of Medicine, slated to open Fall 2010. Roanoke was rated as the 11th best place to live in the country. With a lively arts community and scenic points along the Blue Ridge Parkway, there is plenty to do inside as well as outside. The area offers affordable housing, excellent schools, and professional opportunities. A generous compensation package is available. Please submit CV and cover letter to: Rhonda B. Creger, Carillon Clinic, P.OB 40032, Roanoke, VA 24002-0032. Office 540-224-5189; Email: rncar@carilion.com. AA/EOE

Neurologist Seek BC/BE Neurologist for FT position with academic credentials sufficient to qualify for the Georgetown University Medical School faculty and with research interests and/or potential. He/she will make rounds on the in-patient Neurology service, in-patient consults, weekends and holidays in turn. Will see his own patients in the out-patient area, as well as Compensation and Pension patients. If qualified, incumbent may be asked to read EEGs, Sleep studies, participate in the Pain, SCI, or movement disorders program. Will teach residents and medical students, attend conferences, keep up GME credits and read sufficiently to stay abreast of the important developments in the field. Please fax your information and CV to (202) 745-8231, attention Debbie Taylor or Jackie Allmond.

Neurology Positions-Florida Busy group in Lakeland, FL, between Tampa and Orlando, seeks Neurologist and Epileptologist to establish a level 3 or 4 Epilepsy Center. Clinical neurophysiology services include EEG, EMG, evoked potential capabilities, Epilepsy Disorder Center as well as state-of-the-art neuroimaging capabilities (MRI, CT, CTA, SPEC and PET). Electronic Medical Record. Salary guarantee + bonus the first year; Partnership after 2 years. Growing population of 500,000. Abundant recreation year round – tennis, golf, running, cycling.
boating and fishing; access to museums, theaters, colleges, shopping, festivals, sports events, Disney World, Sea World and other attractions; 500+ lakes and numerous parks.

Health organization is offering several opportunities for neuro-oncology faculty position information. HFa is an equal opportunity employer. At michelle.richardson@hcmed.org for additional compensation and benefit packages. Indiana is ranked for sleep, emG, stroke desirable but not required.

Atlanta Neurology Position Hospital employed position in metro Atlanta. One hospital practice. Attractive salary and full hospital benefits including malpractice with tail. Popular and Historic in-town location active with development and redevelopment. A stone’s throw to one of the city’s most popular and largest private schools. Easy access to Midtown, Downtown, the airport and all of Atlanta’s major professional sports. Email bselvey@williamlaine.com

NORTH CENTRAL

Neurology Opportunities in Central Indiana Suburban Health Organization is offering several opportunities for dynamic Neurologists to join established practices or start a new practice. These practices serve suburban communities with active hospital lab, EEG, evoked EMG, sleep lab and office based EMG and doppler. Subspecialties: sleep, EMG, stroke desirable but not required.

Academic Neurologist Hennepin County Medical Center (HCMC), a University of Minnesota affiliated teaching hospital, and Hennepin Faculty Associates (HFA) are seeking two board certified/eligible adult neurologists with excellent teaching and communication skills to work in a diverse and stimulating environment. Subspecialty training and interest in electromyography/neuromuscular disease or EEG/EEG monitoring are preferred. Responsibilities will include (1) EMG and neuromuscular clinic; (2) EEG, video/EEG monitoring and seizure clinic. Both positions also include some in-patient and out-patient general neurology. All clinics and electrodiagnostic labs participate in teaching students, residents and fellows. There is opportunity for program development in neuromuscular disease, intraoperative monitoring, EEG monitoring and autonomic testing if desired. Academic appointment at the Assistant or Associate Professor level at the University of Minnesota depending on qualifications. Candidates should submit their curriculum vitae and the names and addresses of three references to Dr. Frederick Langendorf, Search Committee Chair, Department of Neurology, 701 Park Ave S, P5-200, Minneapolis, MN 55415 (lange012@umnw.edu), or contact Michelle Richardson at Michelle.Richardson@hcmed.org for additional information. HFA is an equal opportunity employer.

Neuro-Oncology faculty position Department of Neurology at the University of Michigan is seeking applicants for a neuro-oncology faculty position. The University has a well-established program in neuro-oncology that includes specialists in neurosurgery, radiation oncology, neuroradiology and neuropathology. The position is offered at the Assistant/Associate Professor rank in both the clinical and tenure tracks. The successful candidate will be appointed in a track commensurate with their experience and qualifications. Applicants must be board certified or eligible in neurology with fellowship training in neuro-oncology. Interested candidates should contact Larry Junck, M.D., Junck@umich.edu 734-936-7910. The University of Michigan is a non-discriminatory, affirmative action employer and encourages women and minorities to apply.

Chief, Child Neurology and Staff Opportunities The Department of Pediatrics of the University of Illinois College of Medicine at Peoria and Children’s Hospital of Illinois are seeking a Chief of Child Neurology as well as additional staff child neurologists. Responsibilities include developing a comprehensive service that supports the clinical needs of the children in the region. Compensation and academic rank (Professor/Associate Professor) are commensurate with experience. Responsibilities include recruit additional faculty; regional child neurology referral center for central Illinois; new Children’s Hospital scheduled for completion in 2010; opportunity to establish clinical, translational, and/or basic research; opportunity to establish a fellowship program; nationally respected pediatric residency program. Email jennifer@milliscanolutions.com

BC/BE Neurologist Ministry Medical Group in Stevens Point, Wis. is looking for one full-time neurologist to work with an organization that is values-focused and promotes a strong work/life balance. The established neurology team at MMG is team-oriented and enjoys working well together. The environment is friendly and the new physician is seen as a full partner right from the start. EMG experience required, and full array of neurology practice is available. Epilepsy and sleep movement are not available. The schedule is 4 days per week and the call schedule is 1:6. The department participates in community outreach in off-site locations. Double-boarded physicians will be accepted. For more information please contact Caitlind Taub, Director of Provider Recruitment at 715.343.3376, e-mail: mmgrecruitment@ministryhealth.org, and check out our Web site at ministryhealth.org/recruitment

Epileptologist MINCEP Epilepsy Care, the original comprehensive epilepsy program, has an immediate opening for an Epileptologist committed to providing high quality medical and surgical treatment. We work collegially in an intellectually stimulating environment and actively carry out clinical research. MINCEP is associated with one of America’s premiere private hospitals in Minneapolis, Minnesota. Work as part of an integrated team with Doctors Jeanne L. Beattie, Lizbeth S. de Padua, Robert J. Gumtt, Ilo E. Leppik, Thaddeus S. Walczyk and James R. White. Contact Dr. Gumtt at rugumtt@minncep.com, 952-525-4511 or fax to 952-525-1560.

Stoke Medical Director Great exciting opportunity to develop a Stroke Center for the new state-of-the-art Aurora Medical Center that will be opening in 2010 in苍桐, Wisconsin. We are recruiting for a Medical Director who is BC/BE fellowship-trained in Stroke to develop the Stroke Center at our new regional medical center. This position will be responsible for putting together the stroke team, work toward JCAHO accreditation and will be putting together the protocols for the department. Enjoy a large referral base from Aurora Advance Healthcare, a highly successful group of 250 physicians along with the new physician is seen as a full partner right from the start. EMG experience required, and full array of neurology practice is available. Epilepsy and sleep movement are not available. The schedule is 4 days per week and the call schedule is 1:6. The department participates in community outreach in off-site locations. Double-boarded physicians will be accepted. For more information please contact Caitlind Taub, Director of Provider Recruitment at 715.343.3376, e-mail: mmgrecruitment@ministryhealth.org, and check out our Web site at ministryhealth.org/recruitment

Physician Recruitment for Marshfield Clinic Neurologist – Marshfield Clinic, Marshfield, Wisconsin is a 775 physician led organization with 41 centers throughout Wisconsin. This position is primarily hospital-based as a member of a Neuro-Hospitalist service provided through a large tertiary Neurology group. The physician hired will work in rotation with other members of the Neuro-Hospitalist service, providing consultation and patient care including neurocritical care, throughout the hospital. This position offers the opportunity of incorporating other areas of interest and we would encourage applicants with interest in neurocritical care, cerebrovascular disease, movement disorders, and research to apply. Subspecialty education and research are strongly supported. Members of the Marshfield Clinic Neurology Department are the primary medical staff for Saint Joseph’s Hospital, a 525 bed acute care tertiary teaching hospital that serves central and north central Wisconsin. Sub-specialists are represented in Sleep Medicine, Epilepsy, Movement Disorders, Stroke, Neuromuscular Disease, Neuro-onoology, Dementia and Neuroimmunology. As a physician with Marshfield Clinic you can expect a very competitive starting salary of $300,000, and a benefit package that includes liberal vacation, 10 days CME time, health, dental, life, disability and malpractice insurance, moving expense allowance and more. If you are interested in learning more about these opportunities, please contact: Sandy Heeg, Physician Recruitment, Marshfield Clinic, 1000 N Oak Ave., Marshfield, WI 54449. Phone: 1-800-782-8581, ext. 19781; Fax: 715-221-9777. E-mail: heeg.sandra@marshfieldclinic.org, Website: marshfieldclinic.org/recruit Marshfield Clinic is an Affirmative Action/Equal Opportunity employer that values diversity. Minnesotans with disabilities and veterans are encouraged to apply. Sorry, Not a health professional shortage area.

General & Subspecialty Opportunity’s with Marshfield Clinic General and Subspecialty opportunities with Marshfield Clinic. Marshfield Clinic is a 775 physician led organization with 41 centers throughout Wisconsin. Currently, we’re experiencing growth at two of our largest facilities and are offering these outstanding practice opportunities: General Neurology – Eau Claire (expanding practice). Subspecialty interest is supported by the department. Behavioral and Headache Neurologist - Marshfield, Marshfield Clinic. Neurologists in Eau Claire representing a full range of Neurology subspecialties and 6 neurosurgeons, 3 neuroradiologists and 3 neuropsychologists. Research opportunities abound but are not prerequisite. The work atmosphere is academic and...
collegial. As a physician with Marshfield Clinic you can expect a very competitive salary and a benefits package that includes liberal vacation, 10 days CME time w/$5,000 allowance, well funded retirement plan, health, dental, life, disability and malpractice insurance, moving expense allowance and more. If you are interested in learning more about these opportunities, please contact: Sandy Heeg, Physician Recruitment, Marshfield Clinic, 1000 N Oak Ave., Marshfield, WI 54449. Phone: 1-800-782-8581, ext. 19781; Fax: 715-221-9779. E-mail: heeg.sandra@marshfieldclinic.org website: www.marshfieldclinic.org/recruit. Marshfield Clinic is an Affirmative Action/Equal Opportunity employer that values diversity. Minorities, females, individuals with disabilities and veterans are encouraged to apply. Sorry. Not a health professional shortage area.

EMG Neurologist - Chicago Area Central DuPage Hospital(Chief) is seeking a BC/BE Neurologist, fellowship-trained in EMG, to join The Neurosciences Institute at CDH. The Institute is staffed by full time neurosurgeons, interventional neuroradiologists, neurologists and APNs. CDH has on-site 1.5T and 3.0T MRI, QMRI, Intra-Operative MRI, 64-slide CTs with perfusion, LICOX, rapid cooling systems, state-of-the-art interventional labs, 24-hour video EEG monitoring and is now implementing outreach real-time audio/visual telemedicine with referral hospitals. CDH is a Thomson Top 100 Hospital, and a multi-year recipient of the HealthGrades Stroke Excellence award. CDH is ideally located 30 miles west of Chicago, surrounded by close-knit communities with superb schools. Highly competitive salary, outstanding benefits and malpractice coverage included. Please email your CV to: Michelle_Thompson@cdh.org (630)933-6655.

Neurology Opportunities-Dementia (Mpls/St Paul) HealthPartners Medical Group, HealthPartners Neuroscience Center, Regions Hospital, and the Regions Alzheimer’s Research Center in Minneapolis/St. Paul, MN are looking for a dementia specialist to head the Center for Dementia and Alzheimer’s Care (BC/BE neurologist with an interest in dementia). As a key partner in the neurology clinic and an associate in a large multidisciplinary group of physicians you are guaranteed a busy practice. The position includes seeing general neurology patients with an emphasis on memory loss and dementia, but also creating care models for primary care, specialty care and inpatient patients that maximize the quality of care for these patients. HealthPartners is well recognized regionally and nationally as a leader in health care quality and care model development. The system emphasizes creating best care models and protocols in order to maximize the value of the care provided to their patients. The Research Center is recognized for its cutting edge research on dementia care. With this well funded position, the opportunity to collaborate with the Regions Alzheimer’s Center, and the chance to do what is best for dementia patients, a rewarding career is assured. Our team of eight neurologists has subspecialty interests and training in stroke, epilepsy, neuromuscular disease, sleep, dementia, movement disorders and multiple sclerosis. We are affiliated with the University of Minnesota Medical School, participating in teaching programs for students, residents and practitioners. The dementia clinic includes a neurologist, a physician’s assistant and a nurse coordinator as well as other key stake holders: 300 primary care doctors, 20 gerontologists, 4 geropsychiatrists, and 55 psychiatrists. For consideration, please forward your CV and cover letter to Lori Kafe at lori.m.kafe@healthpartners.com or FAX (952) 981-0347. Information call: (800) 472-4695 or apply online at www.healthpartners.jobs. EO Employer HealthPartners Medical Group www.healthpartners.com www.regionshospital.com

Neurologist Prevea Health, a 200+ provider practice based in scenic northeastern Wisconsin, is seeking a BC/BE Neurologist. The fellow will join a well-established, well-respected practice located in Green Bay, WI. Access to: a dedicated Stroke Center. Short wait period to partnership and extremely minimal buy-in. Reside in a diverse Great Lake college town full of cultural offerings that includes professional sporting events, exceptional shopping, terrific – and affordable – housing, all within a gorgeous region that enjoys the best of the four seasons. Enjoy numerous outdoor activities with Lake Michigan and the Fox River virtually in your backyard, not to mention nearby Door County. Email pam.buckalew@statemedmed.com

Neurology Subspecialists To meet increasing demand, the Henry Ford Hospital Medical Group in southeast Michigan is seeking board eligible/certified, fellowship trained physicians in the following subspecialties: headache, pediatric neurology, neuro-behavioral, spine, epilepsy, movement disorder, EMG and EEG to enhance its current complement of 54 generalists, specialists and researchers. Positions are available at Henry Ford Hospital in Detroit, our new West Bloomfield Hospital and suburban locations. With the collegial support of your peers and medical group managers, you will focus on practicing medicine within the Neuroscience Institute. Research interests are well supported. The Henry Ford Neuroscience Institute is one of the nation’s top centers for neurological diseases with inpatient units including: a 12-bed Acute Stroke Unit, a 7-bed Epilepsy Monitoring Unit, a 16-bed Neurointensive Care Unit, a 32-bed General Neurosurgery Unit, a 20-bed Comprehensive Epilepsy Stepdown Unit Send CV to Dr. Stanton Elias, Chair, c/o akorinie@hfhs.org

Neurologist Needed Heartland Neurology, Indiana’s leader in neurologic care seeks personable neurologist for out-patient based practice. Excellent income potential, great work environment and superb benefits. Call is 80/20. Our Sleep Lab, our practice features advanced neurophysiologic testing, EEG, EMG and related services. Our group encourages and promotes the development of each physicians’ area of interest and expertise. Enjoy a rich, cultural environment and schools and explore professional opportunities. Fellowship training a plus. A competitive salary and benefits including rapid acceleration to partnership. Please send CV to 1185 W. Carmel Dr., D-3, Carmel, IN 46032. Visit www.heartlandneurology.com

BC/BE Neurologist in Madison, WI The Department of Neurology at the University of Wisconsin School of Medicine and Public Health seeks candidates for a BC/BE General Neurologist, with subspecialty interest, to join our practice at 20 S Park St. This physician will function as a generalist, with subspecialty interest in Stroke (with Directorship at a local community hospital); Headache management, or EMG as Clinician-Teacher track Assistant Professor, Associate Professor, or Professor. With 6 board certified Neurologists and 1 PA; a full spectrum practice and balanced lifestyle can be enjoyed with minimal outreach requirements, and an attractive shared call arrangement. With the University of Wisconsin and several technical and social amenities, the capital city is equipped to accommodate a wide variety of recreational events situated amongst three lakes; Madison is well known for offering a small town feel in a medium sized city and a great place to raise a family. Please send curriculum vitae and the names of at least three references to Thomas Dutula, M.D., Ph.D., Chair, Department of Neurology-5132, University of Wisconsin School of Medicine and Public Health, 600 Highland Ave., Room H61574 CSC, Madison, WI 53792 and to Frederick Edelman, M.D., Department of Neurology, 20 S Park St., Madison, WI 53715. Submission of application information is preferred; please forward to applications@neurology.wisc.edu. Wisconsin Caregiver and Open Records laws apply; background check required prior to offer of employment. UW-Madison is an Affirmative Action/Equal Opportunity Employer.

Midwest-BC/BE Neurologist Seeking BC/BE Neurologist to join well-established, well-respected practice located 45 minutes from Chicago, IL. An interest in stroke and epilepsy an advantage, but not required. Offering competitive salary, benefit package, shared call schedule: all leading to partnership, and a supportive professional office staff. Excellent schools, affordable housing, four season climate and cultural opportunities. Fax or e-mail CV to 715-741-9712 or mchrn76@aol.com

Neurologist Altru Health System is seeking a BC/BE General Neurologist to join its Neuroscience Department. Altru Neuroscience has a long history of excellence and is the premiere neuroscience group in the region. Full EEC and EMG services are provided. A patient referral area of over 225,000 guarantees a busy practice with interesting pathology. Altru’s Neuroscience Department is committed to working as a team to better serve our patients. Call is 1/4. This is an excellent practice opportunity with a competitive compensation and benefits package. To inquire, contact Kerri Hjelmstad at 800-437-5373 ext. 6596 or khjelmstad@altru.org www.altru.org

Pediatric Neurology Carle Clinic Association, a 330-physician owned and operated multispecialty group practice, is seeking an additional BC/BE Pediatric Neurologist in Urbana-Champaign, Illinois. Carle Foundation Hospital, a 305-bed facility that is a designated Level I Trauma Center and Level III Perinatal Unit, has a Pediatric Hospitalist service and a Pediatric ICU service. Pediatric subspecialties include Gastroenterology, Developmental-Behavioral, Pulmonology, and Neurology. Opportunities include a strong academic and/or research affiliation with the University of Illinois. Competitive compensation package and excellent benefits offered (including paid malpractice insurance). Urbana-Champaign has a population of 180,000, is home to the University of Illinois, and is located 2 hours from Chicago and Indianapolis. Please contact: Dawn Goeddel Telephone: (800) 436-3095, extension 4103 Fax: (217) 337-4119 E-mail: dawn.goeddel@carle.com

Pediatric Neurologist The Division of Pediatric Neurology at the 190-bed Helen DeVos Children’s Hospital in Grand Rapids, MI has multiple openings for Pediatric Neurologists and a Division Chief. Our vital, dynamic and growing program of five physicians is focused on both clinical neurology and research. The program features state-of-the-art equipment including a fully digital EEG lab, inpatient video EEG, and portable EMG. Call is shared equally among the physicians. Qualifications include board certified or board eligible in Neurology with special qualification in Child Neurology. EEG, EMG epilepsy or neuromuscular training a plus. A desire in developing other subspecialty interests also a plus. A new 200-bed Helen DeVos Children’s Hospital is under construction, scheduled for completion in 2011. The hospital services a population of over 3 million with 135 pediatric specialists in 40 pediatric specialties and is a primary teaching hospital for Michigan State University. MSU is scheduled to have a full four year medical school operational in Grand Rapids by 2010. Grand Rapids, Michigan’s second largest city with a metropolitan population of 750,000 is located 35 minutes from the beautiful shores of Lake Michigan. Grand Rapids is known as the cultural, educational and economic hub of West Michigan. Email: diana.dieckman@devoschildren.org

Neurorehabilitation Fellowship Please use the membership benefits of Dr. Rodger Elble Memorial Medical Center/Southern Illinois University School of Medicine in Springfield, Illinois for the opportunity for a 1-year clinical fellowship in neurorehabilitation for a BC/BE neurologist. Facilities include a CARF-accredited 30 bed acute inpatient rehabilitation unit equipped to accommodate stroke, spinal cord injury and traumatic brain injury patients. The fellow will assist in managing patients on the unit, and attend outpatient rehab, MS, ALS, and MDA clinics. Additional experience in electrophysiology and prosthetics/orthotics are available. Candidates must have completed an accredited neurology residency program or subspecialty fellowship. Share in 12/13 call as we expand our existing department.
Board Certified/Board Eligible Child Neurologist Seeking a BC/BE Child Neurologist for full-time position at the Associate, Assistant or Associate Professor (tenure or non-tenure clinical track) level. Requirements: MD/DO Degree BC/BE in Psychiatry and Neurology with Special Competence in Child Neurology Candidates applying for a tenure track position must demonstrate evidence of scholarly investigation Desirable qualifications: Clinical experience in child neurology Strength in teaching Experience in patient-oriented or basic research Strong oral and written communication/interpersonal skills Iowa City is a unique community with diverse recreational activities, superb public schools, and affordable, safe neighborhoods. University of Iowa Children’s Hospital and the Carver College of Medicine have outstanding facilities for patient-care, education, and research. More information at http://www.uihealthcare.com/depts/uichildrenshospital/index.html.

Neurologist Marquette General offers an excellent opportunity for a BC/BE EMG-proficient subspecialty interest or certification welcome or electro-diagnostic medicine certified neurologist to join an expanding practice. The Upper Michigan Neuroscience Center at Marquette General provides state of the art care including: neurosurgery, neurointerventional radiology, comprehensive neuropsychology, physical medicine and rehabilitation, complete imaging modalities Resources are complemented by a medical staff of over 200 representing 64 specialties. Competitive compensation & benefit package. Enjoy an unmatched quality of life in a university community & a pristine environment exempt from many of the pressures of urban living. Our four-seasons climate & unique terrain create numerous recreational opportunities. Contact: Mike Gokce; mgokce@marquettegeneral.org; 906-224-3619 or Eric Knezevic, etknezevic@mgh.org. 906-225-3447. 580 W. College Ave, Marquette, MI. 49855 Visit www.mgh.org and click on the physician job opportunities icon.

Multi-specialty group seeks Neurologist Physician-owned, multi-specialty group practice with 100+ providers, has an exceptional opportunity for a BC/BE Neurologist to join two others. You will see patients with a full spectrum of disease states and have an opportunity to participate in clinical trials. We provide staff and support for EMG, Lumbar Punctures, Polysomnography, Botulin, Occipital Block and a full-time, plus a registered EEG technologist. We offer a market competitive income guarantee with a production incentive income thereafter; service area 300,000; great payer mix; life/memorial/longevity and medical malpractice insurance all paid; $6,600 annual CME allowance; potential shareholder status after one year; 401(k) profit sharing plan. Our picturesque community, population 50,000+ provides a great setting to practice medicine and raise a family plus year-round outdoor recreational area at nearby lakes and resorts; excellent public and private schools with award winning academics and sports teams; state university and three colleges with combined enrollment of over 10,000; shopping mall with five anchor stores and more new retail construction. One hour from Minneapolis/St. Paul southern metro; easy access to international airport. No J-1 openings. Email dlavito@minamkato-cm.com

General Neurologist Neurological Consultants of Kansas City Inc is searching for a general neurologist, looking to join a team where aggressive stroke reversal therapy is the norm. We are the only integrated inpatient and outpatient program dedicated to improving outcomes in patients with diseases of the nervous system and spine. Saint Luke’s Hospital has been a leader in Healthcare for the KC area and has received numerous quality awards. Are interested in learning more about this opportunity, please forward your CV to: Neurological Consultants of KC Inc Attn: HR 4400 Boulevard Suite 520 Kansas City, MO 64111 kcmoream@aol.com

Neurologist-Tennessee Large Neurology practice in Memphis, TN with 6 members is seeking BC/BE Adult Neurologist. The Neurology Clinic, P.C. owns a full range of diagnostic equipment with a 1.5 T MRI, CT, EMG, EEG, and US. Hospital responsibility is very light with 1 week out of 6 at Baptist Memorial Hospital-Collierville, a full service hospital with 100 beds. Night call is out of 6. Primarily an office-based practice with an active Research Program. Fast track partnership with appropriate experience. Excellent compensation and benefit package includes an attractive Profit Sharing and 401k plan. Memphis is the 2nd largest city in the Southeast by population with no state income tax. Please contact: Chip Harris, Administrator at (901) 255-7155. Fax: (901) 747-1137. Email: charis@neuroclinic.org.

Neurologist Hospitalist or Private Group Exceptional neurology opportunities Nashville, TN. An array of practice models available for general neurologists and sub-specialties of neurology affiliation with the Neuroscience Institute. The practice is looking for a collegial environment with research opportunities available. Excellent call coverage with all the following options: Join a large multi-specialty group with three fellow Neurologist; built in referrals or Group employment with The Institute. Option for hospital based in-patient role employment. Compensation is very lucrative with strong benefits. This opportunity does not qualify for J-1 Visa waiver. Email sharon@sandersoncompany.com

Neurologist - Best Small Town City Stillwater Medical Center is a progressive 130-bed, JCAHO-accredited facility located in a lovely university town in North Central Oklahoma. Stillwater, listed as the # 6 “Best Small Town City” in America, is located in the heart of Oklahoma’s countryside just 60 miles from the two largest cities in the state, Oklahoma City and Tulsa. A trust authority of the City of Stillwater, Stillwater Medical Center serves a primary population of 68,500 and a secondary area of approximately 110,000. Stillwater Medical Center has been named one of Solucient’s Top 100 Performance Improvement Hospitals. We are currently recruiting for a General Neurologist to join our community. This position represents an excellent professional and financial opportunity for a motivated Neurologist. The Medical Center is offering a competitive financial package from loan guarantee to employment. With a diverse and multi-cultural population, Stillwater is known as “Oklahoma’s Education Community,” home of Oklahoma State University. The Stillwater Public School district has been rated among the “Top 100” districts in the U.S. and Expansion Management Magazine gives Stillwater High School the highest “Gold Medal” rating for workforce preparation. A city de-signed with the charm of a smaller community, Stillwater offers a variety of cultural activities such as live theater, concerts, special art exhibits, and university lectures. The region also offers exceptional outdoor recreational activities as well as easy access to four superb golf courses and excellent shopping within a one-hour drive. If this opportunity sounds appealing and you would like further information, please respond. I look forward to speaking with you soon. Reply to Blind Box #1894,

Neurologist Needed in Dallas, TX Baylor University Medical Center in Dallas, TX is seeking a BC/BE Neurologist for a position on its inpatient Neurologic Hospitalist Staff. We are looking for exemplary residents, fellows and practicing physicians to fellow or join a collaborative team of world-class specialists including neurosurgeons, neuro-oncologists, general neurologists, vascular neurologists, radiation oncologists, neuro-pathologists, and neuro-radiologists. We are considering candidates who are interested in pursuing a career in Dallas, states as well as candidates who would be available for a single year. Contact Meghan Speer, Baylor Physician Recruitment, at 972-860-8506 or meghan@baylorhealth.edu if interested.

Adult Neurologist Wanted We are a busy adult neurology group in the Dallas-Fort Worth area, and urgently need to add 1 or 2 more members. We have ambulatory EEG, EMG, sleep lab, multiple sclerosis clinic, neuromuscular clinic, and infusion center. Excellent salary. Email mcm@prodigy.net

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General Neurologist Ochsner Health System in New Orleans is seeking a Board Certified/Board Eligible General Neurologist to join our group of Neurology physicians. Subspeciality interests represented within the institution include epilepsy, headache, movement disorders, neuromuscular disease, neurophysiology, sleep disorders, and stroke. While this is primarily an outpatient position, there is also responsibility on the hospital consult service and the opportunity to teach residents, house staff, and medical students. Candidates currently completing training as well as those with practice experience are welcomed to apply. Ochsner Health System is a non-profit, academic, multi-specialty healthcare delivery system dedicated to patient care, research, and education. The system includes 7 hospitals and 40 health centers throughout Southeast Louisiana. Our staff includes 600+ physicians in 80 medical specialties and sub-specialties. Ochsner conducts over 300 ongoing clinical research trials annually. Salary is very competitive and commensurate with experience, and we offer an excellent benefits package. We also enjoy the advantage of practicing in a favorable malpractice environment in Louisiana. Please visit our website, www.ochsner.org for more information. New Orleans amenities include: multiple medical schools and academic centers, professional sports teams, world-class dining and cultural interests, and world-renowned live entertainment and music. Please e-mail CV to profrecruiting@ochsner.org, Ref #ANOGNO5, or call 800-488-2240, EOE.

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General Neurologist Wasatch Neurologic clinic of Murray, Utah seeks a Neurologist. Completion of residency in Neurology and Utah license required. Send resume to...
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Las Vegas Neurology Practice seeking a BC/BE Neurologist. The ideal candidate will have expertise in General Neurology, EMG, EGG and sub-specialty training in Sleep and Epilepsy. The Practice offers: excellent base salary ($250,000+ based on subspecialty & experience), sign-on & production bonuses with a partnership track, no state tax, out-patient & in-patient positions, Monday – Friday, 7am – 4pm Out-Patient only schedule available. Paid CME and vacation time, EHR, support staff including: MAs, PAs, and NCV/EEG Technicians. Help with relocation, housing, legal, and accounting needs. For inquiries call (888) MSO-LVNV (1-888-676-5968) and leave a message so that we may respond to your inquiry. Please E-mail your CV and cover letter to: RecruitingStaff@Options.com.
state-of-the-art services, including neurology, radiology, urology, rehab medicine and clinical trials. At the heart of the MS Center is a thriving outpatient clinical practice that serves a diverse patient population from the five-state region of Washington, Alaska, Wyoming, Montana and Idaho. Patient visits are projected to exceed 3,000/year. The staff includes an experienced fellowship-trained Physiatrist who specializes in MS practice and research. Staff support includes a rehab psychologist, RN, medical assistant, and full neuro-rehab team. Numerous ancillary classes and programs are in place with a focus on wellness. These positions offer exceptional opportunities to lead and further develop an MS program that offers leading-edge treatment and rehabilitation in an atmosphere where patients and families come first, where hope and compassion combine with powerful medicine to create life-changing care. These are unique opportunities to work in a comprehensive MS Center with the flexibility to combine a clinical practice with research in a strongly supportive hospital affiliated environment. Call coverage is limited to the MS population. Call coverage for stroke or other general neurology call is not required. Adequate time is allotted in the clinic in order to deliver superb care. The position offers a very competitive, guaranteed base salary and includes a generous benefit package including 4 weeks of vacation and a matching 457 retirement plan. Relocation assistance is also available. For more information about the MS Center at Evergreen please visit our web site www.evergreenhealthcare.org. Interested physicians may contact Jacqueline Carie, Physician Recruiter at Evergreen Healthcare, (425) 899-2540 or email jacarie@evergreenhealthcare.org.

Movement Disorders Fellowship The Parkinson’s disease and Movement Disorders Clinic, at the USC/Keck School of Medicine is offering a one-two year fellowship starting July 2009. Training will involve participation in an active movement disorders clinic with 4 fellowship trained faculty. Fellowship includes in depth exposure to the diagnosis and management of a large variety of movement disorders including PD and related disorders, tremor, dystonia and spasticity. Fellows will be trained to inject botulinum toxins and participate in a large clinical trials program. Training includes an active program for the evaluation and treatment of DBS patients. Requirements: Neurology Residency eligible for California Medical License. Contact: Gloria Regalado at gregalado@surgery.usc.edu

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Neurologist-Bureau of Medicine and Surgery Camp Pendleton, CA. Handle the most difficult cases in an inpatient/outpatient environment. Train/supervise interns, residents, fellows. Care for active duty service members, dependents, retired adult patients. Outstanding benefits: pay incentives, malpractice coverage, lifetime health insurance you can carry into retirement (Navy pays portion, you pay with pre-taxed dollars), retirement plan w/401K type plan, employer matching, and ability to retire between 55-57 w/10 years of service. Also life insurance, long term care insurance, 12-26 paid vacation days, 13 paid sick days, 10 paid Federal holidays each year. Requirements: accredited M.D./D.O., physician license by any state, at least 5 yrs Neurology residency training or equivalent experience/training, U.S. citizenship, BC/BE desired but not required. E-mail your resume to medjobs@navy.mil, include Neurologist in your subject line, and cut/paste your resume into your e-mail message as we cannot accept attachments. Or mail your resume to U. S. Department of Navy, HRSC-NE, 111 S. Independence Mall East, Attn: BUMED/Neurologist, Philadelphia, PA, 19106. For more information, contact Charlotte Cleghorn 215-408-5441.

Neurology Opportunities in Olympia, Washington Established group of five neurologists seeking two more: one general, one with stroke/vascular fellowship or training. Fellowship preferred, except for pediatrics or sleep. EMG training preferred. Great call, competitive compensation and benefits. Group participates in clinical research and teaching through UW, plus teaching FP residents at Providence St. Peter Hospital here. St. Peter boasts a superb neuroscience program and diagnostic equipment, including 64 slice CT, 1.5 t MRI, bi-plane angiography, and intra-operative monitoring. Providence has other physician opportunities in Alaska, California, Montana, Oregon and Washington. For details, please contact Kris Cable, kris.cable@providence.org; (503) 216-5468; www.providence.org/physicianopportunities.

Stroke Neurologist – Seattle, Washington Virginia Mason Medical Center seeks a BC/BE Neurologist to join the Neuroscience Institute & Stroke Center. Virginia Mason is a multi-specialty clinic and hospital located in the heart of downtown Seattle. Our ICAHO-certified Stroke Center is the recent recipient of the Gold Performance Achievement Award from the American Heart Association and received the Stand-up for Patient Safety Award from the National Patient Safety Foundation this year. Our vision is to be the Quality Leader in stroke and neurologic care. Work F/T, Mon-Fri, with call 1:10 for weekends & evenings. This position is approximately 50% stroke, 40% general neurology and 10% research. A fellowship or strong background in stroke as well as skills in leadership and program development are required. We seek an individual who is interested in research, developing novel acute therapies for stroke, and teaching. Excellent compensation & a rich benefit package will be offered. To apply, send CV to: Gail.Donovan@vmmc.org or call 206-341-0448.

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INDICATIONS AND USAGE: Major Depressive Disorder—Cymbalta is indicated for the acute and maintenance treatment of major depressive disorder (MDD). Generalized Anxiety Disorder—Cymbalta is indicated for the acute treatment of generalized anxiety disorder (GAD).

Diabetic Peripheral Neuropathic Pain—Cymbalta is indicated for the management of neuropathic pain (DPN) associated with diabetic peripheral neuropathy.

Fibromyalgia—Cymbalta is indicated for the management of fibromyalgia (FM).

CONTRAINDICATIONS: Monoamine Oxidase Inhibitors—Concomitant use in patients taking monoamine oxidase inhibitors (MAOIs) is contraindicated due to the risk of serious, sometimes fatal, drug interactions with serotoninergic drugs. These interactions may include hyperthermia, rigidity, myoclonus, autonomic instability with possible rapid fluctuations of vital signs, and mental status changes that include extreme agitation progressing to delirium and coma. These reactions have also been reported in patients who have recently discontinued serotonin reuptake inhibitors and are then started on an MAOI. Some cases presented with features resembling neuroleptic malignant syndrome [see Warnings and Precautions].

Uncontrolled Narrow-Angle Glaucoma—In clinical trials, Cymbalta was used with an increased risk of mydriasis; therefore, its use should be avoided in patients with uncontrolled narrow-angle glaucoma [see Warnings and Precautions].

WARNINGS AND PRECAUTIONS: Clinical Worsening and Suicide Risk—Patients with major depressive disorder (MDD), both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. Suicide is a known risk of depression and certain other psychiatric disorders, and these disorders themselves are the strongest predictors of suicide. There has been a long-standing concern, however, that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients during the early phases of treatment.

Pooled analyses of short-term placebo-controlled trials of antidepressant drugs (SSRIs and others) showed that these drugs increased the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults (age 18-24) with major depressive disorder (MDD) and other psychiatric disorders. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults aged 65 and older; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. The pooled analyses of placebo-controlled trials in adults with MDD or other psychiatric disorders included a total of 2,029 short-term trials (median duration of 2 months) of 11 antidepressant drugs in over 17,700 patients. There was considerable variation in risk of suicidality among drugs, but a tendency toward an increase in the younger patients for almost all drugs studied. There were differences in the risk of suicidality across the different indications, with the highest incidence in MDD. The risk of differences (drug vs placebo), however, were generally stable within age strata and across indications. These risk differences (drug-placebo difference in the number of cases of suicidality per 1000 patients treated) are provided in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Drug-Placebo Difference in Number of Cases of Suicidality per 1000 Patients Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>Increases Compared to Placebo</td>
</tr>
<tr>
<td>18-24</td>
<td>14 additional cases</td>
</tr>
<tr>
<td>≥25-64</td>
<td>Decreases Compared to Placebo</td>
</tr>
<tr>
<td>≥65</td>
<td>1 fewer case</td>
</tr>
<tr>
<td></td>
<td>6 fewer cases</td>
</tr>
</tbody>
</table>

No suicides occurred in any of the pediatric trials. There were suicides in the adult trials, but the number was not sufficient to reach any conclusion about drug effect on suicide.

It is unknown whether the suicidality risk extends to longer-term use, i.e., beyond several months. However, there is substantial evidence from placebo-controlled maintenance trials of adults with depression that the use of antidepressants can delay the recurrence of depression.

All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.

The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and nonpsychiatric. Although a causal link between the emergence of such symptoms and either the worsening of preexisting symptoms or the emergence of new symptoms cannot be ruled out, there is concern that such symptoms may represent precursors to emerging suicidality.

Consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse, or who are experiencing emergent suicidality or symptoms that might be precursors to worsening depression or suicidality. Especially if these symptoms are severe, abrupt in onset, or were not part of the patient’s presenting symptoms.

If the decision has been made to discontinue treatment, medication should be tapered, as rapidly as is feasible, but with recognition that discontinuation can be associated with certain symptoms [see Warnings and Precautions, Discontinuation of Treatment with Cymbalta].

 Patients, their families, and caregivers should be advised of the need to monitor patients for the emergence of agitation, irritability, unusual changes in behavior, and the other symptoms described above, as well as the emergence of suicidality, and to report such symptoms immediately to health care providers. Such monitoring should include daily observation by families and caregivers. Prescriptions for Cymbalta should be written for the smallest feasible quantity of capsules consistent with good patient management, in order to reduce the risk of overdose.

Screening Patients for Bipolar Disorder—A major depressive episode may be the initial presentation of a bipolar disorder. It is therefore important to screen carefully for bipolar disorder (manic or mixed) in patients with depression and mania has been reported in a small percentage of patients treated with antidepressants for major depressive disorder and other indications, both psychiatric and nonpsychiatric, should be alerted about the need to monitor patients for the emergence of agitation, irritability, unusual changes in behavior, and the other symptoms described above, as well as the emergence of suicidality, and to report such symptoms immediately to health care providers. Such monitoring should include daily observation by families and caregivers. Prescriptions for Cymbalta should be written for the smallest feasible quantity of capsules consistent with good patient management, in order to reduce the risk of overdose.

Hepatotoxicity—There have been reports of hepatic failure, sometimes fatal, in patients treated with Cymbalta. These cases have presented as hepatitis with abdominal pain, hyperbilirubinemia, and elevation of transaminase levels to more than twenty times the upper limit of normal, with or without jaundice, reflecting a mixed or hepatocellular pattern of liver injury. Cymbalta should be discontinued in patients who develop jaundice or other evidence of clinically significant liver dysfunction and should not be resumed unless another cause can be established.

Hepatitis with Cholestasis—In patients with cholestasis and with the elevation of transaminase levels hyperbilirubinemia, cholestasis, and symptoms of hepatitis have also been reported. Other postmarketing reports indicate that elevated transaminases, bilirubin, and alkaline phosphatase have occurred in patients with chronic liver disease or cirrhosis. Cymbalta increased the risk of the elevation of serum transaminase levels in development program clinical trials. Liver transaminase elevations resulted in the discontinuation of 0.3% (82/27,229) of Cymbalta-treated patients. In these patients, the median time to detection of the transaminase elevation was about two months. In placebo-controlled trials in any indication, elevation of transaminase levels to more than twenty times the upper limit of normal, with or without jaundice, reflecting a mixed or hepatocellular pattern of liver injury. Cymbalta should be discontinued in patients who develop jaundice or other evidence of clinically significant liver dysfunction and should not be resumed unless another cause can be established.

Drugs Metabolized by CYP2D6—Cymbalta is neither a inhibitor nor inducer of CYP2D6, an enzyme involved in the metabolism of drugs that have a narrow therapeutic index, including certain antidepressants (tricyclic antidepressants [TCAs], such as nortriptyline, amitriptyline, and imipramine), phenothiazines and Type 1C anti-coagulants. Cymbalta is a inhibitor of CYP1A2, an enzyme involved in the metabolism of drugs that are potent CYP1A2 inhibitors and are then started on an MAOI. Some cases presented with features resembling neuroleptic malignant syndrome [see Warnings and Precautions].

Uncontrolled Narrow-Angle Glaucoma—In clinical trials, Cymbalta was used with an increased risk of mydriasis; therefore, its use should be avoided in patients with uncontrolled narrow-angle glaucoma [see Warnings and Precautions].

Seizures—Duloxetine hydrochloride is generally well tolerated. Seizures have occurred in approximately 1% of duloxetine hydrochloride treated patients. Duloxetine hydrochloride is not recommended for use in treating bipolar disorder. Seizures may occur at any time during duloxetine treatment, particularly after dose increases. The risk of blood pressure increases may be greater in patients taking concomitant medications that induce orthostatic hypotension (such as antihypertensives) or are potent inhibitors (see Warnings and Precautions and Drug Interactions) and in patients with diabetes, due to the risk of hyponatremia.

Serotonin Syndrome—The development of a potentially life-threatening serotonin syndrome may occur with SNRIs and SSRIs, including Cymbalta treatment, particularly with concomitant use of other psychotropic drugs (including SSRIs and SNRIs) and with drugs which impair metabolism of serotonin (including MAOIs). Serotonin syndrome symptoms may include mental status changes (e.g., agitation, hallucinations, coma), autonomic instability (e.g., tachycardia, labile blood pressure, hyperthermia), neuromuscular aberrations (e.g., hyperreflexia, incoordination) and/or gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea).

The concomitant use of Cymbalta with MAOIs intended to treat depression is contraindicated [see Contraindications].

If concomitant treatment of Cymbalta with a 5-hydroxytryptamine receptor agonist (triptan) is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases [see Drug Interactions].

Abnormal Bleeding—SSRIs and SNRIs, including duloxetine, may increase the risk of bleeding events. Concomitant use of aspirin, non-steroidal anti-inflammatory drugs, warfarin, and other anti-coagulants may add to this risk. Case reports and epidemiological studies (case-control and cohort design) have demonstrated an association between use of drugs that interfere with
serotonin reuptake and the occurrence of gastrointestinal bleeding. Bleeding events related to SSRIs and SNRIs use have ranged from ecchymoses, hematomas, epistaxis, and petechiae to life-threatening hemorrhage.

Patients should be advised of the need for close observation and communication with the clinician worsening, suicidality, or unusual changes in behavior. Families and caregivers of children and adolescents should be advised of the need for close observation and communication with the clinician for at least 6 months after starting treatment, or at any time of significant change. Patients should be observed at frequent intervals during treatment and for at least 6 months after treatment.

DISCONTINUATION OF TREATMENT WITH CYMBALTA—Discontinuation symptoms have been systematically evaluated in patients taking duloxetine. Following abrupt or tapered discontinuation in placebo-controlled clinical trials, the following occurred at a rate greater than or equal to 1% of the Cymbalta group and at a rate greater than or equal to twice the placebo rate in studies in which patients were discontinuing from placebo: dizziness, nausea, headache, fatigue, paresthesia, vomiting, irritability, nightmares, insomnia, diaphoresis, anxiety, hyperactivity, and vertigo.

During the marketing of other SSRIs and SNRIs (serotonin and norepinephrine reuptake inhibitors), there were reports of adverse events following discontinuation of these drugs, particularly when abrupt, including the following: dysphoric mood, irritability, agitation, dizziness, sensory disturbances (e.g., paresthesias such as electric shock sensations), anxiety, confusion, headache, tachycardia, emotional lability, insomnia, hypomania, tinnitus, and seizures. These events have also been reported in patients who have recently discontinued serotonin reuptake inhibitors and are then started on an MAOI. Some cases presented with features resembling serotonin syndrome. Seizures have also been reported in patients who have recently discontinued serotonin reuptake inhibitors and are then started on Cymbalta. A gradual reduction in the dose rather than abrupt cessation is recommended whenever possible. If intolerable symptoms occur following a decrease in the dose or upon discontinuation of treatment, then the previously prescribed dose may be restored.

The data described below reflect exposure to duloxetine in placebo-controlled trials for MDD (N=3,237), GAD (N=668), PDNP (N=568) and DPNP (N=568). The population studies included patients of all ages, 64.6% female, 55.8% 18-64, 9.4% 65-74, and 94.6% female, and 85.5%, 84.6%, 77.6%, and 88% Caucasian, African American, Asian, and others.

CLINICAL IMPAIRMENT AND POTENTIAL FOR OTHER DRUGS TO AFFECT CYMBALTA—CYP1A2 Inhibitors—Co-administration of Cymbalta with potent CYP1A2 inhibitors should be avoided [see Drug Interactions].

CYP2D6 Inhibitors—Because CYP2D6 is involved in duloxetine metabolism, concurrent use of duloxetine with potent inhibitors of CYP2D6 would be expected to, and does, result in high plasma exposures (300–500% of Cmax) of duloxetine [see Drug Interactions].

Potential for Cymbalta to Affect Other Drugs—Drugs Metabolized by CYP2D6—Co-administration of Cymbalta with drugs that are extensively metabolized by CYP2D6 and that have a narrow therapeutic index, including certain antidepressants (tricyclic antidepressants [TCAs], such as imipramine), monoamine oxidase inhibitors, and anticholinergic agents (e.g., propafenone, flecainide), should be approached with caution. Plasma CYP2D6 concentrations may need to be monitored and the dose of the TCA may need to be reduced if a TCA is co-administered with Cymbalta. Because of the risk of serious venricular arrhythmias and sudden death potentially associated with elevated plasma levels of thioridazine, Cymbalta and thioridazine should not be co-administered. Use with caution.

Other Clinically Important Drug Interactions—Alcohol—Use of Cymbalta concomitantly with heavy alcohol intake may be associated with severe liver injury. For this reason, Cymbalta should ordinarily not be prescribed for patients with substantial alcohol use [see Warnings and Precautions and Use in Special Populations].

Other Clinically Important Drug Interactions—CNS Drugs—Given the primary CNS effects of Cymbalta, it should be used with caution when it is taken in combination with or substituted for other centrally acting drugs, including those with a similar mechanism of action [see Warnings and Precautions and Drug Interactions].

Hypotension—Hypotension may occur as a result of treatment with SSRIs and SNRIs, including duloxetine. In these studies, this hypotension was thought to be the result of the syndrome of inappropriate antidiuretic hormone secretion (SIADH). Cases with serum sodium lower than 110 mEq/L have been reported and appeared to be reversible when Cymbalta was discontinued. Elderly patients may be at greater risk of developing hypotension with SSRIs and SNRIs. Also, patients treated with antidepressants may be at greater risk for hyponatremia [see Use in Special Populations]. Discontinuation of Cymbalta should be considered in patients with symptomatic hypotension and appropriate medical intervention should be instituted.

Use in Patients with Congestive Heart Failure—Clinical experience with Cymbalta in patients with congestive heart failure is limited. There is no information on the effect that alterations in fluid balance may have on the stability of Cymbalta’s enteral coating. In animal studies, acute oral toxicity was determined at a 1200-fold (rat) and 100-fold (dog) greater dose than that of Cymbalta (30 mg/kg BW). Increases in plasma concentrations of Cymbalta were associated with an increased risk of myocardial infarction or unstable coronary artery disease. Patients with these diagnoses were generally excluded from clinical studies during the product’s premarking testing.

Hepatic Insufficiency—Cymbalta should ordinarily not be used in patients with hepatic insufficiency [see Warnings and Precautions and Use in Special Populations].

Severe Renal Impairment—Cymbalta should ordinarily not be used in patients with end-stage renal disease who require hemodialysis. Cymbalta clearance in patients with end-stage renal disease (with or without dialysis) was 176 mg/dL, and the mean baseline hemoglobin A1c (HbA1c) was 7.8%. In the 12-week acute treatment phase of these studies, Cymbalta was associated with a small increase in mean fasting blood glucose as compared to placebo. In the extension phase of these studies, which lasted up to 52 weeks, mean fasting blood glucose increased by 12 mg/dL in the Cymbalta group and decreased by 14 mg/dL in the placebo group. HbA1c increased by 0.5% in the Cymbalta and by 0.2% in the routine care groups.

Urinary Incontinence and Retention—Cymbalta is in a class of drugs known to affect urethral resistance. If symptoms of urinary hesitancy develop during treatment with Cymbalta, consideration should be given to the possibility that they might be drug-related. In post marketing experience, cases of urinary retention have been observed. In some instances of urinary retention associated with duloxetine use, hospitalization and/or catheterization has been needed.

Laboratory Tests—No specific laboratory tests are recommended.

ADVERSE REACTIONS—Clinical Trial Data Sources—The data described below reflect exposure to duloxetine in placebo-controlled trials for MDD (N=3,237), GAD (N=668), PDNP (N=568) and DPNP (N=568) at recommended doses. The population studies included patients of all ages, 64.6% female, 55.8% 18-64, 9.4% 65-74, and 94.6% female, and 85.5%, 84.6%, 77.6%, and 88% Caucasian, African American, Asian, and others.

Adverse Reactions Occurring at an Incidence of 5% or More Among Duloxetine-Treated Patients in Placebo-Controlled Trials—Major Depressive Disorder—Approximately 9% (298/3,237) of the patients who received duloxetine in placebo-controlled trials for MDD discontinued treatment due to an adverse event compared with 3% (68/2,146) of the patients who received placebo. Nausea (duloxetine 1.3%, placebo 0.5%) was the only common adverse reaction reported as a reason for discontinuation and considered to be drug-related (i.e., discontinuation occurring in at least 1% of the duloxetine-treated patients and at a rate of at least twice that of placebo).

Adverse Reactions Occurring at an Incidence of 5% or More Among Duloxetine-Treated Patients in Placebo-Controlled Trials—Pooled Trials for All Indications—Approximately 15.3% (102/668) of the patients who received duloxetine in placebo-controlled trials for GAD discontinued treatment due to an adverse reaction, compared with 4.0% (20/495) for placebo. Common adverse reactions reported as a reason for discontinuation and considered to be drug-related (as defined above) included nausea (duloxetine 3.7%, placebo 2.0%), vomiting (duloxetine 1.5%, placebo 0.0%), and dizziness (duloxetine 1.0%, placebo 0.0%).

Diabetic Peripheral Neuropathic Pain—Approximately 14.3% (81/568) of the patients who received duloxetine in placebo-controlled trials for PDNP discontinued treatment due to an adverse reaction, compared with 7.2% (16/223) for placebo. Common adverse reactions reported as a reason for discontinuation and considered to be drug-related (as defined above) included nausea (duloxetine 3.5%, placebo 0.4%), dizziness (duloxetine 1.6%, placebo 0.4%), somnolence (duloxetine 1.6%, placebo 0.0%), and fatigue (duloxetine 1.1%, placebo 0.0%).

Other Adverse Reactions Occurring at an Incidence of 5% or More and at Least Twice Placebo—Adverse reactions occurring at an incidence of 5% or more and at least twice placebo were:

Cymbalta® (duloxetine hydrochloride) PV 5909 AMP

Cymbalta® (duloxetine hydrochloride) PV 5909 AMP
patients treated with duloxetine and with an incidence greater than placebo were: Cardiac Disorders—palpitations; Eye Disorders—vision blurred; Gastrointestinal Disorders—nausea, dry mouth, diarrhea, constipation; Abnormal Vision; Contraception Disorders—male contraceptive, female contraceptive; Vascular Disorders—hot flush. Events for which there was a significant dose-dependent relationship in fixed-dose studies, excluding three MDD studies which did not have a placebo lead-in period or dose titration.

Diabetic Peripheral Neuropathy Pain—Treatment-emergent adverse events that occurred in ≥1% of patients on duloxetine treatment in the placebo-controlled trials are: N=115 Cymbalta 20 mg once daily; N=228 Cymbalta 60 mg once daily; N=225 Cymbalta 60 mg twice daily; N=223 placebo) with an incidence greater than placebo were: Gastrointestinal Disorders—nausea, constipation, diarrhea, dry mouth, vomiting, dyspepsia, loose stools; General Disorders and Administration Site Conditions—fatigue, asthenia, pyrexia, infections and infestations—nasopharyngitis; Metabolism and Nutrition Disorders—decreased appetite, anaemia; Musculoskeletal and Connective Tissue Disorders—muscle cramp, myalgia; Nervous System Disorders—somnolence, headache, dizziness, tremor; Psychiatric Disorders—insomnia; Renal and Urinary Disorders—poluria; Reproductive System and Breast Disorders—erection dysfunction, ejaculation delayed, ejaculation disorder (includes ejaculation failure and ejaculation dysfunction); Respiratory, Thoracic and Mediastinal Disorders—upper respiratory tract infection, urinary tract infection, influenza, gastroenteritis; Vascular Disorders—hot flush.

Effects on Male and Female Sexual Function—Changes in sexual desire, sexual performance and sexual satisfaction often occur as manifestations of psychiatric disorders or diabetes, but they may also be a consequence of pharmacologic treatment. Because adverse sexual reactions are those occurring in at least 1/100 patients; infrequent adverse reactions are those occurring in 1/100 to 1/1000 patients; rare reactions are those occurring in fewer than 1/1000 patients. Cardiac Disorders—palpitations; Infrequent: myocardial infarction; Infrequent: chest pain and heart attack; Infrequent: endocrine disorders—diabetes mellitus, hyperglycemia, hypoglycemia; Long QT Syndrome; Vascular Disorders—hot flush.

Ventricular arrhythmias have been observed in postmarketing reports in patients treated with duloxetine. There have been reports of torsades de pointes in some cases. In patients who had previously shown prolongation of the QTC interval on other medications, a further increase in the QTC interval has been seen with duloxetine. The QTC interval should be monitored during treatment with duloxetine, particularly when the dose is increased or in patients with a history of QT prolongation.

Cymbalta* (duloxetine hydrochloride) PV 5909 AMP

Other Adverse Reactions Observed During the Premarketing and Postmarketing Clinical Trial Evaluation of Duloxetine—Following is a list of treatment-emergent adverse reactions reported by patients treated with duloxetine in clinical trials. In clinical trials of all indications, 27,229 patients were treated with duloxetine. Of these, 25% (7,088) took duloxetine for at least 6 months, and 10% (2,739) for at least one year. The following listing is not intended to include reactions (1) already listed in previous tables or elsewhere in labeling, (2) for which a drug cause was remote, (3) which were so general as to be uninformative, (4) which were not considered to have significant clinical implications, or (5) which occurred at a rate equal to or less than placebo. Reactions are categorized by body system according to the following definitions: frequent adverse reactions are those occurring in at least 1/100 patients; infrequent adverse reactions are those occurring in 1/100 to 1/1000 patients; rare reactions are those occurring in fewer than 1/1000 patients. Cardiac Disorders—palpitations; Infrequent: myocardial infarction; Infrequent: chest pain and heart attack; Infrequent: endocrine disorders—diabetes mellitus, hyperglycemia, hypoglycemia; Long QT Syndrome; Vascular Disorders—hot flush.

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Duloxetine has been shown to have adverse effects on embryo/fetal development and growth. When duloxetine was administered orally to pregnant rats and rabbits during the period of organogenesis, there was no evidence of teratogenicity at doses up to 45 mg/kg/day (7 times the maximum recommended human dose [MRHD, 60 mg/day] and 4 times the human dose of 120 mg/day on a mg/m² basis, in rat; 15 times the MRHD and 7 times the human dose of 120 mg/day on a mg/m² basis, in rabbit). However, fetal weights were decreased at this dose, with no effect observed at 10 mg/kg/day (2 times the MRHD and ≈1 times the human dose of 120 mg/day on a mg/m² basis in rat; 3 times the MRHD and 2 times the human dose of 120 mg/day on a mg/m² basis in rabbit). When duloxetine was administered orally to pregnant rats throughout gestation and lactation, the survival of pups to 1 day postpartum and pup body weights at birth and during the lactation period were decreased at a dose of 50 mg/kg/day (5 times the MRHD and 2 times the human dose of 120 mg/day on a mg/m² basis); the no-effect dose was 10 mg/kg/day. Furthermore, behaviors consistent with increased reactivity, such as increased startle response to noise and decreased locomotion of Isocor mot activity, were observed in pups following maternal exposure to 30 mg/kg/day. Post-weaning growth and reproductive performance of the progeny were not affected adversely by maternal duloxetine treatment. There are no adequate and well-controlled studies in pregnant women; therefore, duloxetine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects—Neonates exposed to SSRIs or serotonin and norepinephrine reuptake inhibitors (SNRIs), late in the third trimester have developed complications requiring prolonged hospitalization, respiratory support, and tube feeding. Such complications can arise immediately upon delivery. Reported clinical findings have included respiratory distress, cyanosis, apnea, seizures, extrapyramidal and/or atypical movements including hypertonia, hyperreflexia, tremor, jitteriness, irritability, and constant crying. These features are consistent with a direct toxic effect of SSRIs and SNRIs or, possibly, a drug discontinuation syndrome. It should be noted that, in some cases, the clinical picture is consistent with serotonin syndrome [see Warnings and Precautions].

When treating pregnant women with Cymbalta during the third trimester, the physician should carefully consider the potential risks and benefits of treatment. The physician may consider tapering Cymbalta in the third trimester.

Labor and Delivery—The effect of duloxetine on labor and delivery in humans is unknown. Duloxetine should be used during labor and delivery only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Duloxetine is excreted into the milk of lactating women. The estimated daily infant dose on a mg/kg basis is approximately 0.14% of the maternal dose. Because the safety of duloxetine in infants is not known, nursing women on Cymbalta are not recommended. However, if the physician determines that the benefit of duloxetine therapy for the mother outweighs the potential risk to the infant, no dosage adjustment is required as lactation did not influence duloxetine pharmacokinetics.

Pediatric Use—Safety and effectiveness in the pediatric population have not been established [see Boxed Warning and Warnings and Precautions]. Anyone considering the use of Cymbalta in a child or adolescent must balance the potential risks with the clinical need.

DRUG ABUSE AND DEPENDENCE: Abuse—In animal studies, duloxetine did not demonstrate barbiturate-like (depressant) abuse potential. While Cymbalta has not been systematically studied in humans for its potential for abuse, there was no indication of drug-seeking behavior in the clinical trials. However, it is not possible to predict on the basis of premarketing clinical experience the extent to which a CNS active drug will be misused, diverted, and/or abused once marketed. Consequently, physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely, observing them for signs of misuse or abuse of Cymbalta (e.g., development of tolerance, incrementation of dose, drug-seeking behavior).

Dependence—In drug dependence studies, duloxetine did not demonstrate dependence producing potential in rats.

OVERDOSAGE: Signs and Symptoms—In postmarketing experience, fatal outcomes have been reported for acute overdoses, primarily with mixed overdoses, but also with duloxetine only, at doses as low as 1000 mg. Signs and symptoms of overdose (duloxetine alone or with mixed drugs) included somnolence, coma, serotonin syndrome, seizures, syncope, tachycardia, hypotension, hyperpyrexia, and vomiting.

Management of Overdose—There is no specific antidote to Cymbalta, but if serotonin syndrome ensues, specific treatment (such as with cyproheptadine and/or temperature control) may be considered. In case of acute overdose, treatment should consist of those general measures employed in the management of overdose with any drug.

NONCLINICAL TOXICOLOGY: Carcinogenesis, Mutagenesis, and Impairment of Fertility—Carcinogenesis—Duloxetine was carcinogenic in two studies in male rats. Duloxetineadministered to rats for 2 years at doses up to 140 mg/kg/day (11 times the maximum recommended human dose [MRHD, 60 mg/day] and 6 times the human dose of 120 mg/day on a mg/m² basis), there was an increased incidence of hepatocellular adenomas and carcinomas. The no-effect dose was 50 mg/kg/day (4 times the MRHD and 2 times the human dose of 120 mg/day on a mg/m² basis). Toxicity incidence was not increased in male mice receiving duloxetine at doses up to 100 mg/kg/day (8 times the MRHD and 4 times the human dose of 120 mg/day on a mg/m² basis).

In rats, dietary doses of duloxetine up to 27 mg/kg/day in females (4 times the MRHD and 2 times the human dose of 120 mg/day on a mg/m² basis) and up to 36 mg/kg/day in males (6 times the MRHD and 2 times the human dose of 120 mg/day on a mg/m² basis) did not increase the incidence of tumors.

Mutagenesis—Duloxetine was not mutagenic in the in vitro bacterial reverse mutation assay (Ames test) and was not clastogenic in an in vivo chromosomal aberration test in mouse bone marrow cells. Additionally, duloxetine was not genotoxic in an in vitro mammalian forward gene mutation assay in mouse lymphoma cells or in an in vitro unscheduled DNA synthesis (UDS) assay in primary rat hepatocytes. Duloxetine also did not induce sister chromatid exchange in Chinese hamster bone marrow cells in vivo.

Impairment of Fertility—Duloxetine administered orally to either male or female rats prior to and throughout mating at doses up to 45 mg/kg/day (7 times the maximum recommended human dose of 60 mg/day and 4 times the human dose of 120 mg/day on a mg/m² basis) did not alter mating or fertility.

PATIENT COUNSELING INFORMATION: See FDA-approved Medication Guide and Patient Counseling Information section of full PI. Literature revised August 11, 2008

PV 5909 AMP

PRINTED IN USA

Lilly

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Cymbalta is approved for the management of fibromyalgia.

Important Safety Information

- Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in short-term studies in children, adolescents, and young adults with major depressive disorder (MDD) and other psychiatric disorders.
- Patients of all ages started on therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior.
- Cymbalta is not approved for use in pediatric patients.

Cymbalta should not be used concomitantly with monoamine oxidase inhibitors (MAOIs) or in patients with uncontrolled narrow-angle glaucoma.

Clinical worsening and suicide risk: All patients being treated with an antidepressant for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially within the first few months of treatment and when changing the dose. Consider changing the therapeutic regimen if the depression is persistently worse or there are symptoms that are severe, sudden, or were not part of the patient’s presentation. If discontinuing treatment, taper the medication.

Families and caregivers of patients being treated with antidepressants for any indication should be alerted about the need to monitor patients.

Hepatic failure, sometimes fatal, has been reported in patients treated with Cymbalta. Cymbalta should be discontinued in patients who develop jaundice or other evidence of clinically significant liver dysfunction and should not be resumed unless another cause can be established.

Cymbalta should ordinarily not be prescribed to patients with substantial alcohol use or evidence of chronic liver disease.

Cases of orthostatic hypotension and/or syncope as well as cases of hyponatremia have been reported.

Development of a potentially life-threatening serotonin syndrome may occur with SNRIs and SSRIs, including Cymbalta treatment, particularly with concomitant use of serotonergic drugs, including triptans. Concomitant use is not recommended.

SSRIs and SNRIs, including Cymbalta, may increase the risk of bleeding events. Patients should be cautioned about the risk of bleeding associated with concomitant use of Cymbalta and NSAIDs, aspirin, warfarin, or other drugs that affect coagulation.

On discontinuation, adverse events, some of which may be serious, have been reported with SSRIs and SNRIs. A gradual reduction in dose rather than abrupt cessation is recommended when possible.

Co-administration of Cymbalta with potent CYP1A2 inhibitors or thioridazine should be avoided.

Caution is advised in using Cymbalta in patients with conditions that may slow gastric emptying (eg, some diabetics).

Cymbalta should ordinarily not be administered to patients with any hepatic insufficiency or patients with end-stage renal disease (requiring dialysis) or severe renal impairment (GFR <30 mL/min).

As observed in DPNP clinical trials, Cymbalta treatment worsens glycemic control in some patients with diabetes. In the extension phases up to 52 weeks, an increase in HbA1c in both the Cymbalta (0.5%) and routine care groups (0.2%) was noted.

If symptoms of urinary hesitation develop during Cymbalta treatment, this effect may be drug-related. In postmarketing experience, urinary retention has been observed.

The most commonly reported adverse events (≥5% and at least twice placebo) for Cymbalta vs placebo in controlled clinical trials (N=4843 vs 3048) were: nausea, dry mouth, somnolence,* constipation,* decreased appetite,* and increased sweating.

* Events for which there was a significant dose-dependent relationship in fixed-dose studies, excluding three MDD studies which did not have a placebo lead-in period or dose titration.

See Brief Summary of full Prescribing Information, including Boxed Warning, on following pages.