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July, 2024

Dear Friends and colleagues,

I am honored to be nominated as a candidate in the election of Management committee member of the International League Against Epilepsy (ILAE).

I have belonged to Japan Epilepsy Society (JES) since 1990, whose memberships currently >3000, with multidisciplinary membership of neurology, psychiatry, pediatric neurology and neurosurgery. JES is the 2nd largest chapters within ILAE. I was served as **the president of JES (2017-2021), preceded (2013-2017) and followed (2021-) by the position of vice-president.**

I was served as **the chair of ILAE-Asia Oceania since 2017-2021.** ILAE-Asia Oceania consists of 21 chapters. It has the largest population of out of 6 regional commissions in membership, and it is also heterogenous region in the ILAE with regard to religion; economical state, geographical factors and medical care system. I was also served as the **Executive committee member of ILAE(2017-2021)** as the representative from ILAE-Asia Oceania.

I was also served as associate editor of *Epilepsia*, Research priorities task force member, ILAE/AES translational task force of the neurobiology commission of the ILAE member, ILAE COVID task force member, Global advocacy council, Joint ILAE / IFCN EEG database task force member, Lancet Neurology commission member, and Global Advocacy Council member, etc.

I tried to introduce the international research collaboration at least in the clinical field, especially rather directly helping the clinical diagnosis and treatment, i.e., international cortical myoclonus study, preparation for data base study, **wide-band EEG analysis (DC shifts and high frequency oscillation)** for invasive and non-invasive EEG (**Original English publication >390, H index 76 , h10 index 359 (google scholar)**)

Based on the above international experience, it provided me with the great opportunity to learn and contribute to improve the various situation of people with epilepsy, and thus the main objectives are as follows,

- 1) **International improvement of patient care and social services.** It is an urgent mission in spite of variable state of economical state, geographical factors and medical care system religion, as IGAP has opened the window into the global society to solve the problems.
- 2) **Significant interregional disparity.** In spite of at least partly globalization of economical system and ICT since 1990 and 2000, respectively, medical and health care for brain disease like epilepsy should need more multidisciplinary approach and personal interaction by taking much more time for human brain and mental affairs
- 3) **Stigma against epilepsy.** In most parts of the world, people with epilepsy and their families suffer from stigmatization and discrimination due to ignorance, misconceptions and negative attitudes surrounding the disease. Social and historical stigma against epilepsy impeded many aspect of the support for people with epilepsy.
- 4) **Sustainable education.** It should be systematically planned and constantly improved for both the present situation and future society and people with epilepsy,
- 5) **Clinical and basic research.** Best care shall be provided by the best research of any field, and continuous approach and collaboration could promise the better future.

Fortunately, there are many colleagues in each chapter who have the same thoughts as us or who could agree to that, and thus I sincerely would like to contribute with your great help, and look forward to working together for the people with epilepsy globally in the ILAE and IBE.

With my best wishes,

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