

Epigraph International Epilepsy Congress

Dear Friends and Colleagues,

On behalf of the International Organizing Committee, it gives us great pleasure to welcome you to the 30th International Epilepsy Congress (IEC) in the vibrant city of Montreal. This biennial meeting is unique in that it is the first international ILAE-IBE Congress held in North America in 30 years. The aim of this Congress is to be an instructive and entertaining experience, presenting an excellent opportunity for networking and meeting colleagues from around the world.

The exciting scientific and educational programs encompass practical and advanced knowledge of the causes and consequences of epilepsy, as well as salient developments in diagnostic and therapeutic interventions. Topics on the causes of epilepsy will include new knowledge on pathophysiology and genetics. Sessions on the consequences of epilepsy will discuss somatic, psychiatric, and social comorbidity, as well as mortality. Presentations on advanced diagnostic methods will include progress on pre-surgical evaluation, advanced imaging, neurophysiology and multimodal co-registration. The area of treatment will explore novel medical and surgical therapies aimed at controlling seizures and improving the quality of life and psychosocial well-being of patients with epilepsy. There is also a strong focus on high quality poster presentations.

The city of Montreal is one of Canada's most unique and lively cities, offering a perfect blend of the old and new. It is a city steeped in tradition and home to the Montreal Neurological Institute (MNI) at McGill University, which has become an international center for teaching, research and treatment related to diseases of the nervous system and brain disorders. The MNI was founded in 1934 by Dr Wilder Penfield, one of Canada's foremost neurosurgeons, best known for his discovery of a surgical treatment for epilepsy. The scientific program acknowledges Dr Penfield in a special symposium entitled: *"The Pioneers at the Montreal Neurological Institute: Early concepts in today's practice."*

We invite you to attend the Welcome Ceremony on Sunday, June 23. The ceremony will feature the presentation of awards given jointly by ILAE and IBE: the Lifetime Achievement Award, Award for Social Accomplishment in Epilepsy, and Ambassador for Epilepsy Awards. The Michael Prize and the Morris-Cooles Epilepsia Prize will also be presented during the ceremony. This will be followed by the Welcome Reception, supported by a kind contribution from Tourisme Montréal.

We sincerely hope that you enjoy your time at the 30th International Epilepsy Congress in Montreal, where scientific excellence meets sheer joie de vivre!

With warm regards,
International Organizing Committee



Solomon L. Moshé
(USA)
Co-Chair



Mike Glynn
(Ireland)
Co-Chair



Carlos Acevedo
(Chile)
Congress Director



Samuel Wiebe
(Canada)
Congress Director

Committee Members:

Hanneke de Boer (Netherlands) • Sandy Finucane (United States) • Jean Gotman (Canada) • Emilio Perucca (Italy) • Grace Tan (Singapore)



Message from the Current and the Incoming Presidents

Our journey started four years ago in Budapest, when an assembly of delegates representing our constituency worldwide met to discuss the League's vision, mission and priorities. That meeting resulted in the League's Strategic Plan, which inspired our subsequent activities. As summarized in the accompanying reports by Sam Wiebe, Secretary-General, and Gary Mathern, Chair of the Strategic Task Force, our activities in the last term have been intense and diverse to accomplish the goals set out in the Plan. Indeed, working together with hundreds of colleagues from so many different countries and backgrounds has been a challenging and gratifying experience for us and all the members of the ILAE Executive.

In this moment of transition, it is appropriate to look back to the initiatives taken in the past four years, and to see how experience can guide us to advance the League's mission. In line with tradition, the League devoted considerable efforts to advance knowledge and education in all areas of epileptology. The quality of our Regional and International Congresses has increased steadily, and the same is true for the courses and training programs developed by our Regional Commissions in all parts of the world. Likewise, our Topic-Oriented Commissions and Task Forces have produced an impressive set of position papers, reports and recommendations that advance the knowledge base for all epilepsy professionals involved in clinical care and in research. Thanks to the good work and dedication of our



Solomon L Moshé
Current President



Emilio Perucca
President-Elect

editors, Simon Shorvon and Philip Schwartzkroin, our journal, *Epilepsia*, has grown in impact factor and circulation, and it is strongly positioned to remain the primary vehicle of dissemination of epilepsy research worldwide under the leadership of the incoming editors, Astrid Nehlig and Gary Mathern. Recognizing the diverse educational needs of our constituency, the League is also proud to have recently acquired a new journal, *Epileptic Disorders*. We look forward to this journal's expansion, under the coordination of the current editor, Alexis Arzimanoglou, as the new educational journal of the League.

Achieving the League's mission is dependent on our ability to reach out to all stakeholders, so the League has intensified its partnership with the IBE not only for activities related to the Global Campaign, but also for initiatives targeting the political establishment at national and regional levels. A major collaborative success was the ILAE-IBE Advocacy Task Force in Europe, which mobilized national ILAE Chapters and IBE Associations to support the signing of the Declaration of Epilepsy by the European Parliament. The Declaration calls for the European Commission and European States to improve epilepsy services, to protect the rights of people with epilepsy, and to provide funding for epilepsy research. Some of these recommendations have already resulted in a specific call for epilepsy projects in the latest call for proposals within the Framework 7 Research Programme. Further initiatives to maintain epilepsy at the top of the European political agenda included the Dublin Epilepsy Forum in May 2013. On the other side of the Atlantic, the Pan American Health Organization (PAHO) Action Plan for Epilepsy is now starting to unfold with involvement of ILAE and IBE Chapters and Associations in the Region. The goal is to improve public awareness about epilepsy and quality of epilepsy care in the Americas, with special reference to Latin American countries. Nurturing

progress in this area will be one of the priorities for the League in the next term, together with efforts to activate similar actions in other regions of the world. The League was also involved in the Institute of Medicine's (IOM) Report on Epilepsy, which is bound to stimulate improved epilepsy services in the United States and will likely influence similar actions in other parts of the world. The League continues to collaborate with the World Health Organization (WHO), and is promoting partnerships with other societies, including the World Federation of Neurology (WFN). Over the next few years, we expect these partnerships to develop further. We also expect individual Chapters to play an increasingly active role in advancing our mission. Our Chapters are our greatest resource, and the League must communicate with them and serve them better.

The changes in the ILAE Constitution approved by the General Assembly in 2011 have made our organization well positioned to meet the challenges of the modern world. Our strong regional structure makes us aware of local contexts, and allows us to make use of local resources. Regional Commission Chairs have now become full members of the League's Executive, which ensures continuous focus on our global mission and fosters collaboration across Regions. A great accomplishment in the last term was the birth of the Commission on African Affairs, which we proudly welcome to the ILAE family. Africa is where unmet needs are greatest, and where we will step up our efforts to improve epilepsy care. One important step will be the creation of more Chapters in Africa. We look forward to working together with our African Commission to meet that goal.

There are many other Regions where access to care is unacceptably restricted and we will continue to stimulate initiatives to improve epilepsy care in all countries. Joint initiatives with IBE and WHO and closer involvement of our Regional Commissions, will capitalize on experience from our Demonstration Projects. We will improve our visiting professorship programs and make use of modern communication tools to improve epilepsy knowledge in less accessible Regions through an expanded and diversified distance education program (VIREPA). Telemedicine may also play a role.

All these initiatives require not only personal commitment but also financial investment. Fortunately, in the last few years, we were able to improve the efficiency of our operations and the returns of our financial investments, and the League's finances are healthy. There are challenges ahead, including the declining revenue from

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industry's support to Congresses and the changes in the publishing business from the Open Access movement. As an energetic member of the current Management Committee, the incoming Treasurer, Dr Sam Wiebe, has been actively involved with these issues in the past term, and the League's finances will be in excellent hands in the coming years.

We are working to ensure a smooth transition into the next term. We are delighted that our constituency elected a truly excellent Executive Committee to guide the League for the next four years, and we look forward to working with them in a true team-like spirit. We are also delighted to announce and welcome Torbjorn Thomson, the new Chair of the Strategic Task Force. We also welcome the new Chairs of the Topic-Oriented Commissions: Ingmar Bluemcke, Diagnostics; Jaime Carrizosa, Education; Marco De Curtis, Neurobiology; Kousuke Kanemoto Neuropsychiatry; Patrick Kwan, Medical Therapies; Dan Lowenstein, Genetics;

Bertil Rydenhag Surgical Therapies; David Thurman, Epidemiology; Jo Wilmshurst, Pediatrics; and Sameer Zuberi, Classification. All current and incoming Commission Chairs are meeting in Montreal for a full-day brainstorming session, together with the Executive Committee, sharing experiences from the past and ideas and plans for the future. As a novel feature, all incoming Topic-Oriented Commissions and Task Forces are being asked to include some junior members from our constituency, chosen in consultation with national Chapters. This will be part of a mentoring process aimed at helping the formation of our "leaders of tomorrow," which we would like to become standard practice for the future.

Finally, we cannot close our message without saying, with the strongest possible words, that all our accomplishments in the past term and all future progress are only possible because of the vision, commitment, dedication, and hard work of so many colleagues worldwide. We are

immensely thankful to you all, and we look very much forward to continuing to work with you with unchanged passion and enthusiasm for many more years to come.



Solomon L Moshé
Current President



Emilio Perucca
President-Elect

2013-2017 ILAE Executive Committee Members



Emilio Perucca
President



Helen Cross
Secretary-General



Samuel Wiebe
Treasurer



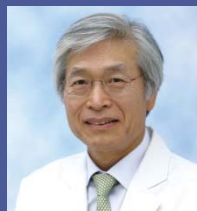
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Byung-In Lee
Commission on Asian
and Oceanic Affairs



Hassan Hosny
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IBE Treasurer

Message from the Secretary-General-Elect

It is with great honor that I take forward the position of Secretary-General of the ILAE for the coming term. This development has generated considerable interest, as I am the first woman to be elected to the Executive Committee of the ILAE. However, I see it as a reflection of changing times, and the relative proportionate membership of the ILAE. I am a pediatric epileptologist, with a particular interest in improving outcomes from early onset epilepsy, specifically utilizing interventions such as surgery and dietary therapy. Along this theme, I continue to actively practice as a clinical academic, with both clinical and research responsibilities. However, I also have a keen interest in sharing knowledge worldwide, improving resources, and actively participating in teaching at a global level.

During the past four years as Co-Chair of the Global Outreach Task Force, I have seen the positive impact that



Helen Cross

the ILAE and IBE together with the WHO have had on improving the standards of epilepsy care across all corners of the world. It is important to continue and expand these key partnerships as well as develop new ones with other international organizations such as the World Federation of Neurology (WFN), the International Brain Research Organization (IBRO) and the International Child Neurology Association (ICNA), to enhance epilepsy care and translational research throughout the world. Partnerships have resulted in the development of the strategy for epilepsy care outlined by the Pan American Health Organization, as well as the signing of the Epilepsy Declaration by the European Parliament. It will be important to capitalize on these actions in the coming new ILAE term so that resources are directed toward improving epilepsy care.

My commitment to the ILAE is long-standing. I have chaired the sub-commission for Pediatric Epilepsy Surgery since 2001 (Co-Chair 2005-2009), and have worked toward improving standards in the care of children with epilepsy. Our international group has developed recommendations for assessment of children with complex epilepsy, collected epidemiological data, and are updating guidelines for pre-surgical evaluation applicable to any healthcare setting. As the past Chair of the Commission for Pediatrics (2005-2009), I have been involved at many lev-

els in developing guidelines for various aspects in the care of children with epilepsy, including the management of neonates, imaging, and more recently management of infants.

Poor recognition and inequality of care is apparent in many areas around the world, both in resource-rich as well as resource-poor countries. As part of the ILAE Executive, I will work toward finding ways to improve recognition of epilepsy as a healthcare priority in every part of the world. In order to ensure optimal input from the ILAE in driving resource and awareness of epilepsy, a Chapter within every nation remains our goal and we will continue to strive toward this. Teaching and communication is vital to ensure delivery of optimal care and this needs to be driven at every level.

I have been privileged to witness the enormous strides ILAE has made over the past years. I am passionate about being part of the team moving forward to see that ILAE has a major continued impact on epilepsy care and reaching its mission: "to ensure that health professionals, patients and their care providers, governments, and the public worldwide have the educational and research resources that are essential in understanding, diagnosing and treating persons with epilepsy."

Message from the Outgoing Secretary-General, Incoming Treasurer

It has been a privilege to serve the epilepsy community as Secretary-General of the League during the last four years. A lot has changed during this time. Under the exemplary leadership of President Nico Moshé, the League's family has grown very substantially in numbers, scope, and maturity. Salient examples include:

- New ILAE Chapters have been created on almost all continents and additional countries are in the process of assembling Chapters
- The ILAE Regional African Commission was born and the First African Congress was held in Nairobi
- All Regional Commissions held at least one Congress; and the Regional Congresses are becoming an important forum to address region-specific challenges in epilepsy
- The ILAE Constitution was amended; most importantly, it expanded the Executive Committee to include an elected member from each of its six Regions



Samuel Wiebe

- A new slogan was adopted "Stand Up For Epilepsy"
- Important new enterprises were launched in Epilepsy in the Tropics, Sports, Guidelines, and Stigma
- The League played a central role in several international developments of momentous importance, including Epilepsy Advocacy Europe, the Pan American Health Organization Strategy for Epilepsy, and the USA Institute of Medicine report on Epilepsy
- Finally, new Editors-in-Chief for *Epilepsia* were appointed, and the League acquired the journal *Epileptic Disorders* as its educational journal.

The journey as Secretary-General has been busy indeed, but also energizing and exhilarating. Above all, it has been a humbling experience. Seeing firsthand the enormous needs and gaps in epilepsy care around the world, and the gigantic effort, dedication and creativity of so many of our members is truly a life-changing experience. I salute all of the epilepsy heroes around the world, many of them unsung, who have taught me so much during this term, and for which I am deeply grateful.

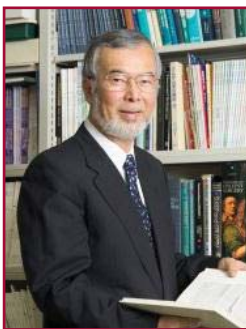
A new cycle commences in the leadership of the ILAE, in which I have the distinct privilege of having been elected to the Executive Committee, this time as Treasurer of the League. I follow in the footsteps of a truly exemplary Past Treasurer, and now President-Elect, Dr Emilio Perucca,

whose skill and dedication in this role will be very difficult to match indeed. Under Dr Perucca's watch, the finances of the League stabilized and are well on its way to reaching important milestones, and the level of support to the League's Commissions achieved some of the highest levels. The League faces a number of challenges going forward, including a decreasing role of industry in supporting epilepsy worldwide, uncertainty in the world financial markets, and a growing need for support from the League's growing constituencies and initiatives. As incoming Treasurer, I pledge to put forward my best effort in achieving the League's mission with transparent and responsible administration, and to listen attentively to our constituency.

It has been said that "endings, to be useful, must be inconclusive" and this is how I view the transition in the Treasury of the League. I receive from Dr Perucca a legacy of dedication and success that needs to be continued and developed further. I take on the task ahead with a high sense of responsibility, enthusiasm, and anticipation about where our collective vision will take us.

Message from the Vice President

It is my great honor to have been elected as a member of the Executive Committee for the 2013-2017 term. I want to express my sincere gratitude and thanks for your support in the ILAE election. For the next four years and beyond under the leadership of the President-Elect Emilio Perucca, I believe it is our mission to continue and further enhance collaborative international education, training, and research to improve the quality of life for all the people with epilepsy, regardless of gender, age, geographic location and economic status.



Tatsuya Tanaka

Since becoming the First Vice President (2009-2013), I have been actively involved in many international efforts for the epilepsy community. I am especially proud of the efforts of the Constitution Task Force that I chaired. Although there were a number of changes, the most important constitutional change is the direct election of the Chair of Regional Commission by the member Chapters of each

Region. This change ends the practice of the Executive Committee appointing the chairs. The elected Regional Chair will also now be a member of the Executive Committee, which should improve communications not only between the leadership of the League and the Regions but also across Regions, for the benefit of the ILAE as an international organization.

My international perspective began in 1973 under Professor Robert Naquet in Paris, when I studied basic research using techniques such as kindling and kainic acid-induced seizures, and continued under Professor Andre Olivier at the Montreal Neurological Institute, where I acquired clinical experience in epilepsy surgery. My basic research background has been extremely important to my understanding of the pathophysiology of epilepsy, and I have applied what I learned about central neuronal networks to the development of therapeutic strategies for my patients. For this reason, I strongly support the emphasis that the ILAE has placed on translational research to move laboratory research findings to clinical practice.

I believe it is our mission to continue and further enhance collaborative international education, training, and research. One of the great challenges will be the training of new epileptologists in underserved areas, but the international epilepsy community faces other challenges such as fighting the stigma surrounding epilepsy. Educational cam-

paigns based on a strong collaboration between ILAE and IBE are necessary to break down the barriers faced by the people with epilepsy. Another remaining challenge is the significant regional disparity that persists in epilepsy care despite the 100-year history of ILAE. According to a report by the United Nations, 84 percent of the world's population is in Asia, Africa, and Latin America, the Regions with the fewest neurologists and even fewer experts knowledgeable about epilepsy. The ILAE is working hard to address this need. Through the efforts of President Solomon Moshé, the First African Epilepsy Congress, the first ILAE-IBE conference to take place in the African Continent, was held in 2012. I hope that the perspective I bring from Asia will help bridge the epilepsy care gap by increasing efforts in developing countries. Finally, dissemination of ILAE information about epilepsy is an urgent mission. There are many countries in the world, which cannot afford access to journals or participation in international Congresses. The ILAE website is being developed to expand the information that can be viewed by all. Further development of this approach can serve to supply important information to many underserved areas.

Again, I am greatly honored by the result of the election. I am looking forward to working and collaborating with all of you in the next term (2013-2017).

ILAE's Strategic Plan, Accomplishments 2009-2013

The ILAE's vision is a world in which no person's life is limited by epilepsy.

The ILAE's mission is to ensure that health professionals, patients and their care providers, governments, and the public worldwide have the educational and research resources that are essential in understanding, diagnosing and treating persons with epilepsy (http://www.ilae.org/Visitors/About_ILAE/mission.cfm)

Strategic Plans are created by organizations to help them fulfill their missions. We break the mission down into several key parts, such as education or patient care, and decide what is most needed in the near term to reach our ultimate goals. These plans are used as a "roadmap" to prioritize the immediate and short-term steps that will take us where we want to go. The ILAE's Strategic Plan was developed after the Budapest Congress, and approved by the Executive Committee (EC) in 2009. As we near the end of this EC's term, it is time to evaluate what was accomplished, and to decide what should be incorporated into the Strategic Plan for the next term.



Gary Mathern

With the vision and mission statements in mind, Goal 1 of the Strategic Plan was for the League to be the authoritative resource for current and emerging knowledge on

epilepsy diagnosis, treatment, and research. This goal was divided into three aims: develop internationally applicable guidelines for the diagnosis and treatment of epilepsy, enhance international education and training for the prevention, diagnosis, and treatment of epilepsy and stimulate and enhance basic and clinical research in epilepsy.

Goal 1 is the central identity of the ILAE for many decades (Moshé et al., *Epilepsia* 52:185-197, 2011). The League remains the source for epilepsy classification and in new areas such as classification of cortical dysplasia and hippocampal sclerosis. The League has joined forces with the World Federation of Neurology and the American Academy of Neurology to merge guidelines for the international epilepsy community. The ILAE has also worked in close association with the World Health Organization in incorporating ILAE's 2010 Classification of the Epilepsies into the proposed ICD-11 codes. Education and training is an integral part of our many Congresses at the International and Regional Congresses throughout the world. These meetings are supplemented with the online education (VIREPA) and training through a number of regional meetings and courses. The ILAE is supporting the development of the next generation of researchers through sponsored training like the Summer Venice Epilepsy course.

Goal 2 was for the ILAE to serve as an international information resource and leader for optimal, comprehensive epilepsy care. There are four aims under this goal: work with local organizations, Regional Commissions, and partner organizations like the IBE and the WHO through the Global Campaign Against Epilepsy, promote and facilitate initiatives for broad standards of comprehensive epilepsy care, interact with governmental groups in establishing the needed resources and enable all health care professionals to have an active relationship with ILAE.

Again, the ILAE has made substantial progress during the current EC. The Global Campaign Against Epilepsy was re-assessed and became the Global Outreach headed by the presidents of ILAE and IBE. Over the past four years, the ILAE has participated in regional initiatives about epilepsy care. The League was involved in the 2012 publication of the U.S. Institute of Medicine report on epilepsy, the Pan-American Health Organization plan to improve care throughout the Americas, and the European Initiative with the Written Declaration on Epilepsy. The ILAE continues to work with like-minded organizations such as Vision 20/20 in North America. One of the more exciting initiatives was to link sports figures with persons with epilepsy through the Sports and Epilepsy Task Force (G Capovilla,

(Continued on page 6)

Chair) to encourage sports participation by people with epilepsy. The League supports improved communications with continuous evolution of our website to make it more useful and user friendly. The African Commission was a major component of this goal.

Goal 3 was for the ILAE to ensure its ongoing organizational and financial viability, an important issue in uncertain economic times. The four aims of this goal included an examination of our organizational structure for efficiency in fulfilling our mission, enhancing communications and volunteer participation within ILAE streamlining administrative structure financial operational practice and, finally, diversifying and enhancing the League's financial resources.

In fulfilling this goal, leadership undertook a comprehensive review of governance, revenue and expenses, and evaluated every aspect of the organization. The Constitution was amended so that regional concerns have a more prominent voice at the EC. Cost-saving measures were introduced such as closing the Brussels office. A Financial Advisory Committee was created with financial experts to assist the League in managing its portfolio and identifying ways to diversify. The League is now in a much stronger organizational and financial position and can focus in the future toward using these resources to fulfill its mission.

Goal 4 was for ILAE to address and implement innovative concepts that advance the League's vision and mission long term. This is an important component of any organization. The ILAE leadership needs to consider the "what ifs" of the future to be ready for these contingencies. These future needs are a regular part of the EC's meetings.

Progress was made on all of the Plan's goals over the past four years, but the task is still incomplete. At the beginning of the new term the goals of the Strategic Plan should be re-assessed, and adjusted to assure the success of the ILAE.

Message from the Current and Incoming Presidents International Bureau for Epilepsy

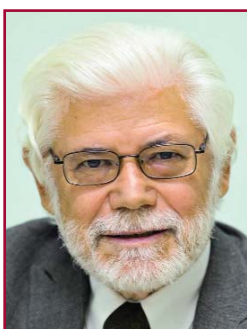
Established in 1961, International Bureau for Epilepsy's goal is to improve the quality of life of all people with epilepsy and those who care for them and to create a world where everywhere fear and ignorance about epilepsy are replaced by understanding and care.

Epilepsy has been recognized for more than 4,500 years, and through its characteristic unpredictable clinical events and lack of effective treatment for many centuries, has created a world full of misconceptions and misunderstandings towards the disease. The unexpected loss of consciousness and abnormal behavior attached to a seizure event has created societies where people with epilepsy are stigmatized and isolated with various consequences regarding social life, education, employment, and lifestyle.

Much progress has been made through the years regarding treatment issues and almost 70 percent of the people with epilepsy live normal and productive lives. The development of new drugs has very much improved quality of life yet, in developing countries, almost 90 percent of people with epilepsy are stigmatized, receive no treatment and live in isolation. Even in developed countries, it is evident that there is stigma attached to epilepsy, particularly for those whose epilepsy is drug-resistant. IBE has a mission to improve social understanding of epilepsy based on scientific data, to improve accessibility to appropriate treatment, and to help reduce the treatment gap. We can achieve much by working independently, but we can achieve significantly more by working in a multidisciplinary



*Mike Glynn
Current President*



*Athanasios Covanis
Incoming President*

fashion with other organizations. This is particularly the case with regard to our collaboration with ILAE — a successful partnership for more than 50 years.

IBE has a vision of a world where appropriate treatment is available to all and a dream of a world where epilepsy is prevented and cured. We have a long way to go but, until then, we should strive to educate individuals and so-

cieties on the facts of epilepsy, abolishing misconceptions, misunderstanding, and the associated stigma. Above all, we need to establish the real facts regarding prevalence rates, diagnostic and treatment issues, risk factors, comorbidities, epilepsy care, access to appropriate medication, and public attitudes towards epilepsy, in order to plan for the future.

With this in mind, IBE and ILAE have developed a number of joint activities. Throughout IBE's 52-year history, we have organized joint international epilepsy Congresses, which have provided a platform to promote and support correct epidemiological studies; encourage research projects; and improve education of people with epilepsy and their families, health-care professionals, and society at large. Conscious of the need to focus on regional issues, the decision was made in the mid-1990s to develop Regional Congresses. The first joint Regional Congresses were in Europe and Asia Oceania, followed by Latin America and, just last year, Africa. Although the European Congress is no longer a joint initiative, the regional meetings have grown in significance in terms of both scientific content and delegate numbers.

In 1997, thanks to the vision of Ted Reynolds, then ILAE President, the connection between IBE, ILAE and WHO strengthened with the creation of the ILAE/IBE/WHO Global Campaign Against Epilepsy "Out of the Shadows." In the intervening 16 years, the campaign has completed activities across the world and continues to be active and successful.

With the number of joint collaborations increasing, it was decided recently to create a new umbrella heading under which initiatives such as the Global Campaign would sit. Titled "Global Outreach," this multi-faceted program includes not only the Global Campaign Against Epilepsy but also, the recently introduced PAHO initiative, issues relating to the Institute of Medicine in the USA and the Joint Task Force — Epilepsy Advocacy Europe. The latter has been responsible for a number of programs, including European Epilepsy Day, the European Advocates for Epilepsy group in the European Parliament, and the European Forum on Epilepsy Research in Dublin.

So what is the future? IBE and ILAE should join forces with other neurology-related organizations to promote actions at national and regional levels. The annual Epilepsy Days in Latin America, Europe, and China should be strengthened and an International Epilepsy Day is a goal to which we must aspire. After more than 15 years, it is also a good time to review the Global Campaign, recognizing its past successes and planning for its future.

Together, with one voice, we should strive to improve accessibility to correct diagnosis and management, improve community services for people with epilepsy, raise education and employment standards, and provide societies with the scientific facts about epilepsy while recognising cultural diversity. Above all, we should try to influence policy makers to make epilepsy a top healthcare priority.

To quote from former IBE President, Susanne Lund, "Together we make a difference!"

Global Outreach

In 1997 the WHO, ILAE, and IBE decided to join forces in order to raise epilepsy awareness to a level that had never before been achieved. This partnership is the ILAE / IBE / WHO Global Campaign Against Epilepsy (GCAE) – “Out of the Shadows.” Its mission statement is “To improve the acceptability, treatment, services and prevention of epilepsy worldwide.”

In 2009, a Task Force was established with an aim to establish a Strategic Plan with action points to forward wider development of activities within the GCAE and raise awareness of achievements. A Strategic Plan was finalized, with four main goals:

- To improve the visibility of epilepsy and the activities of the Global Campaign in all countries
- To promote activities of all epilepsy projects on a country and regional level
- To assess and strengthen healthcare systems for epilepsy
- To increase partnerships and collaboration with other organizations.

It has become clear, however, that throughout the world, there are many initiatives that could be interpreted as global outreach that are in need of raised awareness. However, such activities are not necessarily directed through the collaborative efforts of the GCAE. The Task Force was therefore renamed for ‘Global Outreach’ with a primary aim of raising awareness of global educational and service initiatives in epilepsy throughout the world.

Examples of activities that have been undertaken within the remit of the Task Force for Global Outreach over the last four years have included:

1. Launching of the Global Campaign website in June 2010 at the European Congress in Rhodes, www.globalcampaignagainstepilepsy.org, with information about current activities, regional reports, and updated information about demonstration projects.
2. Development of a new slogan for use worldwide ‘Stand up for Epilepsy.’
3. Completion of a Demonstration Project in Georgia in 2011. Demonstration projects remain a key activity of the Global Campaign Against Epilepsy. The general objectives are to reduce the treatment gap and social and physical burden, educate health personnel, dispel stigma with an ultimate goal of developing a variety of successful models of epilepsy control that can be integrated into the healthcare systems of the participating countries and Regions and, finally, applied on a global level. In China, where the Demonstration Project completed in 2004, the “Global Campaign” activities have, under the support of the Chinese government, extended continuously into rural area, and are now implemented in 135 counties of eighteen provinces, covering a total population of 75 million.



Helen Cross



Shichuo Li



Hanneke de Boer

Visiting Clinics during the Demonstration Project in China



In these Regions, 83,518 people with convulsive epilepsy are now on medication of phenobarbital and / or valproic acid, free of charge. The possibility of further projects is being explored in Ghana, Vietnam, Cameroon, and India, and a project is currently underway in Honduras.

4. Completion of a model for assessment of epilepsy services and resources, piloted in Tajikistan, with plans for replication in two additional European countries.
5. Regional reports on Epilepsy were published in EMRO and EURO and launched at stakeholder meetings in the respective regions. Such reports have now been published in all Regions of the world, and stakeholder meetings held. In particular, specific initiatives have been undertaken:

- a. Within the Pan American Health Organization, a Strategic Plan for epilepsy from the program for Mental Health and Neurological Disorders has been developed for implementation in Latin America
- b. All Health Ministers in the Americas have signed this plan. On 14 November 2012, the Pan American Health Organization (PAHO / WHO), the International League Against Epilepsy (ILAE) and the Interna-

tional Bureau for Epilepsy (IBE) signed a Memorandum of Understanding that bonds them in a 10-year-long partnership to deploy the Strategy and Plan of Action on Epilepsy for the American continent

- c. The Institute of Medicine Report on Epilepsy has implications for the USA. It is unclear whether it has wider implications for other countries at present
 - d. Within Europe, the European Task Force on Epilepsy has been active and a written declaration on epilepsy was passed through European Parliament in 2012. A European Research Forum was held in May 2013
6. Completion of the documents that had been developed within the project on Epilepsy and Legislation “Basic Principles for epilepsy legislation” (setting out basic principles and rights that should be considered when drafting legislation related to epilepsy) and the “Guidance Instrument for Developing, Adopting and Implementing Epilepsy Legislation” produced on CD. This CD will be disseminated during the International Epilepsy Congress in Montreal, Canada.
 7. The Task Force jointly published WHO guidelines on management of neonatal seizures. Within the WHO mental health Gap Action Program (mhGAP), the Task Force contributed to the development of the Chapter on epilepsy in the evidence-based intervention guide for the management of mental, neurological, and substance use disorders in non-specialized health settings.
 8. The Task Force contributed to the new WHO Global Burden of Disease project, which will result in comprehensive estimates of the burden of epilepsy, its disabling sequelae and its role as a risk factor for other diseases and injuries.

Activities continue on a global scale, and it remains within the remit of the Task Force to raise awareness of such initiatives, encouraging dissemination of information on activity.



Training the Trainers in Brazil



Raising Awareness in Senegal

A Report from the Asian and Oceanic Affairs Commission

Byung-In Lee, Chair

It is a great honor to be elected as Chair of the Commission of Asian and Oceanic Affairs. It is one of the most culturally diverse Regions of the ILAE, and it also the Region with the largest population. This Region also varies greatly in the resources that are available in each of our member Chapters for treating epilepsy. The activities of the Commission range from encouraging breakthrough advances in the laboratory and in clinical technology to advocating for access to basic epilepsy care. It has been a great satisfaction to all of us in this Region to see our efforts recognized through the many Ambassador for Epilepsy awardees that have come from Asia and Oceania in recent years and the Michael Prize for promising research that was given this year to Ding Ding of China. This recognition encourages us to continue our efforts, and I am proud and honored to be involved as Chair of the Commission. We have many goals on our agenda for the coming term, and I would like to outline them briefly:



Byung-In Lee

One of the great educational efforts in our Region has been the collaboration between the CAO and the Asian Epilepsy Academy (ASEPA). In the coming term we will expand this collaboration and work with individual national Chapters to promote the quality of teaching courses and workshops that have worked well to improve local professional understanding about epilepsy. We will also work together to increase press coverage of the Conferences, TV-interviews and public awareness programs so that general knowledge about epilepsy improves.

To improve our involvement in medical care and research we are expanding interactions with other epilepsy-related organizations [e.g., Infantile Spasm Society (ISS), Asian Epilepsy Surgeon's Congress (AESC), Asian and Oceanic Congress of Neurology (AOCN)]. We want to promote joint conferences and provide an epilepsy-teaching program at each Congress. We also hope to provide another perspective to each of the organizations.

The Global Campaign Against Epilepsy has had a major impact on the delivery of epilepsy care in our Region. We wish to continue that success by implementing CAO-Demonstration Projects for the reduction of treatment gap in such countries as Myanmar, Bangladesh and Laos, where little care is available.

It is important to improve communication among the individual Chapters through the development of

Information Committees for each Chapter to allow networking with information officers of the Chapters.

To improve epilepsy care in the Region, it is essential to have knowledgeable experts in each country. To meet that goal we will work to expand the Epilepsy Fellowship Programs for the training of young epileptologists from resource-poor countries. The success of this program in the past and into the future depends on support from advanced individual Chapters of the Region (e.g., JES, ESA, KES, TES, etc.). We will also look to fund-raise from many sources, including governmental support in collaboration with ILAE, IBE and the WHO.

In developing talent for the future, we must provide more learning and research opportunities to our young, talented colleagues throughout our Region. To encourage their success we have the Young Investigator programs and awards at the Asian and Oceanic Epilepsy Congress and we are actively recruiting young brains to the ILAE-Topic Oriented Commissions. To improve interaction and collaboration throughout the Region we are developing exchange programs of Fellows among the many advanced epilepsy research institutes.

These are exciting and challenging times for epilepsy care and research in our Region. I am honored to serve as Chair of this very dynamic Region, and I look forward to working with my regional colleagues to move the epilepsy field forward.

A Report from the North American Commission

Sheryl Haut, Chair

It is an honor and a pleasure to have been elected Chair of the North American Commission (NAC). I have been actively involved in the NAC for many years, initially as Secretary (2006-10), and subsequently as Chair (2011-13). I am truly proud of the mission of the NAC, the goals we have already achieved and the new and exciting directions planned for the 2013-17 term.



Sheryl Haut

and prediction, and neurology / epilepsy education. During my years as training director of the Einstein Clinical Neurophysiology fellowship and subsequently Adult Neurology program, I developed a strong interest in education, which led to my role as Chair of the NAC Task Force on Education. Our Task Force was instrumental in designing the Partnering Epilepsy Centers in the Americas (PECA) program, which is a joint NAC-AES program in collaboration with the Latin American Commission, designed to promote epilepsy education and treatment across the Americas. The PECA program has sponsored more than 25 visits between faculty from North American and Latin American or Caribbean centers. Other NAC Commission and Task Force members who contributed greatly to this program include Jose Cavazos, Jean Gotman, Jacqueline French, Sharon Whiting, Nizam Ahmed and Jaideep Kapur.

The success of the PECA program has led to an expanding collaboration with the African Commission, and the NAC has recently sponsored four partnering visits to Africa, including visits by NAC Commission members William Theodore and Lionel Carmant. The NAC has similarly developed a significant role in the promotion of epilepsy treatment in Haiti, led by Dr Carmant, and has supported newly formed epilepsy surgery programs in Jamaica, Peru, and the Dominican Republic. We anticipate that the NAC will continue to support and promote these partnership programs and present this program as a model for other regional Commissions.

Another success during the prior term of the NAC has been the creation of the Epilepsy Society of the Caribbean. Its ratification as an ILAE Chapter is anticipated during the

Montreal meeting. NAC Commission members and Task Force members, including Dave Clarke and, in particular, Amza Ali, worked tirelessly towards this important goal, also developing biennial regional Caribbean epilepsy meetings that have been attended by representatives of 20 islands.

The NAC has also played a prominent role in international epilepsy advocacy, participating as a member and supporter of Vision 20/20 and the Institute of Medicine Report, and the PAHO epilepsy initiative. Nathalie Jette and I are serving on the Epilepsy Screening Tool IOM Task Force. We have participated in PAHO meetings in the US and Ecuador, and I will be joining the upcoming 2013 PAHO meeting in Santiago Chile. Finally, we have addressed other critical issues relevant to the international epilepsy community. Dr Jette has been conducting a meta-analysis of stigma in epilepsy, in collaboration with a large international group representing other Commissions, with results to be presented in a symposium in Montreal 2013. Dr French has led a regulatory harmonization effort, in collaboration with the European Commission, the FDA and the EMA.

As we prepare to begin the new term, I want to welcome our new members Drs Jose Cavazos, Dave Clarke, Peter Carlen and Vicente Iragui-Madoz. We look forward to strengthening our previous collaborations with other Commissions, as well as forming new relationships. This is an exciting time for all of us who devote our time and careers to help persons with epilepsy in our own countries and around the world. In our next term, I look forward to continuing to work with the dedicated members and staff of the ILAE towards expanding these important projects, as well as planning and launching new initiatives.

Topic-Oriented Commissions Reports:

A Report from the Commission for Classification and Terminology

Ingrid E Scheffer, Chair

The Commission for Classification and Terminology has been working hard to refine the new Organization of the epilepsies. The previous major changes implemented in 2010 have been updated to modify some of the terminology so that it more readily translates to other languages. Following the feedback from the global epilepsy community, the concepts of generalized epilepsies and focal epilepsies have



Ingrid Scheffer

been reinstated. In addition to the well-defined and accepted electroclinical syndromes, the concept of a clinicoradiological entity was endorsed. The major category of etiologically based diagnoses has been expanded to incorporate genetic, structural, metabolic, immune, infectious and unknown. There are also unclassified epilepsies. The Commission and its associated Classification Task Force have worked collaboratively to refine these new approaches.

The Classification Task Force has continued to develop the Diagnostic Manual, which is an online resource defining seizure types and epilepsy syndromes with EEG and video examples. Kate Riney has worked with IT academics at the University of Melbourne to develop the manual as an online resource. It has had huge input from both the Task Force and the Commission. We are sure that this resource

will be invaluable to people caring for individuals with epilepsy around the world.

The Status Task Force, led by Eugen Trinka and Daniel Lowenstein, working in collaboration with the Status Task Force of the Epidemiology Commission, are in the final stages of preparing a new classification of Status Epilepticus. We think this will be a very useful tool for the epilepsy community.

My warmest thanks to all members of the Classification and Terminology Commission and to both Task Forces for their invaluable input through this term.

A Report from the Diagnostic Methods Commission

Fernando Cendes, Chair

The work of the Diagnostic Methods Commission involved several Task Forces during the period of 2009-2013. For the list of members, please see <http://community.ilae-epilepsy.org/diagnosticmethods/MEMBERS>.

The focus of the Neuro-pathology Sub-commission was on a new proposal for the classification of Focal Cortical Dysplasias (FCDs) and Hippocampal Sclerosis (HS).

The Task Force on FCD published "The Clinicopathologic Spectrum of Focal Cortical Dysplasias: a Consensus Classification Proposed by an ad hoc Task Force of the ILAE Diagnostic Methods Commission" (Blümcke et al, *Epilepsia* 2011;52:158-74). The Task Force on HS just finished a Consensus Classification of HS and the manuscript is in the process of submission to *Epilepsia* after ILAE approval.

The Neurophysiology Sub-commission met regularly at Regional and International Congresses to strategize and follow up various initiatives. One of the primary goals was to integrate efforts with other Task Forces and Commissions to achieve a broader impact. Several of the initiatives have made significant progress and have plans to continue strategic efforts in the next four years. A document with recommendations developed jointly with the Pediatric Epilepsy Surgery Task Force of the ILAE ("Diagnostic Test Utilization in Evaluation for Resective Epilepsy Surgery in



Fernando Cendes

Children") is being submitted to the ILAE Executive Committee for review and a symposium on this topic has been organized at the ILAE meeting in Montreal 2013.

The three main goals of the Neuroimaging Sub-commission and Task Force were to:

1. Formulate "evidence-based" guidelines on "role of imaging in Pediatric Surgery."
2. Evaluate the "role of advanced imaging methods in Epilepsy Surgery."
3. Promote global education / training in neuroimaging for neurologists and radiologists.

Guidelines for imaging infants and children with recent-onset epilepsy were published in *Epilepsia* in 2009 (50:2147-53), and a commentary on diagnostic testing study guidelines and practice parameters in *Epilepsia* (2011 52:1750-6). During meetings in Boston (AES 2009) and Rome (ILAE 2011), they prepared for a three-day workshop for London from 27-29 September 2012, which comprehensively assessed the clinical role and use of EEG-fMRI, cognitive fMRI for language and memory, as well as the added value of PET and SPECT, and post-processing of MRI. This workshop forms the basis of a "position paper" of expert opinions on the clinical use of these advanced imaging methods, soon to be submitted to the Executive Committee of the ILAE for publication in *Epilepsia*. A long-distance neuroimaging teaching program was formally accepted by the ILAE. Members of the Imaging Task Force participated in the annual web Neuroimaging courses offered by VIREPA, which included students from different parts of the world. Some of the students were supported by scholarships offered by ILAE.

The Neuropsychology Task Force organized a special international workshop entitled "Neuropsychology in the

Care of People with Epilepsy." The meeting was held in Toronto, Canada, 3-6 November 2010 and was organized under the auspices of the journal *Epileptic Disorders*.

Members from our Neuropsychology Task Force were represented on the Organizing and Planning Committees, served as speakers and discussants, and additionally served as co-editors of the text that emanated from the meeting. Fifty-two specialists attended the session from thirteen countries representing expertise in adult and pediatric neuropsychology, psychiatry, neurology, neuroimaging, cognitive neurosciences, electrophysiology, and pharmacology.

Projects for next period (2013-2017)

The Task Forces of the ILAE Commission on Diagnostic Methods would like to continue their successful work and complete their specific aims and to continue to develop better tools and protocols for diagnostic methods in epilepsy care. Commission members would also like to develop mechanisms to assess cost-effectiveness and accuracy of pre-surgical evaluation protocols, including neuroimaging, neurophysiology and neuropsychology procedures.

In addition to the dissemination of the ILAE consensus classification systems for FCD and HS at national and international scientific meetings and the further promotion of collaboration with the ILAE Neuroimaging Task Force, a major task for the up coming period is to improve the classification and the definition of diagnostic guidelines for tumors associated with the chronic epilepsies. These guidelines should then be referenced in the up coming revision of the WHO classification system for brain tumors to achieve worldwide recognition and dissemination.

A Report from the ILAE Commission on Epidemiology

Ettore Beghi and Dale C Hesdorffer, Co-Chairs

The ILAE Commission on Epidemiology was established in 2009. Co-Chairs are Dale C Hesdorffer (New York, USA) and Ettore Beghi (Milano, Italy). Commission members include Allen Hauser (Past Chair), Ley Sander (Treasurer), Charles Newton (Secretary), Torbjorn Tomson (Educational Officer), Giancarlo Logroschino (Information Officer), Ding Ding, David Thurman, and Marco Medina (Executive Committee Liaison).

The Epidemiology Commission tasks for this term reflect the primary issues of epidemiology for epilepsy and are an evolution of the effort of the previous Commission from 2001-2005. Because the goals involve multiple areas of expertise, much of the work has been done in collaboration with other ILAE Commissions (Classification, Diagnostic Methods, Education, Pediatrics, and Psychobiology). Within this framework, the action plan of the Epidemiology Commission for the 2009-2013 term includes five primary themes:

1. Standardizing terms and methods for epilepsy research.
2. Examining the issues surrounding increased mortality in epilepsy.
3. Determining the scope of epilepsy comorbidities.
4. Evaluating the reliability of epilepsy classification.
5. Developing a classification for status epilepticus.

The Commission completed a position paper outlining standard definitions, study designs, and instruments to improve the quality of epidemiological research on epilepsy and to facilitate comparison of the burden of epilepsy worldwide (Thurman et al, 2011). We hope that the availability of such standardized materials will facilitate the development of studies that can have broad application to our understanding of epilepsy.

The Mortality Task Force is engaged in work on prevention of epilepsy-related deaths. To this end, we have published two articles on a pooled analysis of the available evidence on the risk factors for sudden unexplained death (SUDEP) (Hesdorffer et al, 2011 & 2012). The Task Force is currently engaged in a systematic review of death in epilepsy with a focus upon preventable causes where there is potential for prevention strategies to reduce mortality in epilepsy. This work is based on published information. So far the articles have been selected, the data forms for article abstraction completed, and the forms filled in for all articles. Additional work still underway includes calculation of the cumulative risk for SUDEP and development of a model to assess SUDEP risk that could be used by clinicians.

The Comorbidity Task Force is working on two systematic reviews to determine and describe the scope of psychiatric and cognitive comorbidities in epilepsy. Questions being examined for the comorbidity with psychiatric disorders include:

- Is the phenomenology of a psychiatric disorder different with and without epilepsy?



Ettore Beghi



Dale C Hesdorffer

- Does psychiatric comorbidity occur in the pre- and post ictal period more than during other periods?
- Is the psychiatric disorder more common in epilepsy than in the general population?
- Is the psychiatric disorder associated with an increased risk for developing epilepsy?
- Is epilepsy associated with an increased risk for developing a psychiatric disorder?

Questions being examined for the comorbidity with cognitive problems include:

- Is the phenomenology of deficits in cognitive domains different with and without epilepsy?
- Does a deficit in a cognitive domain occur in the pre- and post ictal period more than during other periods?
- Is the cognitive domain deficit more common in epilepsy than in the general population?
- Is deficit in the cognitive domain associated with an increased risk for developing epilepsy?
- Is epilepsy associated with an increased risk for developing a deficit in the cognitive domain?

We have screened 3,000 article abstracts and selected 2,500 for review. We have created an abstraction form and connected it with a database. Currently, we are piloting the abstraction in six psychiatric comorbidity articles and six cognitive comorbidity articles.

The Reliability Task Force is evaluating the reliability of the classification of epilepsy according to ICD-10, ICD-11, and the NIH consensus forms for seizure type and etiology. Seventy-one case reports were created covering children and adults. These were evaluated three times, each time with incremental information, and the reliability was compared across participating epileptologists. A manuscript has been prepared. A second examination of reliability was undertaken in Latin American with seven pediatric epileptologists and seven adult epileptologists reviewing 26 case

reports each. These data are being analyzed and a manuscript will be prepared.

The Status Epilepticus Task Force from the Commission on Epidemiology joined forces with the Status Epilepticus Task Force of the Commission on Classification to develop a joint statement covering the clinical and the epidemiological definition of Status Epilepticus. This statement is almost ready for submission to the ILAE Executive Committee.

Task Force Members:

Mortality TF:

Giancarlo Logroschino and David Thurman (Co-Chairs)
Dale Hesdorffer, Ettore Beghi, Allen Hauser, Ley Sander, Charles Newton, Fulvio Scorza, and Torbjorn Tomson

Comorbidity TF:

Dale Hesdorffer (Chair), Ettore Beghi, Roberto Tuchman, Andres Kanner, Michael Trimble, Paola Torelli and Christoph Helmstaedter

Reliability TF:

Ettore Beghi (Chair), Dale Hesdorffer, Donna Bergen, Allen Hauser, Peter Bergin, Jacqueline French, Marco Medina, Charles Newton, Douglas Nordli, Nathalie Jetté, and Giuseppe Capovilla

Status Epilepticus TF:

Shlomo Shinnar (Chair), Giancarlo Logroschino, Ingrid Scheffer, Ding Ding, Ed Dudek

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Epilepsia

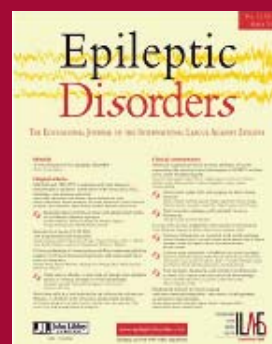


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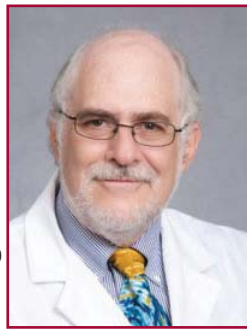
A Report from the ILAE Commission on Neuropsychobiology

Andres Kanner and Marco Mula, Co-Chairs

The principal aims of the Commission on Neuropsychobiology are to provide clinicians (neurologists and non-neurologists alike) with practical and user-friendly tools to identify the more frequent psychiatric comorbidities in epilepsy and to provide clinicians with a pragmatic approach to the treatment of these psychiatric comorbidities. To meet these critical goals our mission is to ensure that health professionals, patients and their care providers have the educational and scientific resources that are essential to understanding, diagnosing and treating psychiatric and cognitive complications of patients with epilepsy.

An important tool for evaluation and research is the availability of a standard tool that crosses languages and cultures. To meet this need the commission continued the project of promoting translation and validation of screening instruments for psychiatric disorders in epilepsy. New versions of the Neurological Disorders Depression Inventory for Epilepsy (NDDI-E) have been validated in several languages and psychometric properties have been published. The NDDI-E is currently available in validated versions in English, German, Italian, Spanish, Portuguese, Japanese and Korean. It has been validated into Arabic as well.

VIREPA has allowed the League to provide quality education in small groups through an on-line learning platform. The first VIREPA course on psychiatric comorbidities of epilepsies has been developed and is currently running. The course is organized in two parts. Part one contains basic elements about epidemiology, pathophysiology, clinical aspects and basic treatment approaches of major psychiatric problems in epilepsy, namely mood and anxiety disorders, ADHD. The advanced section discusses more



Andres Kanner



Marco Mula

complex problems such as psychogenic non-epileptic seizures or psychoses.

The Commission developed a pragmatic approach to treatment of psychiatric comorbidities in epilepsy. A special issue of *Epilepsia* is dedicated to this problem providing a very practical and user-friendly guide for the pharmacologic and non-pharmacologic treatments of major psychiatric disorders affecting adult patients with epilepsy as well as special populations such as cognitively impaired subjects.

The Task Force on Child Neuropsychiatry Task (Chair Frank Besag) is working on a number of consensus documents on specific topics that have been identified as particularly important, namely screening instruments, psychiatric complications of surgery, suicide in adolescents and ADHD in epilepsy.

The Task Force on Therapeutic Strategies, chaired by Marco Mula, published a consensus statement on the FDA

alert about suicide during treatment with antiepileptic drugs.

Under chair Michael Kerr, the Task Force on Intellectual Disabilities in Epilepsy developed, in conjunction with the IBE, a web-based survey in order to explore the views of health-professionals involved in the care of patients with intellectual disabilities. Data on burden, mortality/life expectancy, hospitalization and access to care of this subgroup of patients have been collected. Results of this project will be soon available in a special document.

The Task Force on Psychogenic Non-Epileptic Seizures headed by Curt LaFrance is working to a specific document on diagnoses of PNES and their approach. The document will soon be available.

The Task Force on Psychiatric Aspects of Epilepsy Surgery under Andres Kanner is finishing a protocol for presurgical psychiatric evaluations to be used in every surgical candidate to identify patients at risk for post-surgical psychiatric complications, in particular depression.

Epilepsy is a complex disorder that needs a comprehensive approach. Psychiatric comorbidities represent an important obstacle complicating the management of patients with epilepsy and significantly affecting their quality of life and prognosis. Further work is needed to develop models for cost-effective diagnosis and interventions taking into account local specificities. We have made great progress in the last term, but nothing would have been accomplished without the dedication and hard work of our fellow Commission members: Mike Kerr (UK), ES Krishnamoorthy (India), Frank Besag (UK), Bettina Schmitz (Germany), W Curt LaFrance Jr (USA), Lilia Nunez Orozco (Mexico), and Naoto Adachi (Japan).

A Report from the Commission on Pediatrics

Perrine Plouin and Douglas Nordli, Co-Chairs

The Pediatrics Commission focuses on the many issues that are involved in treating children with epilepsy and their families. In the past four years, we have addressed six significant issues, which include the creation of guidelines for infants with epilepsy, transitioning adolescents with epilepsy to adult practitioners, developing a better interaction between epilepsy and autism specialists and developing age specific guidelines for children facing epilepsy surgery.

Jo Wilmschurst led the Task Force to create guidelines for the evaluation of infants with epilepsy that could be adapted for both developing and developed countries. A first draft of a manuscript aimed at creating evidence guidelines has been written. The final version should be available by the end of the year. However, the question of guidelines for first line treatment is pending, as no data exists in the literature. It was therefore decided to undertake a survey that will be sent to child neurologists, addressing the question of treatment of all seizure types in infancy. This important survey may delay the final edition of the paper.

There has been a lack of materials to aid in moving adolescents with epilepsy to adult practitioners. Jaime Carriroza worked with adult epileptologist Tania Rodriguez



Perrine Plouin



Douglas Nordli

from Chile to develop these much-needed aids. The starting point was a questionnaire to be completed by pediatric and adult neurologists who were attending an Epilepsy Congress in Latin America in 2010. A checklist of ten points that have to be considered to transfer a patient from a pediatric to an adult epileptologist emerged. This checklist could be implemented in a short report to be published on the ILAE website and in the "Grey Matters" in *Epilepsia*.

Many children with epilepsy also suffer with autism. However, little is known about the interaction of the two diseases and how we can better help those who suffer from both. To begin the process, the ILAE joined forces with Autism Speaks to create the Epilepsy-Autism Task Force led by Roberto Tuchman. An NIH sponsored Epilepsy-Autism workshop was held in May 2012 and many questions were addressed. A summary report of this workshop is in progress and should help for strategic planning of clinical and research services for epilepsy and autism. Awareness among the ILAE community regarding the complex relationship between autism spectrum disorders and epilepsy and the importance of identifying and treating social cognitive deficits as part of the comprehensive care of individuals with epilepsy has been increased. Projects to foster research on autism spectrum disorders and epilepsy have put in motion.

Children with intractable epilepsy facing possible surgery have a number of age specific issues that must be considered. Helen Cross led the Task Force for Pediatric Epilepsy Surgery, which has developed a review of the Diagnostic Test Utilization in Evaluation for Resective Epilepsy

(Continued on page 12)

Surgery in Children. The review has been approved as an ILAE report and has been submitted for publication in *Epilepsia* with a flow chart of an evaluation protocol for presurgical evaluation. The next objectives for the Task Force will be to propose guidelines for the evaluation of developmental outcome after surgery, propose recommendations for specific surgical techniques, and establish a severity scale for seizure evaluation.

One of the important tasks that we faced was passing the experience of one generation of pediatric epileptologists to the next. In the last four years, two important programs have emerged.

The first is the e-learning program for Neonatal and Pediatric EEG. The first edition of the e-learning course entitled, "The role of EEG in the diagnosis and management of epilepsy in neonates and children," was held from October 2011 to March 2012. Thirty-three students from 21 countries took part. Eight units were developed by teachers from various countries. The evaluation by the students was very good, as 100 percent of them would recommend the course to others. The second edition is underway, again successfully.

The second educational program is the Summer School on San Servolo Island in Venice. The theme for 2012 was

"Management of seizures and epilepsies in neonates and infants." Perrine Plouin and Federico Vigevano directed the course that was attended by 63 students from 44 countries and was led by 34 teachers. The program included classical teaching, case presentations done by both students and teachers, and Group Project Works. The course was successful and evaluation questionnaires filed by the students were very positive.

We thank our many colleagues who have been essential in the great progress that has been made in the last four years, but we are also left with the realization that after so much has been accomplished, much still remains to be

A Report from the Therapeutics Commission

Steven Schachter and Bernhard Steinhoff, Co-Chairs

The Therapeutics Commission has a broad mandate to review current treatments and to advocate for improvements. Because of the great diversity of the topics, ranging from the use of natural products to surgery, the Commission created separate Task Forces. Each Task Force will focus on a topic of growing interest or pressing importance: natural products, clinical trial strategies, pharmacogenomics and surgery.

Natural Products Task Force

Steven Schachter, Chair

The Task Force has developed "Epilepsy Naturapedia," a wiki to be launched in 2013 and hosted on the ILAE website, that will be the most comprehensive, current and customizable central research hub for bench-to-bedside scientific information on the use of natural products for the treatment of epilepsy. Among its many features, Epilepsy Naturapedia enables users to search for information using:

1. Common names
2. Scientific names
3. Names of compounds
4. Names of historical neurologists
5. Historical use
6. Pharmaceutical information
7. Published evidence for use in the treatment of epilepsy



Steven Schachter



Bernhard Steinhoff

on the meeting, the Task Force plans to submit three whitepapers to the FDA: using add-on therapy for a combined monotherapy / add-on therapy indication, the extrapolation of adult partial onset seizure data to children, and use of the time to event analysis for pivotal trials. Discussions will continue with the EMA.

Pharmacogenomics Task Force

Patrick Kwan, Chair

The Task Force has outlined a number of issues related to the use of pharmacogenomics to select, titrate and monitor antiepileptic drug therapies. A critically important step in this effort is to define drug response phenotypes, and the Task Force is preparing a discussion paper on this topic.

Surgery Task Force

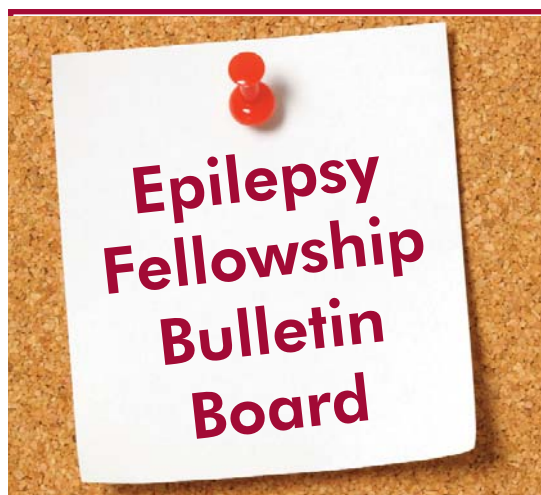
Bernhard Steinhoff, Chair

The Surgery Task Force has conducted a literature review of the surgical treatment of cavernomas associated with epilepsy, outlined recommended surgical approaches and identified opportunities for further research. A manuscript containing the findings and consensus recommendations has been sent for review prior to submission to *Epilepsia*. Improved and more effective therapies are critically needed and there is no clear breakthrough in sight. It is our hope that our multi-faceted approach will get us to our goal.

New Strategies of Clinical Therapeutic Studies Task Force

Jacqueline French, Chair

The primary focus of this Task Force has been global harmonization of regulatory requirements for clinical trials of antiepileptic therapies. Nine members of EMA and Russell Katz, FDA Neuropharmacology Division Director, attended a Task Force meeting in Paris on 17 November 2011. Based



The ILAE website will offer the possibility for institutions to announce clinical and research fellowships in epilepsy-related disciplines (epileptology, neurophysiology, neurosurgery . . .). Institutions can describe their fellowship program in a few lines. The service is free of charge and announcements will initially stay posted for six months. For information, contact info@ilae.org.

A Report from the Task Force on Distance Learning

Walter van Emde Boas, Chair

The current ILAE VIREPA distance education program originally started as an initiative of Peter Wolf and EUREPA, the educational branch of the Commission of European Affairs. In 2004, the first course, "Genetics of Epilepsy" was run as a pilot project, coordinated by Verena Hézszer-v.



Walter van Emde Boas

Wehrs, at that time head of the EUREPA Office in Bielefeld, Germany, who also was instrumental in the design of the interactive format of the courses and their implementation through the open source ILIAS system. This pilot project was prospectively evaluated (*Epilepsia*: 48, (2007): 872-879) and proven successful. Accordingly, the project continued and expanded. In 2006, a second course, "EEG in the diagnosis and management of Epilepsy" was launched. That was followed in 2007 by two additional courses, "Clinical Pharmacology and Pharmacotherapy" and "Neuroimaging."

Initially these courses attracted predominantly students from Middle and Eastern Europe. This changed when, in 2009, the distance education program was formally taken over by ILAE under the current name VIREPA and was incorporated in the overall educational activities of the ILAE. In the four years that followed, the Sub-commission on Distance Education, part of the ILAE Commission on Education, was transformed into a Task Force. The office was moved to the ILAE office in West Hartford, CT, USA where Priscilla Shisler took on the job of head of the VIREPA office and joined Verena as second course coordinator. The course program continues to expand. It is now aimed at a worldwide audience.

Contrary to most distance education courses that are predominantly run "one way," the VIREPA courses focus on intensive interaction both between students and tutors and between the students themselves. Courses are divided into five to twelve learning units, each lasting two or three weeks. The students are provided with a brief textbook, written by the unit tutors as well as some required reading papers and some additional literature suggestions. Tasks are provided by the tutors (clinical samples, EEGs, images, clinical problems) but often are requested from the students themselves (i.e. clinical EEGs from their own files). Students (up to, but not more than 30-32 per course) are encouraged to work in small groups (6-8 students) and to discuss these samples or problems first in their group forum and only then on the collaborative work forum before sending in their eventual answers for that unit's task. The group forums are closed to the tutors to facilitate open discussions between the students; on the collaborative task forum, however the tutors are present throughout the unit period in order to answer questions and give additional comments, before giving a final assessment of the postings by individual students. Students are expected to spend eight to ten hours per learning unit. However, for the unit tutors, who have to actively interact with all individual students, the time investment usually is more.

For all courses, the students have to fill in assessment forms before starting the course (regarding training level, learning goals and expectations) and after each unit and the course as a whole (regarding quality of the course, the learning materials, the level of improvement in skills and knowledge obtained, the quality of the tutors, etc.). This allows for continuous updating and improvement of the courses. These assessments as well as personal communications with the students have emphasized consistently that specifically this highly personal, interactive and small-scale format has made these courses so popular and successful, notably the EEG course, which every year is

"overbooked" and is scheduled to start as a parallel course in the 2013-2014 academic year.

The student feedback also has resulted in some adaptations, notably for the longer courses, which now all have been split in two shorter parts, one basic and one more advanced with the option for the students to do only the basic part initially and the advanced part later. Since 2009, three new courses have been developed, "Pediatric EEG & Epilepsy," "Psychiatric Aspects of Epilepsy" and "SCORE." A fourth one on "Epilepsy and Sleep" will begin this year. Other courses are under consideration and already this year a third coordinator has been added to the team to keep up with the increasing work load of the ongoing courses.

Since 2004, 661 students from 45 countries have participated in a total of 28 courses. Although most courses will see one or two drop-outs and not all students manage to achieve the full 100 percent of possible credit points, most end up with 70-80 percent scores, some even with higher scores, the best ones per course being rewarded with an extra honors certificate. Accreditation at this time is still limited to ILAE credits but we are looking for a possibility for more formal recognized accreditation.

Looking back to the pilot project in 2004, the ILAE VIREPA distance education program has quickly come a long way, clearly filling a need. This reflects the great efforts of the coordinating staff, course directors and tutors and those of the students whose active participation and appreciation have contributed in a major way to make this program a success.

Still, a lot remains to be done. There is an ever larger world out there and there are more distances to be covered by various forms of education. Adapting the current course format to more regional-oriented courses, including some aimed at paramedical or even non-medical workers involved with persons with epilepsy will be one of the challenges for the next decade.

(For a listing of 2013-2014 ILAE-VIREPA Distance Education Programs, go to page 18).



2012 VIREPA Alumni Meeting of tutors and former students at the 10th European Congress in London, October 2012.



Alumni of the first editions of the EEG course gather during the Helsinki Congress to discuss additional cases

Awards Presented at the 30th International Epilepsy Congress

The following awards will be presented at the Opening Ceremonies on 23 June 2013.

2013 Lifetime Achievement Award



Juan Astushi Wada

The Lifetime Achievement Award is given every two years by the Joint Executive Committee of the International Bureau for Epilepsy and the International League Against Epilepsy to honor those truly exceptional persons with a record of achievement in work against epilepsy. It is the highest honor presented by IBE and ILAE, and exceeds even that of those who have been awarded the Ambassador for Epilepsy Award or the Award for Social Accomplishment.

The winner will be presented with two silver candlesticks engraved with the logos of IBE and ILAE, the name of the Award and the name of the recipient.

Prof Juhn Wada was born in Japan in 1924 and has, over an illustrious career, carved a reputation for research in epilepsy, including his description of the WADA

test for cerebral hemispheric dominance of language function.

He worked at the University of Minnesota and Montreal Neurological Institute, then settled at the University of British Columbia in 1956, where he was Professor of Neurology. He created the first surgical epilepsy program and seizure-monitoring unit in British Columbia. His main interest has been in researching Human Brain Asymmetry and Neurobiology of Epilepsy, for which work he has received many internationally renowned awards.

He was an associate of the Medical Research Council of Canada 1966-1994, founding president Canadian League Against Epilepsy 1977-1979, and president American Epilepsy Society 1988. He received the Wilder Penfield Gold Medal in 1988, appointed Officer of the Order of Canada in 1992 and awarded the Queen Elizabeth II Diamond Jubilee Medal in 2012.

Social Accomplishment Award



Jane Hanna

Every two years, the IBE and the ILAE recognize one individual who has carried out outstanding activities aimed at the social benefit of people with epilepsy. The honoree is invited to attend the International Epilepsy Congress to receive a scroll and a check for US \$1,000.

In 1990, when Jane Hanna was mourning her then partner's unexplained death from epilepsy, she had the vision to use her experience to highlight the largely unrecognized issue of epilepsy mortality. At the time, she had a prestigious academic career as a lecturer at Oxford University. This was eventually sacrificed to dedicate her future to a unique problem: that SUDEP and other epilepsy deaths were not recognized or understood and, therefore, people with epilepsy were at risk of dying unnecessarily. Ms Hanna pioneered advocacy on

SUDEP and co-founded Epilepsy Bereaved, established to support families, influence clinicians and politicians, and promote research on the causes of epilepsy-related deaths. Twenty-two years of conviction, enthusiasm refusal to be deflected resulted in a seismic shift in thinking and practice on SUDEP and epilepsy mortality internationally. Her personal contribution to the field was marked in the UK by Queen Elizabeth II awarding Jane an OBE for distinguished services to families in 2010.

2013 Michael Prize Winner



Ding Ding

Presented biannually, this prize originated to stimulate epilepsy research among young scientists (under 40 years of age) in Germany. It is now an international award for the best scientific and clinical research promoting the further development in epileptology. The prize consists of €20,000 and is awarded during the International Epilepsy Congress following the election.

The recipient of the Michael Prize is Ding Ding, MPH, PhD, Associate Professor and neuro-epidemiologist at the Institute of Neurology, Fudan University, WHO Collaborating Center for Research and Training in Neurosciences, Shanghai, China.

She started her career of epilepsy research in 2002, as a co-investigator of a demonstration project in China: Epilepsy management at primary health level,

one of the main activities being carried out by WHO, ILAE and IBE within the framework of the Global Campaign Against Epilepsy. She was involved in the epidemiological survey and long-term followup of people with epilepsy. She measured the disease burden of epilepsy, and evaluated the cost and outcome of phenobarbital treatment in resource-poor areas in China. Her research interest also includes the quality of life, cognitive function, and genetic studies of epilepsy. Her most important contribution was the investigation of the premature mortality risk in people with epilepsy in China.

Dr Ding was awarded the Young Investigator Award at the 26th International Epilepsy Congress in 2005, the Bruce S Schoenberg International Award in Neuroepidemiology of American Academy of Neurology in 2006, the Tadokoro Best Presentation Prize at the 6th Asian & Oceanian Epilepsy Congress in 2006, and the Best Poster Prize at the 10th European Epilepsy Congress in 2012.

Currently, Dr Ding is serving as the Vice President of IBE, Vice Secretary-General of China Association Against Epilepsy, member of ILAE Task Force of Global Campaign Against Epilepsy, member of ILAE Commission of Epidemiology, and member of IBE Research Task Force.

For more information on these awards, go to:

<http://www.ilae.org/Visitors/Archive/Awards.cfm>

The Morris-Cooles Epilepsia Prize



Mark R Bower

The Morris-Cooles *Epilepsia* Prize is an annual ILAE award given in recognition of an outstanding research paper published in *Epilepsia* the previous year on any field of epilepsy research, either clinical or basic. Established through the generosity of Christopher and Sandra Morris-Cooles, the prize is now supported by the ILAE, with the intention of stimulating excellence in epilepsy research as well as rewarding young researchers for outstanding contributions to the field. Recipients receive \$5,000 and an insignia pin and present the Morris-Cooles *Epilepsia* lecture at the Awards Symposium during the International Epilepsy Congress.

The winner of the 2012 Morris-Cooles *Epilepsia* Prize is Mark R Bower, Mayo Foundation for Medical Education and Research. Dr Bower won the prize for his article, "Spatiotemporal neuronal correlates of seizure generation in focal epilepsy" (Mark R Bower, Matt Stead, Fredric B Meyer, W Richard Marsh and Gregory A Worrell. *Epilepsia* 53(5):807-816, 2012; DOI: 10.1111/j.1528-1167.2012.03417.x).

Dr Bower is Research Fellow in the Department of Neurology at Mayo Clinic, and a member of the Mayo Systems Electrophysiology Laboratory led by Drs Matt Stead and Gregory A Worrell.

2013 Ambassador for Epilepsy Award

The Ambassador for Epilepsy Award is given in recognition of outstanding international contributions to activities advancing the cause of epilepsy, either internationally or with international impact. The award is given biannually at the International Epilepsy Congress.



*Gretchen Birbeck
Professor of Neurology
and Epidemiology
Michigan State University*



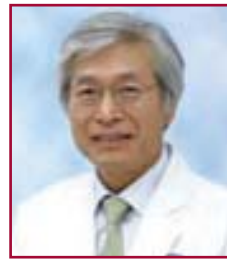
*Alla Guekht
Professor of Neurology
Russian State Medical
University*



*Dale Hesdorffer
Professor of Epidemiology
Columbia University*



*Sunao Kaneko
Chair, Department of
Neuropsychiatry
Hirosaki University*



*Byung-In Lee
Professor of Neurology
Yonsei University
College of Medicine,
Korea*



*Li Li Min
Professor of Neurology
State University of
Campinas*



*Daniel Lowenstein
Professor of Neurology
University of California
San Francisco*



*Gary Mathern
Professor of Neurosurgery
University of California
Los Angeles*



*Gay Mitchell
Member of European
Parliament
President of the European
Advocates for Epilepsy
Group*



*Jorge Rodriguez
Pan American
Health Organization*



*Ingrid Scheffer
Professor of Medicine
and Pediatrics
University of Melbourne*



*Matthew Walker
Professor of Neurology
University College London
Institute of Neurology*

An Introduction to ILAE

The ILAE is constituted as an international nonprofit organization and is registered in the United States. The ILAE is the premiere international professional association of physicians and other health professionals in the field of epilepsy. It was founded in 1909 and has grown greatly in size and influence in recent years. From its earliest years, it has been organized in the form of a federation of national Chapters. Currently there are Chapters in over 100 countries and over ten thousand members worldwide. The mission of the ILAE is to work towards a world where no person's life is limited by epilepsy. Its mission is to provide the highest quality of care and well-being for those afflicted with the condition and other related seizure disorders.

Executive Committee

The ILAE is overseen by an Executive Committee, currently 16 persons. The President is elected by a ballot of national Chapters for a four-year term. The Vice President, Secretary-General, Treasurer and Regional Chairs are also elected by a ballot of national Chapters for a four-year term. The Editors-in-Chief of *Epilepsia* are appointed by the voting members of the Executive Committee. The Past President serves for a four-year term. The President, Secretary-General and Treasurer of the sister organization, the International Bureau for Epilepsy (IBE), are Ex-Officio members of the Executive Committee.

Constitution and Bylaws

The ILAE is governed by a written Constitution and Bylaws, which cover the objectives, membership, governance and the range of the ILAE activities and its structure. These are posted on the ILAE website. The Constitution can be amended at the General Assembly of the ILAE.

National Chapters

The ILAE is a federation of over 100 Chapters. There is only one Chapter recognized per country. Each national Chapter has its own Constitution and Bylaws and its own President and officers, elected by individual members of each Chapter. The constitutional and leadership arrangements vary from Chapter to Chapter, within stipulations defined in the ILAE Constitution, as do the details of membership eligibility. However, membership in the ILAE requires that Chapters are representative and inclusive of the entire epilepsy professional community in that country.

The role of the national Chapters is generally to establish and maintain good communication between persons active in the field of epilepsy, to assist in the care of epilepsy and maintain standards of this care in their own countries, to promote publications in the field of epilepsy, organize or sponsor national meetings, appoint commissions or individuals for specific problems, and to develop or apply other methods for the furtherance of the objectives of the ILAE.

To join an ILAE Chapter, write to the Secretary of the Chapter in your country. You can find the contact addresses on the ILAE website at www.ilae.org.

Regional Bodies

ILAE is also divided into six Regions (North America, Latin America, Europe, Eastern Mediterranean, Asia and Oceania, and Africa). Each Region is made up of a grouping of national Chapters. Fully developed Regions each have a Regional Commission and a Regional Council, and regional scientific conferences are held every two years. Active Regions also conduct research and education and have a role in influencing public policy in epilepsy at a regional level. The currently constituted Regional Commissions are: African Commission (Chair — A Diop), European Commission (Chair — M Bialer), Asian and Oceanian Commission (Chair — B Lee), North American Commission (Chair — S Haut), Latin American Commission (Chair — M Medina), Eastern Mediterranean Commission (Chair — H Hosny).

Topic-Oriented Commissions and Task Forces

In every four-year term, the President and the Executive Committee appoint Topic-Oriented Commissions and Task Forces, to carry out work for the ILAE. These bodies involve individual members trans-nationally. Currently, the following Topic-Oriented Commissions are: Classification and Terminology (Chair — S Zuberi), Diagnostic Methods (Chair — I Bluemcke), Education (Chair — J Carrizosa), Epidemiology (Chair — D Thurman), Genetics (Chair — D Lowenstein), Medical Therapies (Chair — P Kwan), Neurobiology (Chair — M DeCurtis), Neuropsychiatry (Chair — K Kanemoto), Pediatrics (Chair — J Wilmshurst), Surgical Therapies (Chair — B Rydenhag).

Task Forces include Conflict of Interest Task Force, Constitution Task Force, Elections Commission, Finance Committee, Global Outreach, ICD-11 Task Force, Past President Advisory Council, Strategic Planning Task Force, Task Force on Epilepsy in the Tropics, Task Force on the Definition of Epilepsy, Task Force on Guidelines, Task Force on Reports and Position Statements, Task Force on Sports and Epilepsy.

Staff

ILAE Headquarters is located in West Hartford, CT (USA). Headquarters performs services related to leadership support, financial and website management, and publications coordination. The League provides services to its Chapters from the Chapter Services Office located in Dublin, Ireland. The following individuals serve on the staff of the ILAE: Priscilla Shisler, MEd, Administrative Director; Donna Cunard, MBA, Financial Manager; Verena Hézser-v.Wehrs, MA and Mary Anne Lynch, MA, VIREPA Coordinators; Peter J. Berry, CAE, Advisor; Gus Egan and Carla Glynn, Chapter Services Coordinators; Deborah Flower, Web Content Administrator; Steve Shane, Web Programmer.

IDM Office

ILAE holds a global scientific conference once every two years (International Epilepsy Congress). Each Region holds a Regional Scientific Conference every two years, in the years when there is no global Conference, and every national Chapter holds a National Scientific Conference every year. At the national Conferences, the Chapters hold their Annual General Meetings, and at the International Congresses, the ILAE holds the General Assembly of all its national Chapters. The regional and international Conferences of the ILAE are organized by its own conference organizer (R Holmes, International Director of Meetings) and his office.

Global Outreach

This is a joint ILAE, IBE and WHO initiative, launched in 1997. The first phase of the Global Campaign Against Epilepsy was devoted primarily to increasing public and professional awareness of epilepsy as a universal treatable brain disorder, and raising epilepsy to a new plane of acceptability in the public domain. The second phase of the Global Campaign Against Epilepsy was launched in 2001 and was devoted primarily to activities that promote public and professional education about epilepsy, identify the needs of people with epilepsy on a national and regional basis, and encourage governments and departments of health to address the needs of people with epilepsy. The third phase was launched in 2005 and is focused on special projects in different parts of the world and on assisting healthcare authorities worldwide in the field of epilepsy.

Journals

Epilepsia is the scientific journal of the ILAE and the leading journal in the field of epilepsy. It is published by Wiley-Blackwell and edited by an Editor-in-Chief, (or, as currently, two Editors-in-Chief: G Mathern, A Nehlig) who also appoint an editorial board and associates. *Epilepsia* was started in 1909, and currently is published monthly. It has a subscription base of over 7,822 (consortia, individual and institutional), and, in 2012, 1,385,722 articles were downloaded from its online hosts.

Recognizing the diverse educational needs of our constituency, the League is also proud to have recently acquired a new journal, *Epileptic Disorders*. We look forward to this journal's expansion, under the coordination of the current editor, Alexis Arzimanoglou, as the new educational journal of the League.

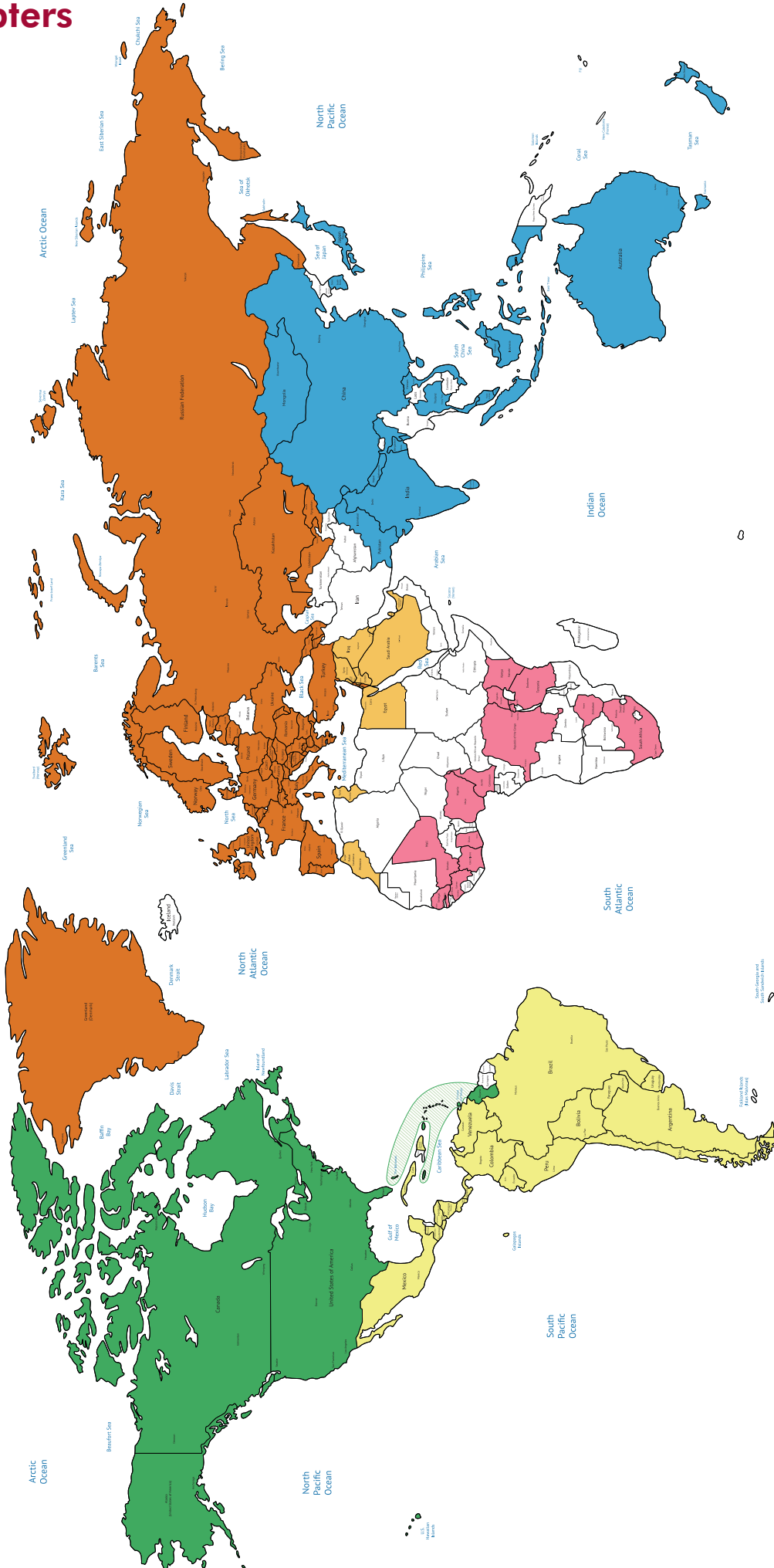
Epigraph and the Website

In 1994, the ILAE launched its own newsletter *Epigraph*, to be sent individually to all members. This was initially sent out two to three times a year. Since 2006, four issues a year have been published — three online and one (the current issue) in print. The last online edition was mailed to over 10,000 people. The newsletter is designed to facilitate communication of ILAE news from the central bodies to individual members in each country. ILAE also has a website at www.ilae.org. This has grown in size and complexity and in 2012 there were over 284,000 visits.

Finances

With the assistance of the Financial Office, ILAE finances are overseen by the Treasurer, who reports to the Executive Committee on all financial matters. Membership of the Executive Committee, regional bodies, Commissions and Task Forces is honorary and members are not paid for their work. The editorships of *Epilepsia* and *Epigraph* are also unpaid. Salaried staff is located in three administrative offices: Headquarters Office located in West Hartford, Connecticut, USA; Chapter Services Office located in Dublin, Ireland; and the Meeting Planning Office located in Dublin, Ireland. Income is derived from national Chapter dues, sponsorship, journal royalties, international and regional Congresses, and investment income. The annual dues of each Chapter to ILAE are a minimum of \$10 per year per Chapter, except for countries with low GDPs (World Bank categories low and lower middle) for whom membership is supported by a solidarity fund.

ILAE Chapters



Commission on Asian
and Oceanian Affairs

Commission on Eastern
Mediterranean Affairs

Commission on African Affairs

Commission on European Affairs

Commission on Latin
American Affairs

Commission on North
American Affairs

- VIREPA course format** All courses are internet-based e-moderated courses with downloadable learning material. To earn credits in each learning unit, tasks will be successfully completed within an active communication process among all participants, guided by the experts. The tasks will strengthen the theoretically gained knowledge and enable the participant to transfer this knowledge to his/her clinical practice.
- Entry criteria** Three years of training in neurology, neuropediatrics, clinical neurophysiology, psychiatry or neurosurgery or combinations of these. See specific entry criteria for each course at www.ilae.org.
- Application** Applications will be received from May 1 - August 1, 2013. Invitations to register will go to qualified applicants in late August. Courses will start in October/November 2013.

<p>Medical Treatment of Epilepsy (6th edition) I. Introductory Course (2014) II. Advanced Course (2013)</p>	<p>The courses will cover the clinical pharmacology of currently available antiepileptic drugs and the principles governing their rational use in people with epilepsy. (Formerly: "Clinical Pharmacology & Pharmacotherapy" Course) Introductory Course Directors: Dr Mifsud, Prof Theodore Advanced Course Directors: Prof White, Dr Pollard Duration: 7 learning units of 3 weeks each and 10 days for final task Course fee: \$1040. Self payment for approved bursaries will be \$260.</p>
<p>EEG in the Diagnosis & Management of Epilepsy — Basic Course — 1st part (2013) 2nd part (2014) (8th edition)</p>	<p>The 1st part of the course will cover the basic elements of the practice of EEG in its application to the diagnostic work up and the management of persons with suspected or already established epilepsy. The 2nd part will focus on more specific aspects of EEG in epilepsy, including long term monitoring, seizure documentation and computer assisted signal analysis. Course Directors: Dr van Emde Boas, Dr Beniczky Duration: 7 learning units of 3 weeks each and 10 days for final task Course fee: \$1040. Self payment for approved bursaries will be \$260.</p>
<p>EEG in the Diagnosis & Management of Epilepsy in neonates & children (3rd edition)</p>	<p>The course will cover the basic elements of the practice of EEG in its application to the diagnostic work up and the management of children with suspected or already established epilepsy. Course Director: Dr Plouin, Dr Eisermann Duration: 8 learning units of 3 weeks each and 10 days for final task Course fee: \$1170. Self payment for approved bursaries will be \$295.</p>
<p>EEG SCORE Course (2nd edition)</p>	<p>SCORE is a computer-based system for EEG interpretation and recording based on a pan-European consensus endorsed by the CEA-ILAE and the European Chapter of IFCN. This course will cover the main elements of SCORE: personal data of the patient, referral data, recording conditions, background activity, sleep and drowsiness, non-ictal findings, "episodes" (ictal findings), normal variants and patterns, artifacts, polygraphic channels, interpretation and diagnostic significance. Specific aspects of the neonatal EEGs are scored: alertness, temporal organization and spatial organization. Course Director: Dr Beniczky Duration: 6 learning units of 2 weeks and 10 days for final task Course fee: \$910. Self payment for approved bursaries will be \$230.</p>
<p>Genetics of Epilepsy (7th edition) I. Basic Science Part (2014) II. Clinical Part (2013)</p>	<p>The course will cover the clinical genetics, i.e. the epileptic phenotypes that are associated with specific mutations, the genetic defects of the different syndromes, and the pathophysiological mechanisms by which these defects can lead to epileptic seizures. These courses give the participants the opportunity to study all three aspects all the way from basic science to clinical practice. Course Directors: Prof Marini, Prof Lerche Duration: 7 learning units of 3 weeks each and final MCQ test Course fee: \$910 each course. Self payment for approved bursaries will be \$230.</p>

<p>Neuroimaging (8th edition) I. Mandatory Part II. Optional Part</p>	<p>The course will cover the methodological basics of neuroimaging techniques and their application to the diagnostic work up and management of people with new onset or chronic epilepsy, adults and children. Course Directors: Prof Chiron, Prof Gaillard Duration: I. Mandatory Part - 4 learning units of 3 weeks each and 10 days for final task II. Optional Part (only available if taking 1st Part) – 3 learning units of 3 weeks each and 10 days for final task Course fee: I. Mandatory Part – \$650. Self payment for approved bursaries will be \$165 II. Optional Part – \$520. Self payment for approved bursaries will be \$130.</p>
<p>Psychiatric Aspects of Epilepsy (2nd edition) I. Mandatory Part II. Optional Part</p>	<p>This course will provide neurologists an understanding of the importance of identifying and facilitating treatment of the four most frequent psychiatric comorbidities in epilepsy (depressive, anxiety, attention deficit hyperactivity and psychotic disorders) and the practical tools to achieve these goals. Course Directors: Prof Kanner, Prof Mula Duration: I. Mandatory Part – 4 learning units of 3 weeks each II. Optional Part (only available if taking 1st part) – 3 learning units of 3 weeks each and 10 days for final task. Course fee: I. Mandatory Part – \$520. Self payment for approved bursaries will be \$130 II. Optional Part – \$520. Self payment for approved bursaries will be \$130.</p>
<p>Epilepsy & Sleep (1st edition) I. Basic Part (2013) II. Clinical Part (2014)</p>	<p>The courses will cover the interaction between epilepsy and sleep in adults and children. In the first year (2013-2014) basic aspects and registration techniques will be subject, the clinical aspects in the second year (2014-2015). Participation in the first year course is required to participate in the second year. Course Directors: Dr de Weerd, Dr Nobili Duration: 5 learning units of 3 weeks each and 10 days for final task Course fee: \$780 each course. Self payment for approved bursaries will be \$195.</p>

Important for bursary applicants:

- 1 a) A **letter of recommendation** from your **current working place or the leadership from the local ILAE chapter or the regional commission** should be submitted stating the expected benefit of the bursary candidate **from this specific VIREPA course** to the epilepsy care and development in your community.
- 1 b) In case such evidence cannot be submitted, a **personal letter of motivation** is required outlining the benefit the bursary candidate expects from attending **this specific course** for his/her daily practice and professional career. Please note that either letter will be assessed for the decision upon the bursary grant.
2. **For bursary recipients:** Please note that dropping out of a course or having limited participation in one, may impact future decisions about bursary eligibility.

For information and application • www.ilae.org • e-mail: mlynch@ilae.org

Visit the ILAE Website at www.ILAE.org



Congress Information

Publications

Chapter Resources

Meetings of Interest

14-26 July 2013

11th San Servolo Course on Epilepsy: Brain Exploration and Epilepsy Surgery
San Servolo, Venice, Italy
Application deadline: March 1, 2013
Contact: Metella Peterlini,
epilepsysummercourse@univiu.org
http://www.ilae.org/Visitors/Centre/documents/SanServolo_announcement-2013.pdf

16-18 August 2013

Colloquium on Drug-Resistant Epilepsy: Current concepts and future directions
Organized by: National Institute of Mental Health and Neuro Sciences, Bangalore, India & American Epileptologists of Indian origin, USA
NIMHANS Convention Center, Hosur Road, Bangalore, India
Congress website: www.iaes2013.com
<http://www.iaes2013.com/>

18-23 August 2013

The 7th Baltic Sea Summer School on Epilepsy
Primarily for medical postgraduates and junior researchers with a special interest in epilepsy. Clinically-oriented and focused on the comprehensive aspects of diagnosis and treatment, as well as research interests. Interactive course format in an informal, international and open atmosphere.
Tallinn, Estonia
Contact: Petra Novotny,
petra.novotny@wolfstiftung.org
<http://www.epilepsiestiftung-wolf.de/3.html>

27-28 August 2013

Neurosurgical Aspects of Epilepsy in Southeastern Europe
Ljubljana, Slovenia
8th International Postgraduate Practical School of Epileptology, in the tradition of J Bancaud's Epilepsy School, Symposium and Workshop
Email: epilepsija@epilepsija.org
<http://www.ilae.org/Visitors/Congress/congressinfo/EPJB2013-Ljubljana-registration.pdf>

28-30 August 2013

13th European Conference on Epilepsy & Society
Cankarjev dom Cultural & Congress Centre (CD), Ljubljana, Slovenia
Recent social advances in the field of epilepsy
<http://www.epilepsyandsociety.org/>

12-15 September 2013

5th CAAE International Epilepsy Forum
Presented by the China Association Against Epilepsy
Includes ASEPA training course
Chongqing Municipality, People's Republic of China
<http://www.ilae.org/Visitors/Congress/Index.cfm>

16-20 September 2013

1st International Summer School for Neuropathology and Epilepsy Surgery
Universitätsklinikum Erlangen
Erlangen, Germany
<http://www.epilepsie-register.de/>

20-21 September 2013

2nd International Symposium on Hypothalamic Hamartomas
Marseille, France
<http://www.symphhh2013.mcocongres.com/en/>

21-26 September 2013

XXIst World Congress of Neurology
"Neurology in the age of globalization"
Vienna, Austria
http://www2.kenes.com/wcn/congress/Pages/Welcome_Message.aspx

25-28 September 2013

European Paediatric Neurology Society (EPNS) Congress
Brussels, Belgium
<http://www.eilat-aeds.com/>

30 September - 6 October 2013

5th Eilat International Educational Course: Pharmacological Treatment of Epilepsy
Jerusalem, Israel
Application & bursary deadline: 2 December 2012
<http://www.eilat-aeds.com/>

23-26 October 2013

24th International Symposium on the Autonomic Nervous System
Sponsored by the American Autonomic Society
Hawaii, USA
Website: www.americanautonomicsociety.org
<http://www.americanautonomicsociety.org/>

3-9 November 2013

7th Migrating Course on Epilepsy ILAE Cyprus Epilepsy Society For specialists in neurology, psychiatry, neuropsychiatry, paediatric neurology, paediatrics, clinical neurophysiology and psychology
Nicosia, Cyprus
Email: mce2013@cing.ac.cy
<http://www.ilae.org/Visitors/Congress/congressinfo/Cyprus-program-2013.pdf>

9-13 November 2013

Society for Neuroscience – 43rd Annual Meeting
San Diego, California
<http://www.sfn.org/annual-meeting/neuroscience-2013>

13-16 November 2013

Indian Epilepsy School 2013
Pre-conference EEG Workshop: 12-13 November
8th National EEG workshop under the aegis of IES- ASEPA
Hotel Claridges, National Capital Region, Delhi, India
<http://www.ilae.org/Visitors/Congress/congressinfo/IndianEpilepsySchool-2013.pdf>

21-23 November 2013

3rd International Congress on Neurology and Epidemiology (ICNE)
The use of academic research and neuroepidemiology in improving neurological health
Abu Dhabi, UAR
Registration opens: 22 February 2013
Website: www.icne2013.com
<http://www.icne2013.com/>

6-10 December 2013

American Epilepsy Society Annual Meeting
Washington, DC USA
<http://www.aesnet.org/meetings-and-events/annual-meeting>

2014 Congresses

29 June - 3 July 2014

11th European Congress on Epileptology
Stockholm, Sweden
<http://www.epilepsystockholm2014.org/>

24-27 August 2014

10th Asian and Oceanian Epilepsy Congress
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