

COMMISSION ON PEDIATRICS

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Aims

- To raise awareness about the need to support patients as they transition from pediatric to adult specialty medical care
- To provide written recommendations to ILAE regarding transition to adult healthcare for pediatric patients with epilepsy.

Mission

To establish a program that medical centers can incorporate into existing clinical care to assist patients and families with the transition from pediatric to adult medical care.

Commission Activities from July 2011 through July 2012

1. Transition childhood-adulthood

J Carriroza did an impressive job in collaboration with an adult epileptologist, Dr Tania Rodriguez from Chile. The starting point was questionnaires to be completed by pediatric and adult neurologists at an epilepsy Congress in Latin America in 2010. A checklist of 10 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*. An article on Transition Guidelines on Epilepsy should be written and publicized.

2. Infancy guidelines

A first draft of a manuscript aimed to create evidence guidelines has been written. The final version should be available for the end of the year. However, the question of guidelines for first line treatment is pending as no data exist in the literature. It was decided to undertake a survey that will be sent to child neurologists, addressing the question of treatment of all seizure types in infancy. This could delay the final edition of the paper.

3. Workshop Summer 2011 (Consensus Guidelines on Standards for Epilepsy Surgery)

The Task Force, chaired by H Cross, had meetings last year in Florence, this year in Lyon, and again in London. The objectives of the Task Force for the next year are as follows: (1) To publish recommendations for diagnostic evaluations in the planning for epilepsy surgery in children. This work is in continuation with the guidelines published in 2006. (2) To publish a new classification for seizures outcome which should be more appropriate for children. (3) To publish follow-up data from the 2004 cohort, on seizure outcome already acquired.

Proposed objectives of the next term 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.

Administrative support to sort the outcome data (seizure outcome from 776 patients) is required to enable preparation for publication. The E10000 would provide support to Dr Gary Mathern, so data can be cleaned and divided up to individuals of the Task Force to enable full publication.

4. San Servolo Summer School

The 10th International Course on Epilepsy, San Servolo was successfully held on 14-25 July 2012. The theme was "Management of seizures and epilepsies in neonates and infants." P Plouin and F Vigeveno directed the course. Sixty-three students from 44 countries and 34 teachers took part. The program included classical teaching, case presentations done by both students and teachers, and group projects. The course was successful but evaluation questionnaires by the students have not yet been analyzed. The financial balance is positive (income: 157,875 Euros, expenses 140,532 Euros).

5. MRI Negative Project

The funding of \$5,000 allocated for 2012 has not been requested or utilized. The goal of the project was to determine the utility of diagnostic tests in localization of the ER. A pilot questionnaire revealed that a majority of centers currently utilize chronic invasive recordings in all MRI negative patients; only a few used it as a discretionary test. Likewise, the use of ECoG was also very variable with only a few centers using it for surgical planning.

The initial focus of the study is thus on evaluating the role of invasive EEG recordings.

Hypotheses: Successful surgery can be accomplished in some MRI negative cases without the use of extra-operative invasive EEG

Inclusion criteria:

- Resective surgery

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- MRI negative criteria. Flair sequence, 3T, close cuts/volumetric. Retrospective review
- Outcome data available with at least one year follow up.

A study using 10 index cases is underway. De-identified data on each patient is being analyzed by experts from three centers. They are provided with the general information on each patient. Based on the interpretation of non-invasive test data, a surgical diagram is generated defining the proposed resection. The same is done following invasive data analyses. The surgical diagrams are compared to the actual resections performed to determine the utility of invasive EEG recordings.

Doug Nordli and Perrine Plouin
Co-Chairs