2012 Scientific Sessions Sure to Draw Crowds at Annual Meeting

Science is a major focus of any AAN Annual Meeting, and the latest scientific updates in neurology will be highlighted this April in New Orleans. The Scientific Program will showcase more than 2,300 abstracts in a wide variety of scientific platform and poster sessions. Sessions will explore recent research and provide a multitude of opportunities to meet with researchers and discuss their work.

View the complete listing of programs on page 6. For more information, visit the Annual Meeting website at www.aan.com/go/am12/science.

AAN Publishes Statement to Guide Neurologists on Abused Patients

The AAN recently published “Position Statement on Abuse and Violence” which will aid neurologists in screening patients for different types of abusive treatment from family or caretakers. The statement was published in Neurology® online ahead of print on January 25, 2012, and in the February 7, 2012, print issue of Neurology.

The statement defines abuse and how its relationship to neurologic disease is significant: more than 90 percent of all injuries from “intimate partner violence” (IPV) occur to the head, face, or neck region, and can lead to traumatic brain injury, particularly over long periods of exposure. Also, people with neurologic disorders such as Parkinson’s, Alzheimer’s, or stroke may be at higher risk for abuse and neglect.

“This position statement was proposed to further enhance patient care,” said Elliott A. Schulman, MD, FAAN, member of the Patient Safety Committee and co-author of the position statement with Anna DePold Hohler, MD, FAAN. “By routinely inquiring about violence abuse, the neurologist increases the opportunity for both identifying ongoing IPV and intervening when appropriate. In addition to further physical and emotional harm, consequences of not asking about IPV might also include treatment failure and, when children are exposed, perpetuation of the inter-generational cycle of abuse.”

According to the National Institute of Justice and Centers for Disease Control and Prevention (1998), it is estimated that between 20 and 30 percent of women and 7.5 percent of men

Astronaut to Receive 2012 Public Leadership in Neurology Award

Celebrate 20 Years of Research and Future Cures for Neurologic Disease

Peripheral Neuropathy Examined in Latest Continuum

February 7 Webinar Spells Out Successful EHR Implementation

Electronic health records (EHR) can save medical practices time and money and can help maintain patient safety. Moreover, the federal government is encouraging physicians to adopt EHR by offering financial incentives up to $44,000 that can reduce the costs associated with purchasing and implementing the software packages.

Because members have questions about the various products and implementation considerations involved, the AAN is offering the webinar “EHR Implementation: What You Need to Know from A-Z,” on Tuesday, February 7, from 12:00 p.m. to 1:30 p.m. ET. Members are encouraged to register by February 3. The webinar, one of the series of 10 AAN Practice Management Webinars offered both live and recorded in 2012, will be presented by Constantine Moschonas, MD.

Moschonas’ four-physician practice has made the transition from paper to electronic records, but only after being forced to by the loss of their office manager. “Adversity often signals opportunity,” he said. “Administrative tasks were picked up by the physicians. We began to realize how vulnerable we were because we had such little working knowledge of financial data with respect to the practice. We did not know how many claims were being paid, we did not know if we had issues with timely filing, all we knew is that we brought in enough funds to pay our expenses and keep our practice afloat. Behind the office manager’s curtain, there were possible issues that if not addressed and understood could pose future threats to the practice.”
NEWS BRIEFS

• The 2011 Practice Management Webinar series aided 963 participants—including 848 AAN members—with both live and recorded webinars on a variety of timely practice management topics. This was a 279-percent increase in AAN member participation over the 2010 webinar series, demonstrating the increasing value and importance of this resource to neurologists in practice.

• The White House has invited the Academy to participate in its Joining Forces campaign to raise awareness and promote best practices among health care providers in caring for neurological and psychological health issues among military service members, veterans, and their families.

• The Academy is one of the key collaborators in the Joint Commission’s upcoming Speak Up for Stroke campaign. The campaign, which aims to raise awareness about the signs of stroke and the importance of calling 911, launched February 1, 2012, in conjunction with the International Stroke Conference.
Annual Meeting Scientific Program Continues to Innovate

The Science Committee, chaired by Lisa DeAngelis, MD, FAAN, has assembled a great series of presentations including abstracts, plenary sessions, and Integrated Neuroscience Sessions. The exciting and diverse nature of the scientific presentation is a reflection of the excitement and rapid evolution of neuroscience.

As a reflection of the diverse nature of neuroscience, there are 60 platform sessions and seven poster sessions representing 24 topic areas. More than 2,300 abstracts will be presented at the meeting.

A relatively new development is the establishment of Integrated Neuroscience Sessions. These sessions provide in-depth subspecialty concentration around a topic, using a combination of presentations such as data blitz sessions, case studies, poster rounds, discussions, and invited lectures. The intent of the sessions is to combine abstract presentations as well as presentations from invited speakers. This year, the Integrated Neuroscience Sessions include movement disorders, aging, peripheral nerve, stem cells, epilepsy, cerebrovascular disease, child neurology, and neurogenetics.

Integrated Neuroscience Sessions are a key component in the Subspecialty in Focus programs as well. Subspecialists will have more chances to delve deep into their areas of expertise with their peers with the addition of two new programs in 2012. Six Subspecialty in Focus programs will highlight advanced educational topics combined with a scientific Integrated Neuroscience program in a specific subspecialty area, allowing a concentrated focus on a topic complemented by two half-day education programs. Some of these sessions have been developed in collaboration with subspecialty organizations.

Translational neuroscience is the focus of the Future of Neuroscience Conference. This forward-looking conference explores the possible treatments that arise out of current neuroscience investigations.

Finally, I personally am particularly pleased with the Presidential Plenary Session for this year. Rose Mary N. Boustany, MD; Robert B. Darnell, MD, PhD; and Ralph Sacco, MD, MS, FAHA, FAAN, are highlighted speakers. The Presidential Lecture will be presented by Mark F. Mehler, MD, FAAN, speaking on epigenetics.

Research is also the highlight of the AAN and AAN Foundation Awards Luncheon, where we recognize some of the leading neuroscientists in our field. The AAN Foundation is celebrating 20 years as one of the foremost supporters of neurologic research. Stop by the Research Area and learn more about the Foundation’s work and how you can participate, including Sunday’s festive Celebration for Research and the exciting Arts and Auction for Research.

While there are many aspects to the practice of medicine and a career in research that are discouraging at this point, including constraints on federal resources, this is also an extraordinarily exciting time for neurology and neuroscience. These presentations at the Annual Meeting are a reflection of the excitement and insight gained each year by this exciting field. I encourage all of you to consider attending this meeting.

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—Bruce Sigsbee, MD, FAAN

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President, AAN
New AAN On Demand Programming Offers More Content Than Ever Before

Looking for a convenient way to experience all the top-notch education programming from the 2012 AAN Annual Meeting—from the comfort of your home or office? The new 2012 AAN On Demand (formerly known as Virtual Annual Meeting) is a comprehensive digital library of presentations from the 64th AAN Annual Meeting with more content than ever before. AAN On Demand represents a significant advancement in the way medical education is delivered by featuring 650 hours of educational content plus syllabi. Users can even watch presenters’ slides while listening to fully synchronized audio as if they were attending each session.

New features include:

- 650 hours of educational content and breakthrough scientific research from the 2012 Annual Meeting (approximately four times the content of 2011)
- Online access within 24 hours of program occurring
- Streaming content for viewing on mobile technology including most iPad, iPhone, and Android devices
- USB flash drive offers convenient offline access to all 650 sessions (shipped after the Annual Meeting)
- Enhanced browser, search, and improved interface for better overall experience
- Downloadable MP3 files for convenient on-the-go audio so you can listen in the car, or on your MP3 player
- Syllabi materials available on CD

Special Bundled Pricing Offers Significant Savings

Junior members save up to $1,200 and Active members up to $1,000 when the AAN On Demand and Syllabi on CD are purchased together:

- 2012 AAN On Demand + USB Drive + Syllabi on CD
  Get all of the remarkable On Demand features listed above for download and backed up on a handy USB drive.
- 2012 Syllabi on CD
  Quick and convenient access to complete syllabi from more than 160 education programs. Get the CD separately for as low as $99, pre-meeting price. (List price $299)

Buy Early and Save Even More

Visit www.aan.com/go/education/online/virtual to pre-order your AAN On Demand products before April 28, 2012, and save up to $1,200!

Highlights in the Field Sessions Provide Updates in Subspecialties, Areas of Interest

The Highlights in the Field sessions at the 2012 Annual Meeting bring you up-to-date in your subspecialty or area of interest. AAN Sections will provide overviews in their topics featuring scientific and educational abstracts, journal articles, subspecialty society updates, tips, resources, and more.

The following sessions had been scheduled as of December 14, 2011. For a current schedule, contact Nancy Poechmann at npoechmann@aan.com or (651) 695-2812.

**Monday, April 23; 12:15-1:15 p.m.**  
*in conjunction with section business meeting*  
A.B. Baker Section of Neurologic Educators

**Wednesday, April 25; 3:30-4:30 p.m.**  
*in conjunction with section business meeting*  
Ethics

**Wednesday, April 25; 6:30-7:30 p.m.**

- Clinical Neurophysiology
- Endovascular & Interventional Neurology
- Geriatric Neurology
- Headache & Facial Pain
- Multiple Sclerosis
- Neuroendocrinology
- Neuro-infectious Disease
- Neuro-ophthalmology/Neuro-otology
- Sleep Medicine

**Thursday, April 26; 5:00-6:00 p.m.**

- Autonomic Nervous System
- Behavioral Neurology
- Critical Care & Emergency Neurology
- Epilepsy
- Government Service Neurologists
- Movement Disorders
- Neuromuscular
- Neuroimaging
- Sports Neurology
Veteran Astronaut Richard Clifford to Receive 2012 Public Leadership in Neurology Award

The AAN Foundation will present its Public Leadership in Neurology Award to former NASA astronaut Rich Clifford during the 2012 AAN and AAN Foundation Awards Luncheon on Wednesday, April 25, from 12:00 p.m. to 1:30 p.m. at the Annual Meeting. As a veteran of three space shuttle missions with 665 hours in orbit as a Mission Specialist, Clifford served as flight engineer and logged a six-hour spacewalk on a Space Shuttle Atlantis docking at the Russian MIR Space Station.

Clifford was diagnosed with Parkinson’s disease in 1994 and in 1997 he left NASA and joined The Boeing Company in the early stages of design and production of the International Space Station.

“I am honored to be recognized by the American Academy of Neurology,” he said. “I consider my efforts to raise public awareness of Parkinson’s disease to be just an extension of my treatment. People with Parkinson’s need to be aware of what activities are underway by the AAN. The research performed by members of the AAN is critical to understanding the ‘why’ and ‘how’ of the disease.”

Clifford is the recipient of many distinguished awards for his achievements in space flight and engineering. He lives in Houston with his wife, Nancy. They have two sons.

Added Clifford, “My message to people with Parkinson’s is simply ‘Living with Parkinson’s is living. Changes in lifestyle will progress, but you are the director of your life. Live it to the fullest.’”

2012 Awards Luncheon

The 2012 AAN and AAN Foundation Awards luncheon will recognize the year’s top accomplishments in neuroscience research, from enterprising high school students to world-renowned researchers. Past keynote speakers on the importance of neurologic diseases include Billy McLaughlin, Tedy Bruschi, Dame Julie Andrews, Cuba Gooding, Jr., Leeza Gibbons, concert pianist Leon Fleischer, and Michael J. Fox.

Tickets are available for $50 through registration. Students and Junior members of the AAN may attend this event at no cost by requesting a ticket. Buy a ticket and show your support for award recipients.

Reserve a Department Table and Be Recognized

Bring your department together and gain exposure for your team at the Awards Luncheon by reserving a department table. Give your residents and fellows the chance to sit together with department faculty and chairs in a place of honor among the top minds in the neurology/neuroscience academic community. To reserve a table, download the reservation form at www.aan.com/am. For more information, contact Lori Strachota at lstrachota@aan.com or (651) 695-2706.

Early Annual Meeting Registration Deadline Approaching

Hurry! March 28 is the deadline to register for the 2012 Annual Meeting and receive deep discounts on registration, program fees, and hotel costs. Online registration is available at www.aan.com/go/am12. Go online today to experience the convenience of the new, completely customizable online registration system where you can register, book your hotel, and plan your itinerary in one convenient location. The new system even lets you search for your favorite programs; continuously build, view, or modify your itinerary; and quickly see all of the FREE programs and events included with your registration.
2012 Scientific Sessions at a Glance (continued from cover)

SUNDAY, APRIL 22, 2012

8:00 a.m.–12:00 p.m. Integrated Neuroscience

Session: Peripheral Nerve Regeneration

8:00 a.m.–10:00 a.m. Invited Speaker Session
10:00 a.m.–11:00 a.m. Poster Rounds
11:00 a.m.–11:30 a.m. Data Blitz
11:30 a.m.–12:00 p.m. Panel Discussion/Debate

2:00 p.m.–6:00 p.m. Integrated Neuroscience

Session: The Essential Role of Neurologists in Treating and Preventing Stroke

2:00 p.m.–4:00 p.m. Invited Speaker Session
4:00 p.m.–5:00 p.m. Poster Rounds
5:00 p.m.–5:30 p.m. Data Blitz
5:30 p.m.–6:00 p.m. Panel Discussion/Debate

MONDAY, APRIL 23, 2012

8:00 a.m.–12:00 p.m. Integrated Neuroscience

Session: Biomarkers in Neurological Diagnosis and Therapeutic Monitoring

8:00 a.m.–10:00 a.m. Invited Speaker Session
10:00 a.m.–11:00 a.m. Poster Rounds
11:00 a.m.–11:30 a.m. Data Blitz
11:30 a.m.–12:00 p.m. Panel Discussion/Debate

8:00 a.m.–12:00 p.m. Integrated Neuroscience

Session: Non-memory Systems in the Brain

8:00 a.m.–10:00 a.m. Invited Speaker Session
10:00 a.m.–11:00 a.m. Poster Rounds
11:00 a.m.–11:30 a.m. Data Blitz
11:30 a.m.–12:00 p.m. Panel Discussion/Debate

2:00 p.m.–6:00 p.m. Integrated Neuroscience

Session: Epilepsy and Channelopathies

2:00 p.m.–4:00 p.m. Invited Speaker Session
4:00 p.m.–5:00 p.m. Poster Rounds
5:00 p.m.–5:30 p.m. Data Blitz
5:30 p.m.–6:00 p.m. Panel Discussion/Debate

2:00 p.m.–6:00 p.m. Integrated Neuroscience

Session: Plasticity in Basal Ganglia Therapy

2:00 p.m.–4:00 p.m. Invited Speaker Session
4:00 p.m.–5:00 p.m. Poster Rounds
5:00 p.m.–5:30 p.m. Data Blitz
5:30 p.m.–6:00 p.m. Panel Discussion/Debate

2:00 p.m.–6:30 p.m. Poster Session I

1:00 p.m.–2:45 p.m. Scientific Sessions

S01 Multiple Sclerosis: Clinical Trials: Clinical Outcomes

Presentation of the John Dystel Prize

S02 Treatment of Parkinson’s Disease

Presentation of the Movement Disorders Research Award

S03 Reperfusion Therapy for Acute Ischemic Stroke

S04 Aging and Dementia: Therapeutic Interventions

Presentation of the Potamkin Prize

S05 Anterior Horn: Basic Science and Genetics

Presentation of the Sheila Essey Award

S06 Epilepsy: Epidemiology

S07 Peripheral Neuropathy Advances

S08 Neurologic Manifestations of Systemic Disease

S09 Interventional Neurology

S10 Multiple Sclerosis: CCSVI and Other Clinical Outcomes

1:00 p.m.–5:00 p.m. Integrated Neuroscience

Session: Mitochondrial Diseases in Neurology

1:00 p.m.–3:00 p.m. Invited Speaker Session
3:00 p.m.–4:00 p.m. Poster Rounds
4:00 p.m.–4:30 p.m. Data Blitz
4:30 p.m.–5:00 p.m. Panel Discussion/Debate

2:00 p.m.–6:30 p.m. Poster Session III

3:00 p.m.–4:30 p.m. Scientific Sessions

S11 Multiple Sclerosis: Clinical Trials: Imaging Outcomes

S12 Ataxia and Cerebellar Disease

Presentation of the Jon Stolk Award

S13 Disparities in and Risk Factors for Ischemic Stroke

Presentation of the Michael S. Pessin Prize

S14 Aging and Dementia: Diagnosis and Biomarkers

S15 Muscular Dystrophy

S16 Headache I

S17 Neurologic Education

S18 Sleep Disorders

Presentation of the Wayne A. Hening Award & Presentation of the Sleep Science Award

S19 Ischemic Cerebrovascular Disease and Subarachnoid Hemorrhage

S20 Multiple Sclerosis: Genetics

Presentation of the Bruce Schoenberg Award

5:15 p.m.–6:15 p.m. Hot Topics Forum

Tuesday, April 24, 2012

7:30 a.m.–12:00 p.m. Poster Session II

9:00 a.m.–12:00 p.m. Presidential Plenary Session

5:15 p.m.–6:15 p.m. Hot Topics Forum
WEDNESDAY, APRIL 25, 2012
7:30 a.m.–12:00 p.m.   Poster Session IV
9:00 a.m.–12:00 p.m.   Contemporary Clinical Issues
Plenary Session
2:00 p.m.–3:45 p.m.   Scientific Sessions
   S21 Multiple Sclerosis: Imaging Advances
   S22 Pathophysiology and Diagnosis of Parkinson’s Disease
   Presentation of the Founders Award
   S23 Intracerebral and Subarachnoid Hemorrhage
   S24 Aging and Dementia: Clinical Aspects and Epidemiology
   S25 Anterior Horn
   S26 Epilepsy: Molecular and Genetics
   Presentation of the Dreifuss-Penry Award
   S27 Genetics and Molecular Mechanisms
   S28 Child Neurology
   S29 Moving Toward Treatment
   Presentation of the Norman Geschwind Prize
   S30 Multiple Sclerosis: Clinical Interventions and Clinical Trials
2:00 p.m.–6:00 p.m.   Integrated Neuroscience
Session: Stem Cells
   2:00 p.m.–4:00 p.m.   Invited Speaker Session
   4:00 p.m.–5:00 p.m.   Poster Rounds
   5:00 p.m.–5:30 p.m.   Data Blitz
   5:30 p.m.–6:00 p.m.   Panel Discussion/Debate
2:00 p.m.–7:00 p.m.   Poster Session V
4:00 p.m.–5:30 p.m.   Scientific Sessions
   S31 Multiple Sclerosis: Immunology: Mechanism of Action
   S32 Hyperkinetic Disorders: Essential Tremor, Tourette’s Syndrome, and Huntington’s Disease
   S33 Carotid Disease, Aneurysms, and Apnea
   S34 Aging and Dementia: Imaging
   S35 Autoimmune Myasthenia Gravis and Inflammatory Myopathy
   S36 Headache II
   Presentation of the Harold Wolf-John Graham Award
   S37 Infections I
   S38 Ethics
   Presentation of the Mitchell B. Max Award
   S39 Evaluating the Causes and Effects of Stroke
   S40 Multiple Sclerosis: Immunology: Biomarkers and Disease Mechanism
6:30 p.m.–7:30 p.m.   Highlights in the Field

THURSDAY, APRIL 26, 2012
7:30 a.m.–12:00 p.m.   Poster Session VI
9:00 a.m.–11:00 a.m.   Frontiers in Translational Neuroscience Plenary Session
1:00 p.m.–2:45 p.m.   Scientific Sessions
   S41 Multiple Sclerosis: Clinical Trials: Safety
   S42 Epidemiology of Parkinson’s Disease
   S43 Biology and Biomarkers of Cerebrovascular Disease
   S44 Genetics, Anatomical, and Behavior
   S45 Neuro-oncology
   S46 Epilepsy: Clinical
   S47 Critical Care/Emergency Neurology/Trauma
   S48 Neuro-ophthalmology
   S49 Neuro Repair
   S50 Multiple Sclerosis: Imaging: Clinical Phenotype
1:00 p.m.–5:00 p.m.   Integrated Neuroscience
Session: RNA Metabolism in Neurodegeneration
   1:00 p.m.–3:00 p.m.   Invited Speaker Session
   3:00 p.m.–4:00 p.m.   Poster Rounds
   4:00 p.m.–4:30 p.m.   Data Blitz
   4:30 p.m.–5:00 p.m.   Panel Discussion/Debate
2:00 p.m.–6:30 p.m.   Poster Session VII
3:00 p.m.–4:30 p.m.   Scientific Sessions
   S51 Multiple Sclerosis: Imaging: Cognition
   S52 Parkinson’s Disease: Non-Motor Symptoms
   Presentation of the S. Weir Mitchell Award
   S53 Stroke Genetics, Stem Cells, and Cognition
   S54 Aging and Dementia: Genetics
   S55 Muscle Disorders
   S56 Epilepsy: Therapy
   S57 Infections II
   S58 Clinical Neurophysiology
   S59 History of Neurology
   S60 Multiple Sclerosis: Biomarkers: Clinical Phenotype
5:00 p.m.–6:00 p.m.   Highlights in the Field

FRIDAY, APRIL 27, 2012
8:00 a.m.–12:00 p.m.   Integrated Neuroscience
Session: Pediatric Movement Disorders
   8:00 a.m.–10:00 a.m.   Invited Speaker Session
   10:00 a.m.–11:00 a.m.   Poster Rounds
   11:00 a.m.–11:30 a.m.   Data Blitz
   11:30 a.m.–12:00 p.m.   Panel Discussion/Debate
9:00 a.m.–5:00 p.m.   Future of Neuroscience
Conference: Neurotranslation: Neurologists and Neuroscientists Defining the Next Generation of CNS Therapies
12:00 p.m.–1:30 p.m.   Clinical Trials Session
5:15 p.m.–6:15 p.m.   Scientific Program Highlights
Celebrate 20 Years of Research and Future Cures for Neurologic Disease

The AAN Foundation is turning 20 in 2012 and all Annual Meeting attendees are invited to celebrate this milestone by visiting the AAN Foundation Research Area on Level One of the New Orleans Ernest N. Morial Convention Center. The area will be open all week long beginning Saturday, April 21, at 8:00 a.m. until Friday, April 27, at 6:00 p.m.

Learn how the achievements of the AAN Foundation have impacted neurologic research over the past 20 years, where the Foundation’s work stands today, and where it is going on its mission to cure brain disease. The Research Area will feature inspiring visuals and commentary from past and current research award winners as well as mentors and Foundation leaders.

While at the Research Area, you can show your support for research by visiting the Art and Auction for Research to bid on an exciting array of prizes, including electronic gadgets, original artwork, collectibles, vacation getaways, and more. Bidding begins at 8:00 a.m., Saturday, April 21, and concludes at 5:00 p.m., Thursday, April 26.

You also can purchase a Buy a Brain certificate for as little as $5 to honor a colleague, friend, family member, or patient, or make a donation of any size.

If you are looking to combine charity with a good workout, participate in the Run/Walk for Brain Research on Tuesday, April 24, from 6:30 a.m. to 8:30 a.m. Learn more at www.aan.com/go/about/sections/sports.

Program directors and faculty at the Annual Meeting are encouraged to donate their honoraria.

All donations and proceeds from AAN Foundation events go directly to support Clinical Research Training Fellowships in neurology. To learn more, visit www.aan.com/go/am12/foundation.

What Treatments Are Most Effective for Transverse Myelitis?

What are the causes of transverse myelitis?
Are there therapies available that bring relief?

Learn what neurologists recommend.

The American Academy of Neurology has published Clinical Evaluation and Treatment of Transverse Myelitis which assesses the best available methods to evaluate and treat this nervous system disorder involving the spinal cord.

Go online to ► www.aan.com/guidelines
to read the summary or the complete guideline.

American Academy of Neurology practice guidelines examine medical evidence on how to best diagnose and treat neurologic disorders. Use these guidelines and guideline summaries to learn more about:

- Brain injury
- Child neurology
- Dementia
- Movement disorders
- Epilepsy
- Headache and migraine
- Multiple sclerosis
- Neuromuscular disorders
- Stroke

American Academy of Neurology Practice Guidelines
Best Evidence ◆ Best Treatments ◆ Best Outcomes
New Fellows and 50-year Members to Be Recognized at Annual Meeting

New Fellows of the American Academy of Neurology (FAAN) and members who have served for 50 years will be honored with a special recognition luncheon on Tuesday, April 24, immediately following the Presidential Plenary session. Members will receive an invitation in the mail and should contact Lynee Koester at lkoester@aan.com or (651) 695-2739 if able to attend. Both new Fellows and 50-year members will receive lapel pins signifying their status.

New 50-year AAN Members
Gaspare A. Alfano, MD
Stanley H. Appel, MD, FAAN
Alberto Aranibar-Zerpa, MD
Alan M. Aron, MD, FAAN
Fred A. Baughman, Jr., MD
Miklos L. Boczko, MD
Stirling Carpenter, MD
G.E. Chatrian, MD
Martin Chipman, MD, FAAN
Abe M. Chutorian, MD, FAAN
Mary Coleman, MD
Robert B. Daroff, MD, FAAN
William L. DeBolt, MD
Robert P. Dinapoli, MD
Jack B. Drori, MD
George W. Ellison, MD
Gerald M. Fenichel, MD, FAAN
John M. Freeman, MD, FAAN
Erich J. Freimuth, MD, FAAN
William H. Fulton, MD
John H. Gardner, MD
Guy A. E. Geoffroy, MD
Sid Gilman, MD, FAAN
Lenora Gray, MD, FAAN
Leonard N. Green, MD, FAAN
Alan S. Greenberg, MD
Jack O. Greenberg, MD
Donald S. Greene, MD
Robert J. Gunnit, MD, FAAN
Stephen T. Gupton, Jr., MD
Thomas H. Harrison, MD
Sik Q. Jew, MD
Walter L. Johnson, MD
Richard J. Korsak, MD
John E. Lee, MD
Michael T. Long, MD, FAAN
Agapito S. Lorenzo, MD, FAAN
James D. Martin, MD, FAAN
William J. McEntee, Ill, MD, FAAN
Alexander S. McKinney, MD
Barbara A. Mella, MD
Charles F. Nicol, MD, FAAN, FACP
Richard R. North, MD
Linda M. Ojemann, MD, FAAN
John J. Peacock, MD, FAAN
Raul Pietri, MD
Leon M. Protass, MD, FAAN
William A. Rack, MD
Ricardo A. Rangel Guerra, MD, FACP, FAAN
Neil H. Raskin, MD, FAAN
John E. Reinert, MD
Merrell D. Reiss, MD
Harold L. Riley, Ill, MD
Robert D. Roe, MD
Carl L. Rosengart, MD
Herbert S. Rubinowitz, MD
Kamal Sadjapour, MD, FAAN
David L. Sagman, MD
Frederick J. Samaha, MD, FAAN
Ronald E. Saul, MD, FAAN
William R. Schmidt, MD
Gerald A. Schroeter, MD
Frank F. Schuster, MD
Thomas R. Scott, MD
Marvin C. Shapiro, MD
Ira Sherwin, MD, FAAN
Paul M. Silverstein, MD
Charles N. Still, MD, FAAN
Donald W. Stone, MD
Vedbrat S. Vaid, MD
Henry Def, Webster, MD, FAAN
Arthur H. Weiss, MD, FAAN
Lauren K. Welch, MD
William Wiener, MD
Sheldon M. Wolf, MD, FAAN
Chong-Bun Yap, MD
Alan Yudell, MD, FAAN

New 2011 Fellows
Hassan Jassim Al Hail, MD, FAAN
Laura J. Balcer, MD, MSCE, FAAN
Jeffrey L. Bennett, MD, PhD, FAAN
Scott E. Carlson, MD, FAAN
Kirk R. Daffner, MD, FAAN
Neeraj Dubey, MD, FAAN
Khalid I. El-Salem, MD, FAAN
Mustapha A. Ezzeddine, MD, FAAN
Kevin M. Flanigan, MD, FAAN
Mark W. Green, MD, FAAN
David E. Hart, MD, FAAN
Fuki M. Hisama, MD, FAAN
Jeffrey L. Horstmyer, MD, FAAN
Michael J. Kaminski, MD, FAAN
K.A. Kelts, MD, PhD, FAAN
Eric Alan Kelts, MD, FAAN
Jaffar Khan, MD, FAAN
Samia J. Khoury, MD, FAAN
Tobias Kurth, MD, ScD, FAAN
W. Curt LaFrance, Jr., MD, MPH, FAAN
James B. Leverenz, MD, FAAN
Elizabeth A. McCusker, MD, FAAN
Matthew N. Meriggioli, MD, FAAN
Frederick E. Munschauer, Ill, MD, FAAN
Bruce I. Ovbiagele, MD, MSc, FAAN
Savvas S. Papacostas, DO, FAAN
J. Theodore Phillips, MD, PhD, FAAN
Meheroz H. Rabadi, MD, FAAN
Duygu Selcen, MD, FAAN
David Malcolm Shaner, MD, FAAN
Brian Silver, MD, FAAN
Benn E. Smith, MD, FAAN
Glen H.J. Stevens, DO, PhD, FAAN
Louis H. Weimer, MD, FAAN
Bassem I. Yamout, MD, FAAN
Sports Broadcaster Jim Nantz Shares Family’s Struggle with Alzheimer’s in Neurology Now

In the February/March issue of Neurology Now®, the AAN’s popular magazine for patients and caregivers, CBS sports broadcaster Jim Nantz says he does not want to be remembered for his legendary career. Rather, he wants the family name to be associated with a cure for Alzheimer’s disease. Nantz’s father lived with the disease—and the effects of a debilitating stroke—from the mid 1990s until his death in 2008.

“It’s hard, really hard, to watch the head of your family go through a long, slow death while there’s nothing you can do,” Nantz says in the article. He discusses the effects of Alzheimer’s on his father and the caretaking challenges his family faced. Nantz wrote of the experience in The New York Times’ best-seller, Always By My Side: The Healing Gift of a Father’s Love. The broadcaster became an advocate for an end to the disease, and joined with Methodist Hospital in Houston to create the Nantz National Alzheimer Center, a facility dedicated to fighting Alzheimer’s as well as other neurologic conditions.

The latest issue of Neurology Now includes several other articles that will be of interest to the patients of AAN members. “A Flood of Emotion” explores treatments for pseudobulbar affect—involuntary laughing and crying—which occurs with many neurologic diseases, including traumatic brain injury, multiple sclerosis, amyotrophic lateral sclerosis, stroke, Alzheimer’s disease, and more. Tinnitus, which is the perception of sound that has no external source, affects as many as 50 million Americans, about 3 million of them severely. “The Sounds of Silence” explores insights that have emerged over the past decade into the neurologic dimensions of this underappreciated condition.

Other topics covered in this issue include cortical stimulation for intractable epilepsy, obstructive sleep apnea, olfactory hallucinations, and sarcoidosis.

AAN members receive 30 copies of each issue of the award-winning bimonthly Neurology Now to distribute to patients and families in their offices. Neurology Now is also available online at www.neurologynow.com. Patients, their families, and caregivers are eligible for free subscriptions. AAN members who wish to adjust the number or mailing address of copies they receive can call Member Services at (800) 879-1960.

AAN Publishes Statement to Guide Neurologists on Abused Patients

(continued from cover)

in the United States have been physically and/or sexually abused by an intimate partner at some point in their adult lives. Other types of maltreatment include child abuse, emotional abuse, elder abuse, and neglect. Adults who have been victimized experience a 2.5 fold increase in health care utilization during their lives. Neurologists see patients who are at risk for abuse, or have conditions which are directly or indirectly associated with maltreatment.

The AAN position statement outlines 10 principles of intervention by the physician when meeting with patients, beginning with integrating questions about abuse into the medical history and routinely screening all patients for past and ongoing violence. Patients should be counseled and provided with resources to help address the abuse or neglect. Child abuse, elder abuse, and abuse of those who are disabled must be reported in all states. Spouse abuse must be reported in California, Colorado, Kentucky, New Hampshire, New York, and Rhode Island.

Finally, the statement provides a series of helpful assessment questions and strategies that the physician can use when meeting with patients.

The complete text of the position statement is available at www.aan.com/view/abusestatement.
Guideline Urges Caution Prescribing Antiepileptic Drugs for People with HIV/AIDS

The AAN recently published the evidence-based guideline “Antiepileptic Drug Selection for People with HIV/AIDS,” which recommends caution when choosing antiepileptic drugs (AEDs) for people with HIV/AIDS. The guideline, which was co-developed with the International League Against Epilepsy, was published simultaneously in Neurology® and Epilepsia online ahead of print on January 4, 2012, and in the January 10, 2012, print issue of Neurology.

Seizures and seizure disorders are common in people infected with HIV, with more than one in 10 patients experiencing seizures.

“It is important that patients know exactly which drugs they are taking and provide that information to all prescribing health care providers caring for them,” said lead guideline author Gretchen L. Birbeck, MD, MPH, DTMH, FAAN, of Michigan State University in East Lansing, MI. “Doctors may need to watch and adjust drug doses in people with HIV/AIDS who take AEDs.”

According to the guideline, when certain AEDs are combined with certain antiretroviral (ARV) agents, one or more of the combined drugs may become less effective or more toxic. AEDs that may potentially decrease certain ARV levels, such as the AEDs phenytoin, phenobarbital, and carbamazepine, may cause those ARVs to fail.

Evidence shows that AED and ARV choices are limited in developing countries, causing the risk of drug interactions to be higher in those countries. “Future research should target AED and ARV drug combinations where choices are limited, such as in developing countries, to better understand the risk of these drug interactions,” said Birbeck.

The guideline also found people with HIV/AIDS who have seizures may possibly have fewer drug interactions if treated with the correct dosage of AEDs recommended in the guideline.

To read the guideline and access PDF summaries for clinicians and patients (in English as well as African French), a slide presentation, and a clinical example, visit www.aan.com/go/practice/guidelines.

For more information, contact Julie Cox at jcox@aan.com or (651) 332-8684.

Celebration for Research

Celebration for Research  Sunday, April 22, 6:00 p.m.–11:00 p.m.
New Orleans Ernest N. Morial Convention Center

Neurobowl®  6:00 p.m.–8:00 p.m.

Main Stage:

Mardi Gras Extravaganza  8:30 p.m.–11:00 p.m.
Featuring Rockin’ Dopsie Jr. and the Zydeco Twisters

Neuro Film Festival®  8:30 p.m.–11:00 p.m.
Sponsored by PSAV® Presentation Services
February 7 Webinar Spells Out Successful EHR Implementation (continued from cover)

Moschonas had begun looking at EHR previously, so he was familiar with the pros and cons of office-based or web-based systems. “We did not have an IT department and could never afford one. We decided to proceed with a web-based system, and take appropriate measures to deal with possible internet down time.”

After significant preparation, including adding more office computers, reducing their case load to 25 percent during the transition week, and setting aside cash reserves to cushion any financial disruption, the office made the switch in May 2011 “without a glitch.” By next May, the practice will have seen all of its patients and all of their paper charts will reside on the new system. Former charts will be stored, providing more office space.

“Our front office staff does not run around looking for charts,” said Moschonas. “We can talk to physicians and pull up patient records, we can work on patient issues from anywhere on the globe as long as internet is available. We could never go back to charts and handwritten notes again. We have crossed to the other side.” In his webinar, Moschonas will help participants:

• Identify what specifically to look for when selecting an EHR for their practice
• Understand the proper questions to ask and how to work effectively with EHR vendors
• Distinguish the timeline and what to expect before and throughout EHR implementation
• Recognize the legal considerations when choosing an EHR
• Prepare for basic requirements of the EHR Incentive Program
• Discover AAN resources including its partnership with AmericanEHR Partners

AAN members can enjoy a discounted fee of $149 for their first regular Practice Management Webinar and $50 for each additional webinar—a special 25-percent savings from the pricing for nonmembers. Participants can earn 1.5 AMA PRA Category 1 Credits™ per webinar. Recordings of the webinars will be provided free of charge for all live webinar participants. Slides are included with all webinar purchases.

To learn more or to register, visit www.aan.com/view/pmw12.

Harness the Power of Smart Phones, Tablets, and Voice Recognition for Your Practice

Neurologists are increasingly taking advantage of more versatile and robust appliances and applications to bring greater efficiencies to their practices.

“With the proper apps on today’s smart phones and tablets, neurologists can access their EHR on the go, any time, anywhere,” said presenter Neil A. Busis, MD, FAAN, chair of the Medical Economics and Management Committee. “Advances in voice recognition technology make data entry easier than ever, even on small mobile devices.”

Busis will share more of his insights and experiences using these convenient tools at the free AAN Annual Meeting program “The $44,000 Question: Are You Ready to Make the Most Out of Your EHR?” on Monday, April 23, from 2:30 p.m. to 5:30 p.m. Neurologists can prepare to qualify for federally mandated changes with electronic health records (EHR), including an in-depth look at how to report and qualify for Meaningful Use incentive payments. Visit www.aan.com/go/am12/practice/freeevents for more information.

Take Advantage of EHR Incentive Program

The Medicare EHR Incentive Program will provide incentive payments to eligible professionals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. Through successful reporting over a five-year period, neurologists are eligible for up to $44,000 through the Medicare incentive program. Participating neurologists must implement and demonstrate meaningful use through certified EHR technology. There also is a Medicaid EHR Incentive Program with up to $63,750 in incentive payments over a six-year period for those who qualify. Learn more about the incentive program and AAN resources at www.aan.com/go/practice/pay/ehr.
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Peripheral Neuropathy Examined in Latest *Continuum*

The February issue of *Continuum: Lifelong Learning in Neurology* focuses on peripheral neuropathy and offers the opportunity to earn up to 12 hours of AMA PRA Category 1 Credits™.

“Peripheral neuropathy is common in the general population and is one of the most common reasons for referral to neurologists. There have been substantial advances in the understanding of the pathophysiology of peripheral neuropathy, diagnostic testing, and genetic underpinnings of some neuropathies. Clinical trials have led to novel therapeutic options for the treatment of peripheral neuropathy and its associated pain. This issue of *Continuum* reviews the clinical approach to peripheral neuropathy and will be of use to clinicians caring for these patients,” said guest editor David Simpson, MD, FAAN, FRCP, professor of neurology at Mount Sinai School of Medicine.

The issue includes articles on anatomic localization and diagnostic testing; Charcot-Marie-Tooth disease and related genetic neuropathies; diabetic neuropathy; immune-mediated neuropathies; painful small fiber neuropathies; infectious neuropathies; medication, toxic, and vitamin-related neuropathies; and the treatment of neuropathic pain. An ethics article covers opioid administration for severe neuropathic pain in a patient with depression and prior heroin use. Practice articles focus on managing chronic neuropathic pain with opioids, coding issues, and AAN guidelines on treatment of painful diabetic neuropathy.

Upon completion of this issue, readers will be able to:

- Recognize the signs and symptoms of peripheral neuropathy
- Describe the diagnostic evaluation of suspected peripheral neuropathy
- Identify the differences in clinical and electrophysiologic features of axonal and demyelinating neuropathies
- Discuss the most common mutations in genetic neuropathies
- Recognize the varied clinical presentations of diabetic neuropathies
- Identify risk factors for diabetic neuropathies
- Discuss the clinical presentations, mechanisms, and treatment of inflammatory demyelinating polyneuropathies
- Recognize the forms of neuropathy occurring in the setting of HIV infection
- Describe the treatment approach to painful peripheral neuropathy
- Discuss ethical arguments for and against using opioids to treat severe neuropathic pain in a patient at risk for addiction relapse
- Describe the impact of psychiatric and substance use comorbidity on the risks and benefits of using opioids for pain
- Explain the impact of laws and regulations that govern the prescription of opioids for pain by physicians
- Manage the decision to prescribe opioids for the treatment of chronic noncancer pain

*Continuum* is the AAN’s highly regarded and convenient CME review journal. With a total of 72 CME credits available annually, *Continuum* is published six times per year and includes a multiple-choice self-assessment examination and a patient management problem. Subscribers access CME online by visiting www.aan.com/continuum/cme, where they may complete the CME activities and receive CME credits within two business days. Subscribe to *Continuum* today by contacting Lippincott Williams & Wilkins at (800) 361-0633, (301) 223-2300 (international), or www.lww.com/aancontinuumsub. Junior members who are transitioning to Active or Associate membership are eligible to receive a 50-percent discount on *Continuum* subscriptions.

**Behavioral Neurology & Neuropsychiatry Certification Examination Applications Now Available**

The application to sit for the United Council for Neurologic Subspecialties (UCNS) Behavioral Neurology & Neuropsychiatry certification examination is now available on the UCNS website at www.ucns.org/go/subspecialty/behavioral/certification. Applications must be received by May 15, 2011. This is the final year to apply for the Behavioral Neurology & Neuropsychiatry examination via the practice track. After 2012, only those who have completed a UCNS accredited Behavioral Neurology & Neuropsychiatry fellowship program will be able to apply to sit for this certification examination.

For more information, contact Todd Bulson at tbulson@ucns.org or (651) 695-2813.
New NeuroSAE Vascular Edition Now Available

A new version of the AAN’s popular 100-question, online self-assessment examination is now available. NeuroSAE™ Vascular Edition is the AAN’s first subspecialty specific self-assessment exam designed to aid in fulfilling the self-assessment and lifelong learning (Part II) component of the Maintenance of Certification (MOC) requirements mandated by the American Board of Psychiatry and Neurology (ABPN).

NeuroSAE Vascular is a comprehensive self-assessment tool that will enable physicians to test their knowledge and clinical skills in the topic of vascular neurology. As the same CME credits can be used to satisfy MOC requirements for multiple specialties and subspecialties, NeuroSAE Vascular is an even greater value for vascular neurologists seeking self-assessment and continuing education in activities directly related to their field of subspecialty.

Features:
- Two MOC requirements for the price of one: both self-assessment and CME in one exam
- MOC self-assessment may be applied to specialty and subspecialty requirements, making NeuroSAE Vascular an even greater value for board certified vascular neurologists
- Opportunity to earn 8 CME credits
- 150 questions based on the ABPN content outline for the vascular neurology cognitive expertise component (Part III) of MOC

• Written by neurologists for neurologists
• Convenient online format—take on your own time, at your own pace

Versions II, III, and IV of NeuroSAE are still available to take online conveniently and at your own pace and do not need to be taken in sequence. Please note that only versions IV and the new Vascular Edition offer 8 CME credits.

Each version of the NeuroSAE exam is offered to AAN members for only $99, compared to $149 for nonmembers. To get started, visit www.aan.com/neurosae. For more information, contact Mary Cress at mcress@aan.com or (651) 695-2754.

New NeuroPI Modules Available for Obstructive Sleep Apnea and Patient Safety—Falls

Obstructive Sleep Apnea and Patient Safety—Falls are the two latest modules to join the suite of NeuroPI™ performance improvement products designed to help members address both the Performance in Practice (PIP) and Continuing Medical Education (CME) component of Maintenance of Certification (MOC), as required by the American Board of Psychiatry and Neurology (ABPN).

In addition to helping ABPN diplomates take the necessary steps towards completing their MOC requirements, each module:
- Offers 20 AMA PRA Category 1 Credits™
- Is an excellent value—$199 per module for AAN members ($699 for nonmembers) averages out to only $9.95 per CME credit
- Is a clinically relevant and online learner-driven program
- Is convenient and accessible
- Helps demonstrate the profession’s six core competencies
- Offers clinical tools for patient-centered approach and engagement
- Offers bonus Feedback Module resources so participants can complete both projects concurrently
- Provides the tools you need for effective improvement over your lifetime of learning

Other modules in the NeuroPI suite include Epilepsy and Parkinson’s Disease. All NeuroPI modules may be purchased by visiting www.aan.com/view/neuropi.

Because completing the PIP process can take up to two years, those applying for Maintenance of Certification between 2013 and 2015 should understand the requirements and begin working toward completing this initiative now. For those not up for MOC, NeuroPI is specifically designed to extend beyond MOC requirements into everyday practice to benefit neurologists and patients. To learn more about ABPN requirements, visit www.abpn.com. To view a detailed phase-in schedule, visit www.abpn.com/moc_neuro.asp. To learn more about other AAN resources to help you take the necessary steps towards completing your ABPN requirements, visit www.aan.com/go/education/certification/abpn.

Keep Track of Your Maintenance of Certification Activities—and More!

The new Learning Across Your Lifetime experience on AAN.com takes the guesswork out of which AAN tools and resources are most applicable to your individual needs—and when throughout your career you need them most. As part of the experience, the former My CME Transcript has been enhanced with added features and is now NeuroTracker. This exclusive, member-only tool is a convenient one-stop shop for quickly and easily tracking both AAN and non-AAN MOC activities: performance in practice progress, CME credits, and self-assessment activities. To begin using NeuroTracker and experiencing Learning Across Your Lifetime, visit www.aan.com/go/education/neuotracker, sign in using your member ID and password, and then update your profile.
Oral History Project to Capture Memories of Neurology, Academy

Efforts are underway to preserve the history of modern neurology and the role of the AAN in supporting the profession by interviewing significant leaders and senior members for a new AAN Oral History Archive.

Douglas J. Lanska, MD, FAAN, past chair of the AAN History Section, instigated the archive, which recently received approval and funding. “I strongly believe the Academy should develop an oral history archive, similar to that developed by the American Neurological Association, the Canadian Medical Hall of Fame, the International Society of Nephrology, and other major medical organizations,” Lanska said. “Many senior members of the Academy have contributed much to our specialty and have important insights on the development of the specialty, anecdotes of important people and innovations, etc. that would be very valuable. Unfortunately, many such individuals have already died and the opportunities have been lost.”

In December 2011, Lanska and consulting historian Barbara Sommers interviewed former President Joseph Foley, MD, FAAN, at his home in Cleveland. At age 95, Foley is the oldest living Academy president and served in that position from 1963 to 1965. Also in December, Sommers and Heidi L. Roth, MD, interviewed Canadian neuroscientist Brenda Milner, CC, OQ, DSc, PhD, a pioneer in the field of neuropsychology and in the study of memory and other cognitive functions. Milner, age 93, remains active in her research at the Cognitive Neuroscience Unit of the Montreal Neurological Institute at McGill University.

“In interviews such as these with Drs. Foley and Milner give more fullness and depth to their work and singular insights into their colleagues and the eras of their activities,” said Lanska. “There is a vibrancy to their stories that is not conveyed by research articles or minutes of board meetings.”

The History Section will select prospective interview subjects on an annual basis. To suggest someone, contact Peter J. Koehler, MD, PhD, FAAN, leader of the Oral History Work Group, at pkoehler@neurohistory.nl.

Neurology Resident & Fellow Section Seeks Submissions

The Resident & Fellow Section of Neurology® is seeking submissions in subcategories including: Opinion & Special Articles, Child Neurology, Emerging Subspecialties, and Book & Media Reviews. A list of topics and guidelines is at neurology.org/site/feature/callfortopic.xhtml. Titles may be “checked out” for six weeks. During this time, authors are expected to submit a manuscript for review at submit.neurology.org. If a manuscript is not submitted in this time period, the topic will be reopened for general access. Authors are expected to introduce and/or discuss the topic that is outlined in the title, but are encouraged to shape their submission as appropriate. Submission of a topic does not guarantee acceptance; each manuscript will undergo peer review. All manuscripts must adhere to the Information for Author guidelines and policies at www.neurology.org/site/misc/auth2.xhtml.

Academy Member Disciplined

In accordance with the Disciplinary Action Policy of the American Academy of Neurology (AAN), disciplinary action has been taken by the AAN Executive Committee against Eric A. Awad, MD, a member of the AAN, in the form of this public reprimand.

Dr. Awad violated sections II.E., III.B., and III.E. of the AAN’s Qualifications and Guidelines for the Physician Expert Witness and section 6.4 of the AAN’s Code of Professional Conduct by providing improper expert testimony in the matter of Hawkins v. Dekalb Medical Center (GA, Civil Action File no. 06-A48715-7).
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Also, updating your profile will allow you to fully experience the AAN’s new NeuroTracker. Formerly the “My CME Transcript” feature, NeuroTracker is an exclusive, member-only, one-stop shop for tracking both AAN and non-AAN activities, from maintenance of certification (MOC) requirements to professional development. The MOC tracking feature is now available and allows members to tally CME credits, performance in practice progress, and self-assessment activities and professional activities such as organization affiliation, committee appointments, guideline authoring, etc. NeuroTracker also allows you to update your CV or submit information to a regulatory body (e.g., licensing board, ABPN, etc.).

You can experience the tailored benefits of Learning Across Your Lifetime only if the most up-to-date, accurate information is available, so visit www.aan.com/axom=user.profile today to update your profile. After your profile is updated, simply sign on to AAN.com using your email or member ID and password to begin experiencing your personalized recommendations.

Residents and Fellows: Take Part in AAN Community

The AAN Community for Residents and Fellows on AAN.com helps you connect with colleagues, discuss topics of interest to residents, fellows, and other trainees, and explore other topic areas. Log in to Communities to share opinions and information in forums and to view relevant Neurology® journal articles. In addition, e-Pearls from Neurology Residents & Fellows section are posted in the Community section. Note: If you want to view the e-Pearls, you must log in to the Residents and Fellows Community with your member ID and password. Contact Cheryl Alementi at calementi@aan.com if you need assistance with obtaining your AAN member ID and password.

Get the most from your member benefits and begin collaborating with your peers today. Visit the Residents and Fellows Community page at www.aan.com/view/resfelcom to get started.

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Family Legacy of Giving Inspires Foundation Director’s Giving

AAN Foundation Director of Development Susan Dunlop, MBA, CFRE, learned by example the values associated with giving to a good cause.

“The fact that both my parents and my in-laws were generous during their lives and remembered charity in their estate plans gives our family great pride,” said Dunlop. “In a way, it is one of the best gifts they could give us. It is an honor to be a part of such a family. My husband and I want our children to feel pride in our contributions also.”

Both personally and professionally, Dunlop knows generosity is a powerful attribute and admirable trait. It is a behavior that can be encouraged in children and continues to grow as people mature and hope to make a difference.

Because her family includes a daughter living with multiple sclerosis, Dunlop, her husband John, and their son, Matthew, regularly support young investigators in MS through the AAN Foundation. But Susan and John wanted to do more, and they feel that at this time they can contribute more after their lives than they can possibly give during their lives.

“We believe that clinical research not only provides answers but also hope for finding ways to improve neurology patients’ quality of life, and we appreciate that the AAN Foundation funds the best research from across the United States. Investing in young investigators’ creativity, energy and dedication will pay dividends.”

For this reason, Susan and John Dunlop have named the AAN Foundation as a beneficiary of their IRA fund, directed to the MS Research Endowment. This disease affects young people just on the cusp of succeeding in their careers, such as their daughter.

“We knew that an IRA Fund given to our children or other heirs would be subject to income tax. So that’s why we are giving it to charity, which avoids paying income tax and makes a difference in the future. Plus, we hope that our children will feel the same pride in us that we feel for our parents. And that it will be an evolving family matter.”

To learn more about how you can leave a legacy for neurologic research, contact Susan Dunlop at sdunlop@aan.com or (651) 695-2701.

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For secure online giving options, visit www.aan.com/foundation/donations. For more information about the AAN Foundation programs, contact Susan C. Dunlop, MBA, CFRE, at sdunlop@aan.com or (866) 770-7570 Ext. 2701.

“The AAN Foundation has been so successful in helping many young faculty get started in research careers through the Clinical Research Training Fellowships. I am committed to supporting the AAN Foundation as a part of the Susan Spencer Clinical Research Circle. Having known and worked closely with Susan, I know she would have been so proud to see the growth in this program which she was instrumental in developing. I am fortunate to have had some great mentors and am grateful for the opportunities to train in clinical research. I view it as my obligation to give back to the AAN Foundation. During these tough economic times with reductions in NIH funding, we need to do everything we can to encourage the research careers of our trainees. We all need to advocate for research, invest in programs to promote academic career growth, and train the future leaders of our profession. If each of us makes a personal commitment to support the AAN Foundation, I am confident we will have a great impact on the lives of our trainees, as well as our patients.”

—Ralph L. Sacco, MD, MS, FAHA, FAAN
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(651) 695-2810

APRIL 16
UCNS Headache Medicine Certification Examination Applications Deadline
www.ucns.org/go/subspecialty/headache/certification
Todd Bulson
tbulson@ucns.org
(651) 695-2813

APRIL 21–28
64th AAN Annual Meeting
www.aan.com/go/am12

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Neurology Opportunity in East Central Wisconsin

Affinity Medical Group is an integrated health care organization providing quality care and services throughout East Central Wisconsin. We are part of Affinity Health System, one of the top 100 integrated health care networks in the nation. We’re seeking a BC/BE Neurologist to join our Neuroscience Group in Menasha, Wisconsin practicing general adult neurology. Areas of special interest welcomed. You’ll enjoy an industry leading salary and benefits package. The Fox Cities (Appleton, Neenah/Menasha, Oshkosh) offer a unique quality of family-oriented living, all-season recreation, a nationally acclaimed educational system, a diverse growing economy, and a host of cultural opportunities. Not a J-1 opportunity. For more information, please contact Cookie Fielkow, Affinity Medical Group Physician Services; Phone: 800-722-9388; E-mail: cfielkow@affinityhealth.org; Fax: 920-727-4356; visit our website at: www.affinityhealth.org

Established Neurologists - Metro Boston

Angels Neurological Centers - Boston Metro: a leader in neurological care in Massachussets has openings for established Adult Neurologists to join its ranks. The candidate must have been in practice or in academic clinical position for at least 3 years and board certified to be eligible. Sub-specialty preferred. Join a reputable group of 11 providers with many subspecialties and expanding locations. Unmatched compensation packages. Associating yourself with Angels Neurological Centers will afford you utilization of a very well respected and admired local brand in addition to having access to our media division (Red Fibers Communications) which will enhance your presence in the community and deliver your message to patients through medical publications and media campaigns including digital displays, web, radio presence and more. Note that this position is not advertised through recruiters; therefore please apply directly to us, in confidence. Fax resume to Mazen Eneyi, M.D. at: (781)871-3771 or E-mail: meneyi@ angelshealthcare.com

Neurologist (MS Specialist) - Charlotte NC

The Neurology Department at CMC is seeking a Neurologist, specializing in MS to join their high caliber team of faculty providers and well-known MS Center. Qualified candidates will be BC/BE in Neurology with extensive experience in treating MS. Ideal candidates will be ACGME fellowship trained in MS and have an interest in education and research. The NC Center offers state-of-the-art resources along with an active clinical research program supported by 10 research coordinators and assistants. The clinical staff includes on-site nurses, physical therapists, occupational therapists, speech therapists, social workers and a dietician. CMC Neurology offers an attractive hybrid model of private practice and academics. The Neurology faculty has the flexibility to see patients in physically attractive clinic, teach residents and medical students, and participate in clinical research. The MS Center is situated near uptown Charlotte in a beautiful residential area. Carolinas Healthcare System (CHS) is a not-for-profit, self-supporting public organization. It is the largest health system in the Carolinas, and one of the largest public systems in the nation. Charlotte, NC is a growing and vibrant city with 2 hours by car to the mountains of NC and 4-5 hours from the beaches of NC and SC. To send a CV for consideration, please contact: Tracy Black, Physician Recruiter, P (704) 355-0159 or (800) 847-5084; tracey.black@cancerinlineneurology.org

Join a team of six general neurologists in Central Minnesota

Central Minnesota Medical Group is seeking a BC/BE general neurologist to join our stroke center of excellence. Join six board-certified neurologists who share call. Movement disorders experience a plus. Our physician-led, multi-specialty clinic is in a single-hospital community with 400+ medical staff (all specialties) and a service area of 671,000+. This is a growing medical center. We’re located in the quaint city of St. Cloud. Contact: Karla Donlin, Recruiter, 1406 Eighth Avenue North, St. Cloud, MN 56303; (800) 835-6652, ext. 54192 or (320) 255-5822; donlin@centralcare.com; Fax (320) 255-5772. www.centralcare.com

Neurologist Practice in Beautiful La Jolla, California

Neurologist Neurology Practice in Beautiful La Jolla, California looking to find one or two physicians in the Specialty of Neurology. Large Referral base, outstanding earning potential and the option to expand into other areas is certainly a possibility. Our practice treats neurodegenerative diseases with emphasis on dementia. We see a large number of movement disorder, stroke, and Botulism treatment, as well as Parkinson’s disease. One of our physicians is the Stroke Director at Scripps Memorial Hospital, La Jolla. Please e-mail your CV to: mbrendi@hotmail.com

BC/BE Neurologists Upstate New York - Adirondack Mountains - Lake Champlain Region - CVPH Medical Center (www.cvph.org)

We seek two BC/BE neurologists to join its medical staff. Candidates with a particular interest in stroke medicine is a plus. Enjoy being a hospital employee with a comprehensive benefit package and call of 1:6. Our multi-specialty clinic along with the College of St. Albans and CVPH Medical School offers a sign-on loan and repayment program. Significant loan repayment potential through the Doctors Across New York program of $150,000. Big hospital small city on Lake Champlain, near the Adirondack Mountains, the Olympic-Lake Placid region, Burlington, VT and Montreal. Contact Rebecca Larkin (rlarkin@cvph.org) 755 Bookman St., Plattsburgh, New York 12901, Fax: 518-314-3025, Phone: 518-562-7012.

Multiple Schizophrenia Neurologists

Dartmouth-Hitchcock Medical Center in Lebanon, NH is seeking a board certified/board eligible neurologist with training or expertise in multiple sclerosis to direct an active clinical and research MS program. This full-time clinical position includes attending rotations on the neurology inpatient and outpatient consultative services. Education is a fundamental mission at DHMC and faculty members have an important role teaching residents, medical students, and post-doctoral fellows. The Department of Neurology at Dartmouth-Hitchcock is a rapidly expanding, tertiary care facility with a growing clinical program. The position offers an attractive base salary, CME assistance, and a comprehensive benefits package. For further information, please contact: Jeffrey A. Cohen, MD, Professor of Neurology, Section Chief, Department of Neurology, Dartmouth-Hitchcock Medical Center, One Medical Center Drive, Lebanon, NH 03756. Phone: 603-650-4341, Jeffrey.a.cohen@hitchcock.org

Pediatric Neurologist

The Section of Pediatric Neurology at Children’s Hospitals National Medical Center is a busy, well-resourced group at a community hospital. This is an excellent opportunity to practice high quality academically oriented Neurology in a community setting. We offer excellent benefits, competitive compensation, partnership potential, and a collegial, stimulating and supportive environment. Interested candidates, please email your Curriculum Vitae to sherrydickson@comcast.net.

Neurologist Career Center

Visit AAN’s Neurology Career Center for job postings and to sign up for customized, confidential notifications when positions of interest are added.
expansion of Neurohospitalist/Stroke program. Generous 200K starting salary plus production bonus and benefits. Excellent specialists available for support. Stroke training and/or experience developing a program a plus. Imagine a community where history is alive, cultural offerings are abundant and housing prices are affordable. Northern VA has a dynamic and growing population

Assistant Professor of Clinical Neurology Southern University School of Medicine. Department of Neurology is seeking an Assistant Professor of Clinical Neurology to join our group of 9 faculty and 7 residents. Applicants must be board certified/board eligible in neurology and be eligible to apply for a valid Illinois medical license prior to employment. All interested applicants must submit a CV to Dr. Joseph E. Elbe, M.D., Ph.D., SIU School of Medicine, P.O. Box 19843, Springfield, IL 62794-9843, nene@siu.edu. Deadline to apply is February 28, 2012. SIU School of Medicine is an AA/EEO employer. This position is subject to a pre-employment background investigation.

Neurologist (Northern California) St. Joseph’s Medical Group of Stockton, California, is a multi-specialty group located in Stockton, California, that is seeking a BC/BE General Neurologist to provide clinic-based patient care for a variety of neurological disorders such as stroke, epilepsy, Parkinson’s, and movement and nerve conductions. EEG and EMG experience required. Stroke fellows or stroke experience highly encouraged. Our Neurologist will have access to Hospitals 24 hours a day and a strong referral system. With its Central Valley location, Stockton, the 12th largest city in the state with a population of over 270,000 residents, attracts a wide range of businesses and offers a variety of recreational activities. The California Delta, with over 1,000 miles of waterways surrounding Stockton, is a scenic wetland with over 200 marinas and resorts. A variety of arts and cultural activities are available with opportunities to enjoy music, theatre, dance, and literary events. In addition, this city offers affordable housing options and excellent educational programs. Stockton is an easy drive to the cable cars of San Francisco, the vineyards of Napa Valley and the ski slopes of Tahoe. For more information, please contact and/or send CV to: Candace Ash, Physician Recruiter, Candace.Ash@chw.edu, P: (916) 379-2974; F: (916) 853-7983. Not a J1 or H1 opportunity.

BC/BE Neurologist & Pediatric Neurologist This place is amazing. So is the difference you can make. Greenville Hospital System is the largest healthcare system provider in South Carolina. The hospital group is seeking a BC/BE Neurologist to join our dynamic team. BC/BE Neurologist. The Neurology Department has established a protocol driven multi-disciplinary approach to stroke care and subspecialty offerings within the community. This unique opportunity offers: Practice autonomy with untapped growth potential. Support of Swedish Neuroscience Institute’s sixty, highly skilled subspecialty neurology and neuroradiology colleagues. TeleStroke complete care system. Board eligible or board certified. Unmatched quality of life in the scenic community of Summerville, South Carolina. Nestled on the Atlantic Ocean, this close-knit community offers all the best of urban amenities, arts and multicultural settings in a micro urban community. This city consistently ranks as a top city to live, work and play. Contact Jane at (800) 243-4335 or drjberger@stbyterianhealth.com today. www.mymercymedgroup.org

Neurologist Swedish Neuroscience Institute, part of the largest non-profit healthcare system in the Pacific Northwest, has partnered with Olympic Medical Center (OMC) to offer innovative and high quality neurologic care to residents of Washington’s Olympic Peninsula. We are actively recruiting for a BC/BE Neurologist to participate in an expanding Stroke/Critical Care program. This is a unique opportunity for an interested board certified neurologist to be the second neurologist in a multi-specialty group in Sequim, WA. The ideal candidate would have an interest in sleep medicine and would help lead the establishment of this specialty program while partnering with other primary care and subspecialty offerings within the community. This unique opportunity offers: Practice autonomy with untapped growth potential. Support of Swedish Neuroscience Institute’s sixty, highly skilled subspecialty neurology and neuroradiology colleagues. TeleStroke complete care system. Board eligible or board certified. Unmatched quality of life in the scenic community of Sequim, Washington. Nestled on the Olympic Peninsula, Sequim provides access to abundant outdoor recreation and close proximity to the Pacific Ocean. This charming small town is located just 65 minutes northwest of Seattle. Nearby Olympic National Park, evergreen forest and Puget Sound provide unlimited opportunities for camping, hiking, biking, boating and kayaking. Currently seeking BC/BE Neurologist to provide excellent clinic-based patient care and neurology consults. Applicants will have access to Hospitals 24/7 and enjoy excellent production bonus and benefits. Candidates with additional stroke training are encouraged to apply. Redding is the hub of beautiful Northern California and the metropolitan area serves over 200,000 residents. The 4-season climate boasts relatively mild temperatures. New years and temperatures in the mid-70s during the spring and fall when the community comes to life with festivals, outdoor events and family fun activities. The warm summers are the best time to enjoy the beautiful water lakes and the Sacramento River that runs through the area. With the backpack of beautiful Mount Shasta to the north, Mount Lassen to the east and the Trinity Alps to the west, Redding is an exceptional place to live. With a low cost of living, easy access to the Indian community and San Francisco, this close-knit community offers all the best of California. For more information, please contact and/or send CV to: Candace Ash, Physician Recruiter, CandaceAsh@chw.edu, P: (916) 379-2974; F: (916) 853-7983. Not a J1 opportunity. Come Live, Work and Play. Idaho - the gem state. I challenge you to find a better Neurology opportunity. Join an established and growing practice located in beautiful Boise, Idaho. Be employed by a four hospital integrated healthcare system serving the needs of 700,000+. The only Primary Stroke Center in the region, providing regional Neurointerventional Neurology services. Includes biplane angiography, MR/IV, CT/CTA, CT perfusion and mechanical thrombectomy. Modern 381-bed regional referral and teaching hospital. The Trauma Center serves as the Tertiary Center of the Regional Health System. Excellent package including retirement, vacation and signing bonus are offered. Surrounded by pristine mountains and rivers, Boise is an outdoor enthusiast’s dream. Boise has the perfect blend of urban amenities, art, culture and multicultural offerings. Boise offers excellent public and private schools located nearby. First class restaurants, outdoor activities, cultural amenities and a vibrant nightlife of our Nation’s Capitol. Enjoy the Washington Monument, Cherry Blossom Festival, National Air and Space Museum and the National Zoo.

Neurologist (Northern California) Mercy NorthState Medical Group, a new, multi-specialty group located in Redding, California, is a service of CHW Medical Foundation (CHWM). CHWM is affiliated with Catholic Healthcare Westone, one of the leading healthcare systems in the country. We’re seeking a BC/BE Neurologist to provide excellent clinic-based patient care and neurology consults. Our Neurologists will have access to Hospitals 24/7, and enjoy excellent production bonus and benefits. Candidates with additional stroke training are encouraged to apply. Redding is the hub of beautiful Northern California and the metropolitan area serves over 200,000 residents. The 4-season climate boasts relatively mild temperatures. New years and temperatures in the mid-70s during the spring and fall when the community comes to life with festivals, outdoor events and family fun activities. The warm summers are the best time to enjoy the beautiful water lakes and the Sacramento River that runs through the area. With the backpack of beautiful Mount Shasta to the north, Mount Lassen to the east and the Trinity Alps to the west, Redding is an exceptional place to live. With a low cost of living, easy access to the Indian community and San Francisco, this close-knit community offers all the best of California. For more information, please contact and/or send CV to: Candace Ash, Physician Recruiter, CandaceAsh@chw.edu, P: (916) 379-2974; F: (916) 853-7983. Not a J1 opportunity.
Neurologist: Well established neurology practice seeking bilingual Mandarin speaking neurologist with a preference sleep disorders, movement disorders, headaches, and general neurology. Practice located in Arcadia, California. Full-time with hospital call (1 day a week and every 5th weekend). University affiliations with USC and UCLA. Opportunity to teach, publish, clinical trials. Email chrisfoss88@gmail.com

Neuroimaging Fellowship: Fellowship in Neuroimaging: Winchester Neurological Consultants, Inc. in conjunction with Virginia Commonwealth University and Winchester Medical Center is offering a one year fellowship in clinical Neuroimaging for BC/BE neurology graduates. Located approximately an hour from Washington, DC, our United Council of Neurologic Subspecialists fully accredited fellowship offers extensive training in the performance and interpretation of diagnostic imaging and outpatient MRI, CT, Doppler, TCD, and myelography, utilizing four state of the art MRI scanners and four multi-slice CT units. Responsibilities include supervision and interpretation of imaging, assisting with acute stroke protocols, and direct patient care. Initial availability: July 1, 2012. Requires one year commitment. Research interests are encouraged. Salary is $60,000.00 plus benefits. CV's should be emailed to Dr. Stephen H. Harrison at nhiett@valleyhealthlink.com or faxed to (540) 722-6207.

Neuro Opportunities: Well established neurology practice seeking bilingual Mandarin speaking neurologist with a preference sleep disorders, movement disorders, headaches, and general neurology. Practice located in Arcadia, California. Full-time with hospital call (1 day a week and every 5th weekend). University affiliations with USC and UCLA. Opportunity to teach, publish, clinical trials. Email chrisfoss88@gmail.com

Taylor Medical Group, 22 West Road, Suite 101, Towson, MD 21204-2398.

Neurologist: Austin, Texas: Experience what Fortune magazine calls one of the most “livable” cities in the US. The Austin Diagnostic Clinic, located in the beautiful Texas hill country, is a 115+ physician multi-specialty clinic founded in 1952. We are seeking a BC/BE neurologist to join our 5-physician neurology section. Texas medical license is a plus. Competitive salary and benefits. Relocation stipend. Partnership potential after 1 year. For more information about the Clinic, see our website ADClinic.com. Please email CV to scarrell@adclinic.com. No visa sponsorships available.

Neurohospitalist: Private Practice Neurohospitalist in San Diego, California. Well-established, multi-specialty Neurology practice in North County San Diego is seeking BC/BE Neurohospitalist with a strong work ethic and desire to provide top quality care. Subspecialty training in Epilepsy video EEG and/or Stroke Disorders is desired. Opportunity to pursue clinical research. Shared call. Practice is paperless office with an EHR. Competitive salary and benefits package with partnership opportunity. Please see our web site at www.neurocenter.com. Interested candidates should submit CV to tibbs@neurocenter.com

General Neurologist Needed for Busy East Texas Practice: Your opinion will be valued as a member of our dynamic neuroscience team. Trinity Mother Frances Hospitals and Clinics in Tyler, Texas, home to one of the most comprehensive neurosurgery programs in east Texas, is adding a fifth neurologist to our growing department. Trinity Mother Frances Neuroscience Institute is staffed by specialists in neurosurgery, neurology, physical medicine and rehabilitation, pain medicine, sleep medicine and stroke. Combined with the award-winning clinical resources of Mother Frances Hospital, we offer state-of-the-art patient care facilities and the latest surgical and treatment technologies. Enjoy an outstanding production-based compensation package, relocation assistance, no tail malpractice and no clinic buy in. Tyler is a major medical referral center with more than one million draw and is a growing certified retirement community. If you’re seeking an exceptional lifestyle opportunity, this is the opportunity for you. Trinity Clinic is comprised of over 270 physicians in 37 specialties serving north central, east, and northeast Texas. Community Description: Tyler is located just 100 miles from Dallas and is recognized as among the most desirable places to work and is also a certified retirement community. A national leader in patient satisfaction, advanced technology and quality initiatives, Trinity Mother Frances is a faith-based, not-for-profit organization dedicated to creating healthy lives for people and communities. For additional information, please contact Tonya Hamlin, Director, Physician Recruitment, hamlin@tmfhs.org. 903-531-4906; Code: MRH002211.

Physicians and Physician Scientists (all levels): Stroke, Neurology, Neuro-muscular, MS, Geriatric: The University of Louisville, Department of Neurology is expanding and has openings for the following positions for physicians and physician scientists at the Instructor, Assistant, Associate and Professor levels: Stroke, General Neurology, Neuro-muscular, MS, and Cognitive-Behavioral-Geriatric Neurology. Academic rank, salary, and start-up funds will be commensurate with background and experience. Responsibilities include teaching, clinical duties and research. Applicants must be eligible for medical licensure in Kentucky and must be Board certified or eligible. All salaries are highly competitive. Please send a CV and a list of 3 potential references to: Robert Friedland, M.D., Mason C and Mary D. Rudd, Chair of Neurology, Department of Neurology, University of Louisville, Louisville, KY 40292 (Robert.friedland@louisville.edu), 502-852-6407. AAEE Employer.

Taylor Medical Group, 22 West Road, Suite 101, Towson, MD 21204-2398.

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General Neurologist Needed for Busy East Texas Practice: Your opinion will be valued as a member of our dynamic neuroscience team. Trinity Mother Frances Hospitals and Clinics in Tyler, Texas, home to one of the most comprehensive neurosurgery programs in east Texas, is adding a fifth neurologist to our growing department. Trinity Mother Frances Neuroscience Institute is staffed by specialists in neurosurgery, neurology, physical medicine and rehabilitation, pain medicine, sleep medicine and stroke. Combined with the award-winning clinical resources of Mother Frances Hospital, we offer state-of-the-art patient care facilities and the latest surgical and treatment technologies. Enjoy an outstanding production-based compensation package, relocation assistance, no tail malpractice and no clinic buy in. Tyler is a major medical referral center with more than one million draw and is a growing certified retirement community. If you’re seeking an exceptional lifestyle opportunity, this is the opportunity for you. Trinity Clinic is comprised of over 270 physicians in 37 specialties serving north central, east, and northeast Texas. Community Description: Tyler is located just 100 miles from Dallas and is recognized as among the most desirable places to work and is also a certified retirement community. A national leader in patient satisfaction, advanced technology and quality initiatives, Trinity Mother Frances is a faith-based, not-for-profit organization dedicated to creating healthy lives for people and communities. For additional information, please contact Tonya Hamlin, Director, Physician Recruitment, hamlin@tmfhs.org. 903-531-4906; Code: MRH002211.

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UV Madison Stroke Neurologist: Applications are invited for an assistant professor faculty position in the Stroke Program in the Department of Neurology at the University of Wisconsin Medical School. The position involves patient care, research, and teaching. The stroke section currently consists of 3 energetic, fellowship-trained, vascular neurologists who run a highly-regarded clinical program. We care for the full spectrum of cerebrovascular patients in a highly interdisciplinary manner including neurosurgery, diagnostic and interventional neuroradiology, intensive care and cardiovascular specialists. Nursing, allied health, and administrative support for the program are outstanding. We currently have one telestroke site and will soon be adding several others. The stroke section is very active in neurologic education, and is engaged in both basic science and clinical research. There are ample opportunities for such research both within the department and throughout this world-class university. Email broshahn@neurology.wisc.edu.
**INDICATIONS AND USAGE**

**Partial-Onset Seizures**

VIMPAT (lacosamide) tablets and oral solution are indicated as adjunctive therapy in the treatment of partial-onset seizures in patients with epilepsy aged 17 years and older. VIMPAT (lacosamide) injection for intravenous use is indicated as adjunctive therapy in the treatment of partial-onset seizures in patients with epilepsy aged 17 years and older when oral administration is temporarily not feasible.

**CONTRAINDICATIONS**

None.

**WARNINGS AND PRECAUTIONS**

**Suicidal Behavior and Ideation**

Antiepileptic drugs (AEDs), including VIMPAT, increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. Patients treated with any AED for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Pooled analyses of 199 placebo-controlled clinical trials (mono- and adjunctive therapy) of 11 different AEDs showed that patients randomized to one of the AEDs had approximately twice the risk (adjusted Relative Risk 1.8, 95% CI: 1.2, 2.7) of suicidal thinking or behavior compared to patients randomized to placebo. In these trials, which had a median treatment duration of 12 weeks, the estimated incidence of suicidal behavior or ideation among 27,863 AED-treated patients was 0.43%, compared to 0.24% among 16,029 placebo-treated patients, representing an increase of approximately one case of suicidal thinking or behavior for every 530 patients treated. There were four suicides in drug-treated patients in the trials and none in placebo-treated patients, but the number of events is too small to allow any conclusion about drug effect on suicide.

The increased risk of suicidal thoughts or behavior with AEDs was observed as early as one week after starting treatment with AEDs and persisted for the duration of treatment assessed. Because most trials included in the analysis did not extend beyond 24 weeks, the risk of suicidal thoughts or behavior beyond 24 weeks could not be assessed.

The risk of suicidal thoughts or behavior was generally consistent among drugs in the data analyzed. The finding of increased risk with AEDs of varying mechanisms of action and across a range of indications suggests that the risk applies to all AEDs used for any indication. The risk did not vary substantially by age (5-100 years) in the clinical trials analyzed.

**Table 1 Risk by indication for antiepileptic drugs in the pooled analysis**

<table>
<thead>
<tr>
<th>Indication</th>
<th>Placebo Patients with Events Per 1000 Patients</th>
<th>Drug Patients with Events Per 1000 Patients</th>
<th>Relative Risk: Incidence of Events in Drug Patients/Incidence in Placebo Patients</th>
<th>Risk Difference: Additional Drug Patients with Events Per 1000 Patients</th>
<th>Risk Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td>1.0</td>
<td>3.4</td>
<td>3.5</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Psychiatric</td>
<td>5.7</td>
<td>8.5</td>
<td>1.5</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1.0</td>
<td>1.8</td>
<td>1.9</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2.4</td>
<td>4.3</td>
<td>1.8</td>
<td>1.9</td>
<td></td>
</tr>
</tbody>
</table>

The relative risk for suicidal thoughts or behavior was higher in clinical trials for epilepsy than in clinical trials for psychiatric or other conditions, but the absolute risk differences were similar.

Anyone considering prescribing VIMPAT or any other AED must balance this risk with the risk of untreated illness. Epilepsy and many other illnesses for which antiepileptics are prescribed are themselves associated with morbidity and mortality and an increased risk of suicidal thoughts and behavior. Should suicidal thoughts and behavior emerge during treatment, the prescriber needs to consider whether the emergence of these symptoms in any given patient may be related to the illness being treated.

Patients, their caregivers, and families should be informed that AEDs increase the risk of suicidal thoughts and behavior and should be advised of the need to be alert for the emergence or worsening of the signs and symptoms of depression, any unusual changes in mood or behavior, or the emergence of suicidal thoughts, behavior, or thoughts about self-harm. Behaviors of concern should be reported immediately to healthcare providers.

**Dizziness and Ataxia**

Patients should be advised that VIMPAT may cause dizziness and ataxia. Accordingly, they should be advised not to drive a car or to operate other complex machinery until they are familiar with the effects of VIMPAT on their ability to perform such activities.

In patients with partial-onset seizures taking 1 to 3 concomitant AEDs, dizziness was experienced by 25% of patients randomized to the recommended doses (200 to 400 mg/day) of VIMPAT (compared with 8% of placebo patients) and was the adverse event most frequently leading to discontinuation (3%). Ataxia was experienced by 6% of patients randomized to the recommended doses (200 to 400 mg/day) of VIMPAT (compared to 2% of placebo patients). The onset of dizziness and ataxia was most commonly observed during titration. There was a substantial increase in these adverse events at doses higher than 400 mg/day. [see Adverse Reactions/Table 2 (6.1)]

**Cardiac Rhythm and Conduction Abnormalities**

**PR interval prolongation**

Dose-dependent prolongations in PR interval with VIMPAT have been observed in clinical studies in patients and in healthy volunteers [see Clinical Pharmacology (12.2) in Full Prescribing Information]. In clinical trials in patients with partial-onset epilepsy, asymptomatic first-degree atrioventricular (AV) block was observed as an adverse reaction in 0.4% (4/944) of patients randomized to receive VIMPAT and 0% (0/364) of patients randomized to receive placebo. In clinical trials in patients with diabetic neuropathy, asymptomatic first-degree AV block was observed as an adverse reaction in 0.5% (5/1023) of patients receiving VIMPAT and 0% (0/283) of patients receiving placebo. Second-degree or higher AV block has been reported in postmarketing experience in epilepsy patients. When VIMPAT is given with other drugs that prolong the PR interval, further PR prolongation is possible. Patients should be made aware of the symptoms of second-degree or higher AV block (e.g. slow or irregular pulse, feeling of lightheadedness and fainting) and told to contact their physician should any of these occur.

VIMPAT should be used with caution in patients with known conduction problems (e.g. marked first-degree AV block, second-degree or higher AV block and sick sinus syndrome without pacemaker), or with severe cardiac disease such as myocardial ischemia or heart failure. In such patients, obtaining an ECG before beginning VIMPAT, and after VIMPAT is titrated to steady-state, is recommended.

**Atrial fibrillation and Atrial flutter**

In the short-term investigational trials of VIMPAT in epilepsy patients, there were no cases of atrial fibrillation or flutter, however, both have been reported in open label epilepsy trials and in postmarketing experience. In patients with diabetic neuropathy, 0.5% of patients treated with VIMPAT experienced an adverse reaction of atrial fibrillation or atrial flutter, compared to 0% of placebo-treated patients. VIMPAT administration may predispose to atrial arrhythmias (atrial fibrillation or flutter), especially in patients with diabetic neuropathy and/or cardiovascular disease. Patients should be made aware of the symptoms of atrial fibrillation and flutter (e.g., palpitations, rapid pulse, shortness of breath) and told to contact their physician should any of these symptoms occur.

**Syncope**

In the short-term controlled trials of VIMPAT in epilepsy patients with no significant symptoms of syncope, there was no increase in syncope compared to placebo. In the clinical trials of VIMPAT in patients with diabetic neuropathy, 1.2% of patients who were treated with VIMPAT reported an adverse reaction of syncope or loss of consciousness, compared to 0% of placebo-treated patients with diabetic neuropathy. Most of the cases of syncope were observed in patients receiving doses above 400 mg/day. The cause of syncope was not determined in most cases. However, several were associated with either changes in orthostatic blood pressure, atrial flutter/fibrillation (and associated tachycardia), or bradycardia.

**Withdrawal of Antiepileptic Drugs (AEDs)**

As with all AEDs, VIMPAT should be withdrawn gradually (over a minimum of 1 week) to minimize the potential of increased seizure frequency in patients with seizure disorders.

**Multiorgan Hypersensitivity Reactions**

One case of symptomatic hepatitis and nephritis was observed among 4011 subjects exposed to VIMPAT during clinical development. The event occurred in a healthy volunteer, 10 days after stopping VIMPAT treatment. The subject was not taking any concomitant medication and potential known viral etiologies for hepatitis were ruled out. The subject fully recovered within a month, without specific treatment. The case is consistent with a delayed multiorgan hypersensitivity reaction. Additional potential cases included 2 with rash and elevated liver enzymes and 1 with myocarditis and hepatitis of uncertain etiology.

Multiorgan hypersensitivity reactions (also known as Drug Reaction with Eosinophilia and Systemic Symptoms, or DRESS) have been reported with other anticonvulsants and typically, although not exclusively, present with fever and rash associated with other organ system involvement, that may or may not include eosinophilia, hepatitis, nephritis, lymphadenopathy, and/or myocarditis. Because this disorder is variable in its expression, other organ system signs and symptoms not noted here may occur. If this reaction is suspected, VIMPAT should be discontinued and alternative treatment started.
Phenylketonurics

VIMPAT oral solution contains aspartame, a source of phenylalanine. A 200 mg dose of VIMPAT oral solution (equivalent to 20 mL) contains 0.32 mg of phenylalanine.

ADVERSE REACTIONS

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In all controlled and uncontrolled trials in patients with partial-onset seizures, 1327 patients have received VIMPAT of whom 1000 have been treated for longer than 6 months and 352 for longer than 12 months.

Clinical Trials Experience

Controlled Trials

Adverse reactions leading to discontinuation

In controlled clinical trials, the rate of discontinuation as a result of an adverse event was 8% and 17% in patients randomized to receive VIMPAT at the recommended doses of 200 and 400 mg/day, respectively, 29% at 600 mg/day, and 5% in patients randomized to receive placebo. The adverse events most commonly (>1% in the VIMPAT total group and greater than placebo) leading to discontinuation were dizziness, ataxia, vomiting, diplopia, nausea, vertigo, and vision blurred.

Most common adverse reactions

Table 2 gives the incidence of treatment-emergent adverse events that occurred in ≥2% of adult patients with partial-onset seizures in the total VIMPAT group and for which the incidence was greater than placebo. The majority of adverse events in the VIMPAT patients were reported with a maximum intensity of 'mild' or 'moderate'.

Table 2: Treatment-Emergent Adverse Event Incidence in Double-Blind, Placebo-Controlled Partial-Onset Seizure Trials (Events ≥2% of Patients in VIMPAT Total and More Frequent Than in the Placebo Group)

<table>
<thead>
<tr>
<th>System Organ Class/Preferred Term</th>
<th>Placebo N=364</th>
<th>VIMPAT 200 mg/day N=270</th>
<th>VIMPAT 400 mg/day N=471</th>
<th>VIMPAT 600 mg/day N=203</th>
<th>VIMPAT TOTAL N=944</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear and labyrinth disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vertigo</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Eye disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diplopia</td>
<td>2</td>
<td>6</td>
<td>10</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Vision blurred</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Vomiting</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Nervous system disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Gait disturbance</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>2</td>
<td>4</td>
<td>2</td>
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<tr>
<td>Asthenia</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Injury, poisoning and procedural complications</td>
<td>3</td>
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<td>4</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Skin laceration</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Nervous system disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td>8</td>
<td>16</td>
<td>30</td>
<td>53</td>
<td>31</td>
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<tr>
<td>Headache</td>
<td>9</td>
<td>11</td>
<td>14</td>
<td>12</td>
<td>13</td>
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<tr>
<td>Ataxia</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>15</td>
<td>8</td>
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<tr>
<td>Somnolence</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Tremor</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>12</td>
<td>7</td>
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<tr>
<td>Nystagmus</td>
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<td>5</td>
<td>10</td>
<td>5</td>
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<tr>
<td>Balance disorder</td>
<td>0</td>
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<td>5</td>
<td>6</td>
<td>4</td>
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<tr>
<td>Memory impairment</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>2</td>
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<tr>
<td>Psychiatric disorders</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Skin and subcutaneous disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pruritus</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Laboratory abnormalities

Abnormalities in liver function tests have been observed in controlled trials with VIMPAT in adult patients with partial-onset seizures who were taking 1 to 3 concomitant anti-epileptic drugs. Elevations of ALT to ≥3× ULN occurred in 0.7% (7/935) of VIMPAT patients and ≥1% (0/356) of placebo patients. One case of hepatitis with transaminases >20x ULN was observed in one healthy subject 10 days after VIMPAT treatment completion, along with nephritis (proteinuria and urine casts). Serologic studies were negative for viral hepatitis. Transaminases returned to normal within one month without specific treatment. At the time of this event, bilirubin was normal. The hepatitis/nephritis was interpreted as a delayed hypersensitivity reaction to VIMPAT.

Other Adverse Reactions in Patients with Partial-Onset Seizures

The following is a list of treatment-emergent adverse events reported by patients treated with VIMPAT in all clinical trials in patients with partial-onset seizures, including controlled trials and long-term open-label extension trials. Events addressed in other tables or sections are not listed here. Events included in this list from the controlled trials occurred more frequently on drug than on placebo and were based on consideration of VIMPAT pharmacology, frequency above that expected in the population, seriousness, and likelihood of a relationship to VIMPAT. Events are further classified within system organ class.

Blood and lymphatic system disorders: neutropenia, anemia
Cardiac disorders: palpitations
Ear and labyrinth disorders: tinnitus
Gastrointestinal disorders: constipation, dyspepsia, dry mouth, oral hypoesthesia
General disorders and administration site conditions: irritability, pyrexia, feeling drunk
Injury, poisoning, and procedural complications: fall
Musculoskeletal and connective tissue disorders: muscle spasms
Nervous system disorders: paresis, cognitive disorder, hypoesthesia, dysarthria, disturbance in attention, cerebellar syndrome
Psoriatic disorders: confusional state, mood altered, depressed mood

Intravenous Adverse Reactions

Adverse reactions with intravenous administration generally appeared similar to those observed with the oral formulation, although intravenous administration was associated with local adverse events such as injection site pain or discomfort (2.5%), irritation (1.5%), and erythema (0.5%). One case of profound bradycardia (26 bpm; BP 100/60 mmHg) was observed in a patient during a 15 minute infusion of 150 mg VIMPAT. This patient was on a beta-blocker. Infusion was discontinued and the patient experienced a rapid recovery.

Comparison of Gender and Race

The overall adverse event rate was similar in male and female patients. Although there were few non-Caucasian patients, no differences in the incidences of adverse events compared to Caucasian patients were observed.

Postmarketing Experience

The following adverse events have been identified during postapproval use of VIMPAT. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Cardiac disorders: Atroventricular block, atrial fibrillation, atrial flutter, bradycardia
Immune system disorders: drug hypersensitivity reactions
Psychiatric disorders: Aggression, agitation, insomnia, psychotic disorder
Skin and subcutaneous tissue disorders: Angioedema, rash, urticaria

DRUG INTERACTIONS

Drug-drug interaction studies in healthy subjects showed no pharmacokinetic interactions between VIMPAT and carbamazepine, valproate, digoxin, metformin, omeprazole, or an oral contraceptive containing ethinylestradiol and levonorgestrel. There was no evidence for any relevant drug-drug interaction of VIMPAT with common AEDs in the placebo-controlled clinical trials in patients with partial-onset seizures [see Clinical Pharmacology (12.3) in Full Prescribing Information]. The lack of pharmacokinetic interaction does not rule out the possibility of pharmacodynamic interactions, particularly among drugs that affect the heart conduction system.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category C

Lacosamide produced developmental toxicity (increased embryo/fetal and perinatal mortality, growth deficit) in rats following administration during pregnancy. Developmental neurotoxicity was observed in rats following administration during a period of postnatal development corresponding to the third trimester of human pregnancy. These effects were observed at doses associated with clinically relevant plasma exposures.
Lacosamide has been shown in vitro to interfere with the activity of collapsin response mediator protein-2 (CRMP-2), a protein involved in neuronal differentiation and control of axonal outgrowth. Potential adverse effects on CNS development can not be ruled out.

There are no adequate and well-controlled studies in pregnant women. VIMPAT should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Oral administration of lacosamide to pregnant rats (20, 75, or 200 mg/kg/day) and rabbits (6.25, 12.5, or 25 mg/kg/day) during the period of organogenesis did not produce any teratogenic effects. However, the maximum doses evaluated were limited by maternal toxicity in both species and embryofetal deaths in rats. These doses were associated with maternal plasma lacosamide exposures [area under the plasma-time concentration curve; (AUC)] ~2 and 1 times (rat and rabbit, respectively) that in humans at the maximum recommended human dose (MRHD) of 400 mg/day.

When lacosamide (25, 70, or 200 mg/kg/day) was orally administered to rats throughout gestation, parturition, and lactation, increased perinatal mortality and decreased body weights were observed in the offspring at the highest dose. The no-effect dose for pre- and post-natal development toxicity in rats (70 mg/kg/day) was associated with a maternal plasma lacosamide AUC approximately equal to that in humans at the MRHD.

Oral administration of lacosamide (30, 90, or 180 mg/kg/day) to rats during the neonatal and juvenile periods of postnatal development resulted in decreased brain weights and long-term neurobehavioral changes (altered open field performance, deficits in learning and memory). The early postnatal period in rats is generally thought to correspond to late pregnancy in humans in terms of brain development.

The no-effect dose for developmental neurotoxicity in rats was associated with a plasma lacosamide AUC approximately 0.5 times that in humans at the MRHD.

Pregnancy Registry
UCB, Inc. has established the UCB AED Pregnancy Registry to advance scientific knowledge about safety and outcomes in pregnant women being treated with VIMPAT. To ensure broad program access and reach, either a healthcare provider or the patient can initiate enrollment in the UCB AED Pregnancy Registry by calling 1-888-537-7734 (toll free).

Physicians are also advised to recommend that pregnant patients taking VIMPAT enroll in the North American Antiepileptic Drug Pregnancy Registry. This can be done by calling the toll free number 1-888-233-2334, and must be done by patients themselves. Information on the registry can also be found at the website http://www.aedpregnancyregistry.org/.

Labor and Delivery
The effects of VIMPAT on labor and delivery in pregnant women are unknown. In a pre- and post-natal study in rats, there was a tendency for prolonged gestation in all lacosamide treated groups at plasma exposures (AUC) at or below the plasma AUC in humans at the maximum recommended human dose of 400 mg/day.

Nursing Mothers
Studies in lactating rats have shown that lacosamide and/or its metabolites are excreted in milk. It is not known whether VIMPAT is excreted in human milk. Because many drugs are excreted into human milk, a decision should be made whether to discontinue nursing or to discontinue VIMPAT, taking into account the importance of the drug to the mother.

Pediatric Use
The safety and effectiveness of VIMPAT in pediatric patients <17 years have not been established.

Lacosamide has been shown in vitro to interfere with the activity of CRMP-2, a protein involved in neuronal differentiation and control of axonal outgrowth. Potential adverse effects on CNS development can not be ruled out. Administration of lacosamide to rats during the neonatal and juvenile periods of postnatal development resulted in decreased brain weights and long-term neurobehavioral changes (altered open field performance, deficits in learning and memory). The no-effect dose for developmental neurotoxicity in rats was associated with a plasma lacosamide exposure (AUC) approximately 0.5 times the human plasma AUC at the maximum recommended human dose of 400 mg/day.

Geriatric Use
There were insufficient numbers of elderly patients enrolled in partial-onset seizure trials (n=18) to adequately assess the effectiveness of VIMPAT in this population.

In healthy subjects, the dose and body weight normalized pharmacokinetic parameters AUC and C_{max} were approximately 20% higher in elderly subjects compared to young subjects. The slightly higher lacosamide plasma concentrations in elderly subjects are possibly caused by differences in total body water (lean body weight) and age-associated decreased renal clearance. No VIMPAT dose adjustment based on age is considered necessary. Caution should be exercised for dose titration in elderly patients.

Patients with Renal Impairment
A maximum dose of 300 mg/day is recommended for patients with severe renal impairment (Clcr≤30mL/min) and in patients with endstage renal disease. VIMPAT is effectively removed from plasma by hemodialysis. Following a 4-hour hemodialysis treatment, AUC of VIMPAT is reduced by approximately 50%. Therefore, dose reduction is not recommended in patients with severe renal impairment. In hemodialysis patients, the dose titration should be performed with caution. [see Dosage and Administration (2.2) and Clinical Pharmacology (12.3) in Full Prescribing Information]

Patients with Hepatic Impairment
Patients with mild to moderate hepatic impairment should be observed closely during dose titration. A maximum dose of 300 mg/day is recommended for patients with mild to moderate hepatic impairment. The pharmacokinetics of lacosamide has not been evaluated in severe hepatic impairment. VIMPAT use is not recommended in patients with severe hepatic impairment [see Dosage and Administration (2.2) and Clinical Pharmacology (12.3) in Full Prescribing Information]. Patients with co-existing hepatic and renal impairment should be monitored closely during dose titration.

DRUG ABUSE AND DEPENDENCE

Controlled Substance
VIMPAT is a Schedule V controlled substance.

Abuse
In a human abuse potential study, single doses of 200 mg and 800 mg lacosamide produced euphoria-type subjective responses that differentiated statistically from placebo; at 800 mg, these euphoria-type responses were statistically indistinguishable from those produced by alprazolam, a Schedule IV drug. The duration of the euphoria-type responses following lacosamide was less than that following alprazolam. A high rate of euphoria was also reported as an adverse event in the human abuse study following single doses of 800 mg lacosamide (15% [5/34]) compared to placebo (0%) and in two pharmacokinetic studies following single and multiple doses of 300-800 mg lacosamide (ranging from 6% [2/33] to 25% [3/12]) compared to placebo (0%). However, the rate of euphoria reported as an adverse event in the VIMPAT development program at therapeutic doses was less than 1%.

Dependence
Abrupt termination of lacosamide in clinical trials with diabetic neuropathic pain patients produced no signs or symptoms that are associated with a withdrawal syndrome indicative of physical dependence. However, psychological dependence cannot be excluded due to the ability of lacosamide to produce euphoria-type adverse events in humans.

OVERDOSE

Signs, Symptoms, and Laboratory Findings of Acute Overdose in Humans
There is limited clinical experience with VIMPAT overdose in humans. The highest reported accidental overdose of VIMPAT during clinical development was 1200 mg/day which was non-fatal. The types of adverse events experienced by patients exposed to supratherapeutic doses during the trials were not clinically different from those of patients administered recommended doses of VIMPAT.

There has been a single case of intentional overdose by a patient who self-administered 12 grams VIMPAT along with large doses of zonisamide, topiramate, and gabapentin. The patient presented in a coma and was hospitalized. An EEG revealed epileptic waveforms. The patient recovered 2 days later.

Treatment or Management of Overdose
There is no specific antidote for overdose with VIMPAT. Standard decontamination procedures should be followed. General supportive care of the patient is indicated including monitoring of vital signs and observation of the clinical status of patient. A Certified Poison Control Center should be contacted for up to date information on the management of overdose with VIMPAT.

Standard hemodialysis procedures result in significant clearance of VIMPAT (reduction of systemic exposure by 50% in 4 hours). Hemodialysis has not been performed in the few known cases of overdose, but may be indicated based on the patient’s clinical state or in patients with significant renal impairment.

PATIENT COUNSELING INFORMATION

See FDA-approved Medication Guide and Patient Counseling Information section in the Full Prescribing Information.
FORGING POWER IN EPILEPSY.

At the first sign of failure, count on VIMPAT—a first-in-class AED for the adjunctive treatment of partial-onset seizures in adults.

- Patients achieved greater reduction in seizure frequency
- Proven efficacy with the broadest range of AEDs
- Power that was generally well tolerated
- The first novel mechanism of action in 10 years
- Available in multiple formulations to meet patients’ needs

VIMPAT® tablets and oral solution are indicated as adjunctive therapy in the treatment of partial-onset seizures in patients with epilepsy who are 17 years and older. VIMPAT® injection is indicated as short-term replacement when oral administration is not feasible in these patients.

Important Safety Information

Warnings and Precautions

AEDs increase the risk of suicidal behavior and ideation. Patients taking VIMPAT® should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior.

Patients should be advised that VIMPAT® may cause dizziness, ataxia, and syncope. Caution is advised for patients with known cardiac conduction problems, who are taking drugs known to induce PR interval prolongation, or with severe cardiac disease. In patients with seizure disorders, VIMPAT® should be gradually withdrawn to minimize the potential of increased seizure frequency. Multiorgan hypersensitivity reactions have been reported with antiepileptic drugs. If this reaction is suspected, treatment with VIMPAT® should be discontinued.

VIMPAT® oral solution contains aspartame, a source of phenylalanine. A 200 mg dose of VIMPAT® oral solution (equivalent to 20 mL) contains 0.32 mg of phenylalanine.

Dosage adjustments are recommended for patients with mild or moderate hepatic impairment or severe renal impairment. Use in severe hepatic impairment patients is not recommended.

Common Adverse Reactions

The most common adverse reactions occurring in ≥10 percent of VIMPAT®-treated patients, and greater than placebo, were dizziness, headache, nausea, and diplopia.

Please see adjacent pages for Brief Summary of full Prescribing Information.

References:
1. IMS Health Plan Claims database, November 2009. UCB calculations.
2. SDI Health LLC. SDI’s Vector One®: Total Patient Tracker (TPT), April 2009-September 2011. Yardley, PA. SDI Health LLC.

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