

November 30 - December 4

# Annual Meeting

San Diego, CA

AMERICAN  
EPILEPSY  
SOCIETY 2012

*the place to be!*

*for more research*

*networking*

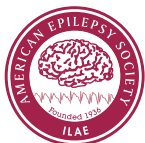
*education*

*special interest groups*

*exhibitors &*

*programs for junior members*

*4th Biennial North American Epilepsy Congress*



66<sup>TH</sup> ANNUAL MEETING

PROGRAM BOOK

VISIT **BOOTH 203** for more information

# SUPERNUS HAS BEEN DEVELOPING ADVANCED DRUG DELIVERY SYSTEMS FOR MORE THAN 20 YEARS



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## OUR PROVEN EXTENDED RELEASE TECHNOLOGIES INCLUDE<sup>1</sup>:

### **Microtrol®: Multiparticulate Platform**

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- Enhanced patient compliance
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- **Adderall XR®** (mixed salts of a single-entity amphetamine product) Extended-Release Capsules
- **Carbatrol®** (carbamazepine) Extended-Release Capsules
- **Intuniv®** (guanfacine) Extended-Release Tablets
- **Oracea®** (doxycycline, USP) Capsules
- **Sanctura XR®** (trospium chloride extended release tablets)

**References:** 1. *Advanced Drug Delivery Systems*. Rockville, MD: Supernus Pharmaceuticals, Inc. 2. U.S. Food and Drug Administration. <http://www.fda.gov/Drugs/default.htm>. Accessed August 29, 2012.

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# WELCOME MESSAGE

Welcome to San Diego, and the 4th Biennial North American Epilepsy Congress. We are proud to host this meeting in conjunction with our 66th Annual Meeting. Within these pages you will find a broad schedule of programs, exhibits, social events, and networking opportunities that invite your participation. It has been an exciting year, and the annual meeting brings together so much of the accomplishments of our members!

The year 2012 has seen our impact as a Society on clinical practice parameters, advocacy efforts and the Institute of Medicine Report on Epilepsy, increased activity in translational epilepsy research, clinical trials, and medical education. You will find these well represented in our symposia and course offerings, as well as career development sessions. In addition to the scheduled program events, there are several other aspects of our offerings I'd like to highlight below:

**Sessions to Advance and Maintain Professional Competence** – Your AES Annual Meeting and Scientific Program Committees have organized quality educational sessions targeted to the wide interests and professional needs of our annual meeting attendees. With the need for MD licensed and certified clinicians to follow Maintenance of Certification (MOC), and with the advent of the Subspecialty Certification exam in Epilepsy (administered by the American Board of Neurology and Psychiatry), the American Epilepsy Society is moving forward in service to its members. Starting with the 2011 Annual Meeting AES has identified ABPN Core Competencies and secured ABPN review for each Symposium. AES is also building a Learning Management System called AES Epilepsy Institute, including ABPN authorized Part II Self-Assessment exams for CME credit, starting with questions related to the Epilepsy Specialist and Fundamentals Symposia.

**Epilepsy Specialist Symposium** – This year's discussion focuses on care of patients with new onset or difficult to control seizures, diagnosis and treatment of a first seizure, approaches to pre-surgical evaluation, patient selection, and the how, when and with which patients to broach the topic of SUDEP.

**Translational Epilepsy Research Symposium** – This is the second year that we have introduced a program that explicitly covers the interface between basic research and early human trials in therapeutics and diagnostics development. This is aimed at increasing the dialogue between researchers and clinicians to accelerate discovery development for epilepsy.

**Fundamentals Symposium** – A discussion of newer antiepileptic drugs and generics, their pharmacology and mechanisms of action, clinical pharmacokinetics, and drug interactions, plus the efficacy and adverse effects of newer AEDs in approved indications and alternative uses in epilepsy syndromes and status.

**Six Skills Workshops** – First introduced at last year's annual meeting, these limited-attendance, smaller, more-focused intensives are doubled in number this year to accommodate the high interest expressed in these sessions. The workshops take place on Tuesday.

**Program for Junior Members** – Block arrow symbol "➤" indicates programs of particular interest to junior members.

**Poster Walking Tours** – Enhanced learning opportunities during present time at Poster Sessions 1, 2 and 3 can be enjoyed by joining one of the now-traditional poster walking tours led by AES leadership.

**Social Networking Groups** – The popular social networking time is extended by another hour this year — Sunday 8:00 p.m. – 10:00 p.m. — giving SIG, Investigators' Workshop and symposium participants a greater opportunity to meet and continue discussions.

**Epilepsy Fellows Program** – Some 85 neurology trainees in approved epilepsy fellowships attend this meeting at AES's invitation to pair with mentors for career guidance and support. The program is made possible by grants from Eisai, Inc., Lundbeck, and UCB, Inc.

**Spanish Translation** – Spanish translation is available during the Annual Course on Sunday and the North American Commission Symposium on Tuesday. Also of interest to our Spanish-speaking attendees is the Spanish Symposium on Friday.

**Virtual Tote Bag** – AES's 66th Annual Meeting takes our commitment to protecting the environment seriously. Therefore, we are providing virtualTotebag, a new "green" solution that connects you to all important meeting information. Attendees can easily use virtualTotebag to access, store and share exhibitor and session material. See page 10 for more information.



Thank you for joining us here in sunny California! Please enjoy the meeting.

A handwritten signature in dark ink, appearing to read "Frances E. Jensen".

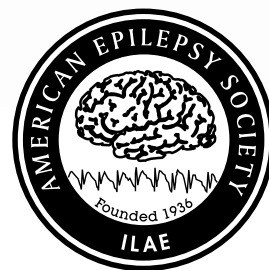
Frances E. Jensen, M.D.  
President, American Epilepsy Society

**JOIN OUR CAST OF CHARACTERS!**

# **WALK FOR AES RESEARCH & TRAINING**



**RAISE FUNDS FOR EPILEPSY RESEARCH & TRAINING  
THE NATIONAL WALK FOR EPILEPSY  
WASHINGTON, DC - APRIL 20, 2013**



Walk with your colleagues, join Mike Privitera, Nathan Fountain, Dennis Spencer, Jack Pellock, Jaideep Kapur, Patty Shafer and many others for the 2013 National Walk for Epilepsy.

All funds raised by AES Teams Support AES' Research and Training efforts - even virtual teams can participate!  
Teams can support any AES fund - Spencer, Lennox and Lombroso, Dreifuss, Penry, Goldberg-Kaufman.  
Raise the most money and win the AES trophy!

**Sign up or get more information today! Contact Kathy Hucks at 860-586-7505 x512 or [khucks@aesnet.org](mailto:khucks@aesnet.org).**

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**Watch for  
these  
2013 dates!**

**Annual Meeting  
Call for Abstracts  
Available**  
March 1, 2013

**AES Research  
Recognition and  
Distinguished  
Achievement Awards  
Nominations**  
August 6, 2013

**AES 67th Annual  
Meeting**  
December 6-10, 2013  
Washington, D.C.

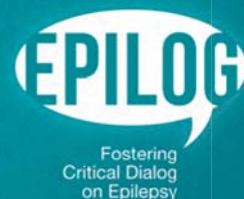


"Which potential AED drug interactions should I be most concerned about?"

[YOUR THOUGHT HERE]

"Do patients with hepatic impairment necessitate a dose adjustment with their AED?"

**VISIT US AT AES**  
**BOOTH #614 DEC 1 – DEC 3**



## JOIN THE CONVERSATION ON CURRENT PRACTICES WITH EPILEPSY THOUGHT LEADERS



### Meet our special guest, Dr. Barry Gidal

Dr. Gidal will share his expertise on AEDs in adult patients with epilepsy.



### Take the AED/Mechanism of Action Challenge

Play our interactive touch screen game. See if you can get the high score.



### Visit us at [www.epilog.us](http://www.epilog.us)

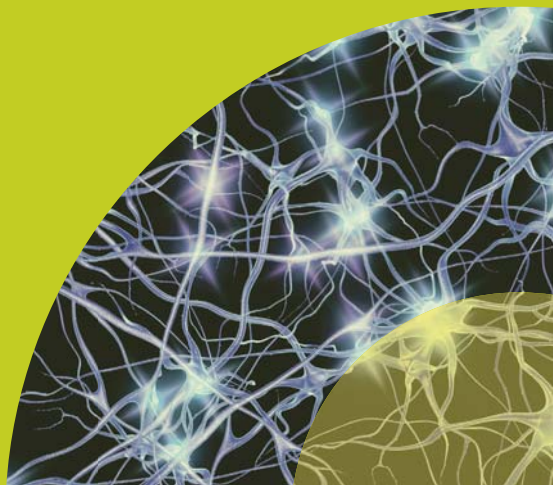
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# Wireless Zones

## CONVENTION CENTER — Complimentary Wireless Zone

### SOCIAL MEDIA LOUNGE

Convention Center - Room 2 Upper Level

Ground Floor Lobby A-H  
outside the exhibit halls and Tides Restaurant

AES Hotels	Wi-Fi in Hotel	Guest Room Availability and Cost
San Diego Marriott Marquis and Marina	Complimentary Wi-Fi available: Marina Kitchen Restaurant and the bar/lounge area Starbucks The Exchange Foyer The Main Lobby The Tequila Bar and Grille	\$12.95 for every 24 hour period, includes Wi-Fi and phone calls. (plus tax)
Manchester Grand Hyatt San Diego	Purchase per day in guest room for access in public areas of the hotel	\$9.95 per guest room (plus tax, per day)
Hilton San Diego Bayfront	Complimentary in lobby and Starbucks	\$13.95 for Standard \$19.95 for High-speed (plus tax, per day)
Residence Inn San Diego Downtown Gaslamp	Complimentary Wi-Fi available in all public areas	Complimentary Wi-Fi in all of the sleeping room suites

## 5 Ways to Enhance Your AES Annual Meeting Experience with Social Media

- 1) **Join in the conversation** – use the Twitter hashtag #AESMTG12, AES LinkedIn group or the AES Facebook page to follow annual meeting activities, speakers, events and conversations.
- 2) **“Attend” more than one session at a time** – seeing posts from various sessions throughout the AES meeting will allow you to eavesdrop on more than one session at a time.
- 3) **Find New Friends** – use social media to connect with people online and at the Annual Meeting – find people with similar interests and set times to connect with them.
- 4) **Expand your notes** – think about social media as a way to collect your notes and share thoughts about the sessions with others.
- 5) **Maintain connections** – maintain connections virtually with those you meet at the Annual Meeting.

**NEW THIS YEAR** – AES has added a social media lounge for those who want to learn more about social media and how to join the conversation. Please visit us in room 2 on the Upper Level of the Convention Center. We'll look forward to connecting with you there or in cyberspace.

Open during press room hours (see page 108)



# AMERICAN EPILEPSY SOCIETY 2012

is proud to recognize the following supporters  
of the 2012 Annual Meeting.

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\$250,000 - \$499,999

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**Eisai, Inc.**

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**Epilepsy Foundation**

**Neurolynx, Inc.**

**PMT Corporation**

**Ripple LLC**

Listing is in order of support level

## FRIDAY November 30

7:00 a.m. - 6:00 p.m.	Registration Convention Center – Ballroom 6 Lobby, Upper Level	4:15 p.m. - 5:45 p.m.	Hoyer Lecture: <i>Now's the Time: Exciting Opportunities in Epilepsy Research</i> Convention Center – Ballroom 6A, Upper Level
8:30 a.m. - 11:30 a.m.	➤ Epilepsy Specialist Symposium: <i>Algorithms in the Diagnosis and Treatment of Epilepsy</i> Convention Center – Room 5, Upper Level	5:45 p.m. - 6:30 p.m.	Symposia Break Convention Center – Upper Level
12:30 p.m. - 3:00 p.m.	➤ Annual Fundamentals of Epilepsy Symposium: <i>Optimal Use of the Newest AEDs and Generics</i> Convention Center – Ballroom 6A, Upper Level	6:30 p.m. - 8:00 p.m.	➤ Special Interest Group Meetings See page 21
1:30 p.m. - 3:00 p.m.	➤ Professional Development in AES: <i>A Program for Junior Members and Those in Transition</i> Convention Center – Room 3, Upper Level	6:30 p.m. - 9:00 p.m.	Hot Topics Symposium: <i>Modulators of Epilepsy: The Influence of Lifestyle and Environmental Factors</i> Convention Center – Ballroom 6A, Upper Level
1:30 p.m. - 3:00 p.m.	➤ Special Interest Group Meetings See page 20	8:00 p.m. - 10:00 p.m.	➤ Fellows Recognition Gathering Marriott – Balboa, South Tower, Level 3
3:30 p.m. - 6:00 p.m.	Spanish Symposium: <i>Extratemporal Epilepsies</i> Convention Center – Room 5, Upper Level		

## SATURDAY December 1

6:30 a.m. - 6:00 p.m.	Registration Convention Center – Ballroom 6 Lobby, Upper Level	2:00 p.m. - 4:30 p.m.	Professionals in Epilepsy Care Symposium: <i>Current Issues in Clinical Practice: Transitioning from Adolescent to Adult Epilepsy Care</i> Convention Center – Ballroom 6A, Upper Level
6:30 a.m. - 7:00 a.m.	Continental Breakfast Convention Center – Upper Level	2:00 p.m. - 4:30 p.m.	➤ Translational Research Symposium: <i>Epilepsy Benchmarks: Major Advances</i> Convention Center – Ballroom 6C, Upper Level
7:00 a.m. - 8:30 a.m.	➤ Special Interest Group Meetings See page 25		➤ Clinical and Basic Science Keynotes (2:00 p.m. - 2:30 p.m.)
8:30 a.m. - 11:30 a.m.	➤ Presidential Symposium: <i>IOM Report 2012: Epilepsy Across the Spectrum: Promoting Health and Understanding</i> Convention Center – Ballroom 6C, Upper Level	3:00 p.m. - 3:30 p.m.	Coffee Break Convention Center – Hall B, Ground Level
11:45 a.m. - 6:00 p.m.	➤ Poster Session 1 Convention Center – Hall B, Ground Level  Exhibit Hall B (Lunch: 11:45 a.m. - 12:45 p.m.) (Reception: 4:30 p.m. - 6:00 p.m.)	6:15 p.m. - 7:45 p.m.	➤ Special Interest Group Meetings See page 27
		6:15 p.m. - 8:15 p.m.	➤ Investigators' Workshops See page 28
		6:15 p.m. - 8:45 p.m.	Antiepileptic Therapy Symposium: <i>Management of Refractory Status Epilepticus</i> Convention Center – Ballroom 6C, Upper Level

## SUNDAY December 2

7:30 a.m. - 6:00 p.m.	Registration Convention Center – Ballroom 6, Lobby	10:00 a.m. - 4:00 p.m.	Exhibit Hall – Lunch: Noon - 1:00 p.m. Convention Center – Hall B, Ground Level
8:00 a.m. - 5:00 p.m.	Scientific Exhibits See page 29	5:15 p.m. - 6:15 p.m.	ABPN Town Hall on MOC Requirements Convention Center – Room 7, Upper Level
8:00 a.m. - 6:00 p.m.	➤ Poster Session 2 Coffee Available Convention Center – Hall B, Ground Level	3:00 p.m. - 3:30 p.m.	Coffee Break Convention Center – Hall B, Ground Level
8:45 a.m. - 5:15 p.m.	➤ Annual Course: <i>Managing Common Complex Symptomatic Epilepsies: Tumors and Trauma</i> (Spanish translation available) Convention Center – Ballroom 6C, Upper Level	6:00 p.m. - 7:30 p.m.	➤ Mentoring Session for Junior Investigators Marriott – Laguna, South Tower, Level 1
		7:30 p.m. - 9:00 p.m.	➤ Special Interest Group Meetings See page 44
8:45 a.m. - 5:15 p.m.	➤ Investigators' Workshops IW Posters / Boxed Lunch: Noon - 2:00 p.m. See page 42	8:00 p.m. - 10:00 p.m.	Social Networking Groups Marriott, Oceanside, South Tower, Level 1

## MONDAY December 3

7:30 a.m. - 6:00 p.m.	Registration Convention Center – Ballroom 6 Lobby, Upper Level	10:00 a.m. - 3:00 p.m.	Exhibit Hall Lunch: Noon - 1:00 p.m. Convention Center – Hall B, Ground Level
6:30 a.m. - 7:00 a.m.	Continental Breakfast Convention Center – Upper Level	2:15 p.m. - 3:00 p.m.	➤ Lennox and Lombroso Lecture <i>Epilepsy 2012: Caught in a Revolution</i> Convention Center – Ballroom 6C, Upper Level
7:00 a.m. - 8:30 a.m.	Patient Education for Clinicians Convention Center – Room 7, Upper Level	2:30 p.m. - 3:00 p.m.	Coffee Break Convention Center – Hall B, Ground Level
7:00 a.m. - 8:30 a.m.	➤ Special Interest Group Meetings See page 55	3:45 p.m. - 5:15 p.m.	➤ Investigators' Workshop Convention Center – Room 11, Upper Level
8:00 a.m. - 3:00 p.m.	➤ Poster Session 3 Continental Breakfast Convention Center – Hall B, Ground Level	➤ Special Interest Group Meetings See page 58	
8:00 a.m. - 11:00 a.m.	Scientific Exhibits See page 29	4:00 p.m. - 5:30 p.m.	Pediatric Epilepsy Highlights Session Convention Center – Ballroom 6A, Upper Level
9:00 a.m. - 10:30 a.m.	➤ Special Interest Group Meetings See page 55	4:00 p.m. - 6:15 p.m.	➤ Platform Sessions: 3 Concurrent Sessions See page 60
9:00 a.m. - Noon	➤ Merritt-Putnam Symposium: <i>From Molecules to Cells, Networks and Seizures: How Does a Gene Cause Epilepsy?</i> Convention Center – Ballroom 6C, Upper Level	5:45 p.m. - 6:30 p.m.	Symposia Break Convention Center – Upper Level
		6:30 p.m. - 9:00 p.m.	Pediatric State of the Art Symposium: <i>Prolonged Febrile Seizures and TLE: Hot New Information</i> Convention Center – Ballroom 6C, Upper Level

## TUESDAY December 4

8:30 a.m. - 12:30 p.m.	Registration Convention Center – Ballroom 6 Lobby, Upper Level	8:30 a.m. - 10:00 a.m.	North American Commission Symposium: <i>Epilepsy Classification: Hot Controversies in 2012</i> (Spanish translation available) Convention Center – Ballroom 6A, Upper Level
6:30 a.m. - 7:00 a.m.	Continental Breakfast Convention Center – Upper Level	10:00 a.m. - 11:30 a.m.	Skills Workshops (6 Concurrent) (separate registration required) See page 73
7:00 a.m. - 8:30 a.m.	➤ Special Interest Group Meetings See page 71	11:45 a.m. - 1:15 p.m.	Skills Workshops (6 Concurrent) (separate registration required) See page 73
8:30 a.m. - 10:00 a.m.	Scientific Symposium: <i>Stereotactic Electroencephalography (sEEG) in the Pre-surgical Investigation of Refractory Focal Epilepsy</i> Convention Center – Ballroom 6C, Upper Level		

### Please plan to attend

#### Investigators' Workshop Keynote Speakers Epilepsy Research Recognition Awardees

**Saturday, December 1**  
**2:00 p.m. – 2:30 p.m.**  
**Ballroom 6C, Upper Level**



**Award for Basic Science**  
**Richard Miles, Ph.D.**

**Award for Clinical Science**  
**Renzo Guerrini, M.D.**



See page 14 for award information

Programs listed with this symbol ➤ are recommended for junior attendees



**New**

Easy, convenient, green . . .  
The AES virtualTotebag is here!

Lighten your load and receive session handouts  
and important meeting information electronically!  
Accounts have been pre-created for all  
pre-registered attendees.  
On-site registrants may sign up on-line.

**For instructions:**

Please refer to the flyer provided in your  
meeting bag or go to the AES website for details.



**Questions?**

Please contact virtualTotebag  
Support Desk – 410.402.1028,  
option 1  
John Colban – 410.402.1062  
Email: support@virtualtotebag.com

**AMERICAN EPILEPSY SOCIETY**  
Annual Meeting App



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Speakers



Maps



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**AES Annual Meeting App**  
*Get Connected!*

Attendee

Go here:

[www.aesnet.org/mobileapp/applist](http://www.aesnet.org/mobileapp/applist)

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## EQUIPMENT AUCTION TO BENEFIT THE LENNOX AND LOMBROSO TRUST and THE SUSAN S. SPENCER FUND

AES is pleased to announce that Nihon Kohden and Neuralynx are participating in the 2012 AES Annual Benefit Auction this year. These companies have contributed equipment and/or software to be auctioned off, and the winning bids will be announced at the meeting.

Nihon Kohden and Neuralynx are contributing 100% of their proceeds to the Lennox and Lombroso Trust for Research & Training, and the Susan S. Spencer Fund for Education and Research.

Proceeds from the auction of its new 1200A Diagnostic and Monitoring Solution (includes cart, camera and microphone) will be presented by Nihon Kohden America, Inc. to the American Epilepsy Society in support of the Lennox and Lombroso Trust and the new Susan S. Spencer Research Fund. The Children's Hospital of Orange County will be recognized as the highest tender of \$27,684. A check presentation ceremony will take place at noon, December 1 in Exhibit Booth #231.

**Auction Item: Complete Neuralynx Atlas Human Single Unit Recording System**

NEURALYNX will accept bids on a 60 Day Atlas Trial. Neuralynx will honor the top 5 highest bids.

Worth: \$85,000

Minimum Bid: \$500

Contact: Scott Smith at 406.404.1017 or email [scott@neuralynx.com](mailto:scott@neuralynx.com)

We thank Nihon Kohden and Neuralynx for their donations, and you for bidding on these items.  
If you know of other companies that would be interested in participating in the AES Annual Benefit Auction,  
or if you have questions, contact Sue Cipriani at [scipriani@aesnet.org](mailto:scipriani@aesnet.org).

## There are many ways to support AES:

---

AES New Initiatives Fund

---

Fritz Dreifuss Epilepsy Fund

---

Rebecca Goldberg-Kaufman Ethical  
Neuropsychiatry Fund

---

Lennox and Lombroso Trust

---

J. Kiffin Penry Fund

---

Susan S. Spencer Fund

---

Support AES today with your gift  
[www.aesnet.org/contributions](http://www.aesnet.org/contributions)

## ➤ Poster Walking Tours

### Convention Center – Hall B, Ground Level

This program is designed for students, residents, fellows, and junior faculty to meet with AES mentors and visit interesting, compelling, or novel posters discussing their perspectives on how the presented data is meaningful. Poster walking tours will be held on the days noted below and cover the topics displayed on that day. Mentors and participants will meet at the Poster Information table near the front of the Poster Hall. The tours will depart each day during the authors' present times noted below. Approximately six posters will be discussed in each category. These posters have been pre-selected by the mentors. Selections are for educational purposes only and are not based on merit. Poster Sessions and authors' present times are noted below:

---

#### Saturday, December 1

##### Poster Session 1

**Authors Present: 11:45 a.m. – 1:45 p.m.**

---

#### Sunday, December 2

##### Poster Session 2

**Authors Present: Noon – 2:00 p.m.**

---

#### Monday, December 3

##### Poster Session 3

**Authors Present: Noon – 2:00 p.m.**

## Participate in the “New and Improved” AES

# PASSPORT TO PRIZES PROGRAM



## New for this year, there are daily prize drawings and a Grand Prize Drawing on Monday in the Exhibit Hall.

### Prize Drawing Schedule:

#### **SATURDAY, DECEMBER 1**

Prize Drawing – 5:00 p.m. - Epilepsy Resource Center

#### **SUNDAY, DECEMBER 2**

Prize Drawing – 3:15 p.m. - Epilepsy Resource Center

#### **MONDAY, DECEMBER 3**

Prize Drawing & Grand Prize Drawing – 2:45 p.m. - Epilepsy Resource Center

In your AES Annual Meeting bag as well as the Virtual Tote Bag, you will find a Passport brochure. To be included in the drawing to win a variety of great prizes, visit the booths of participating exhibitors to get your Passport validated. The more exhibitors you visit, the better the prize.

Please complete your contact information and drop the passport in the raffle drum located in the Epilepsy Resource Center. Participants must be present to win. See your Passport for a list of participating exhibitors.

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### Poster Information Table



**Questions?** Please visit the Poster Information table in front of the poster area.

# POSTER SCHEDULE

## Saturday, December 1

**Poster Session 1: 11:45 a.m. – 6:00 p.m. – Convention Center, Hall B, Ground Level** (see pages 30-39)

Authors Present: 11:45 a.m. – 1:45 p.m. (1.001 – 1.351)

Poster Walking Tours: 11:45 a.m. – 1:45 p.m. (see page 11 for further details)

Translational Research	1.001 – 1.047
Professionals in Epilepsy Care	1.048 – 1.059
Neurophysiology	1.060 – 1.109
Clinical Epilepsy	1.110 – 1.167
Neuroimaging	1.168 – 1.199
Comorbidity	1.200 – 1.222
Antiepileptic Drugs	1.223 – 1.241
Non-AED / Non-Surgical Treatments	1.242 – 1.266
Surgery	1.267 – 1.291
Behavior / Neuropsychology / Language	1.292 – 1.311
Genetics	1.312 – 1.322
Neuropathology of Epilepsy	1.323 – 1.331
Epidemiology	1.332 – 1.339
Public Health	1.340 – 1.348
History of Epilepsy	1.349 – 1.351

## Sunday, December 2

**Poster Session 2: 8:00 a.m. – 6:00 p.m. – Convention Center, Hall B, Ground Floor** (see pages 45-54)

Authors Present: Noon – 2:00 p.m. (2.001 – 2.353)

Poster Walking Tours: Noon – 2:00 p.m. (see page 11 for further details)

Translational Research	2.001 – 2.048
Neurophysiology	2.049 – 2.091
Clinical Epilepsy	2.092 – 2.143
Neuroimaging	2.144 – 2.184
Comorbidity	2.185 – 2.197
Antiepileptic Drugs	2.198 – 2.237
Surgery	2.238 – 2.278
Behavior / Neuropsychology / Language	2.279 – 2.310
Genetics	2.311 – 2.320
Health Services	2.321 – 2.337
Practice Resources	2.338 – 2.345
Epidemiology	2.346 – 2.353

### Investigators' Workshop Lunch Poster Session

Noon – 2:00 p.m.

Convention Center – Ballroom 6A, Upper Level (see pages 42-43)

## Monday, December 3

**Poster Session 3: 8:00 a.m. – 3:00 p.m. – Convention Center, Hall B, Ground Floor** (see pages 61-69)

Authors Present: Noon – 2:00 p.m. (3.001 – 3.358)

Poster Walking Tours: Noon – 2:00 p.m. (see page 11 for further details)

Translational Research	3.001 – 3.074
Neurophysiology	3.075 – 3.118
Clinical Epilepsy	3.119 – 3.174
Neuroimaging	3.175 – 3.206
Antiepileptic Drugs	3.207 – 3.265
Surgery	3.266 – 3.291
Behavior / Neuropsychology / Language	3.292 – 3.311
Genetics	3.312 – 3.326
Neuropathology of Epilepsy	3.327 – 3.349
Epidemiology	3.350 – 3.358

## Epilepsy Research Recognition Awards

Saturday, December 1 – 8:30 a.m.

**Convention Center – Ballroom 6C, Upper Level**  
(Immediately preceding the Presidential Symposium)

The American Epilepsy Society Epilepsy Research Recognition Awards are given annually to active scientists and clinicians working in all aspects of epilepsy research. They are designed to recognize professional excellence reflected in a distinguished history of research or important promise for the improved understanding, diagnosis and treatment of epilepsy. The awards of \$10,000 each are part of the AES grant and fellowship programs.



**Award for Basic Science**  
**Richard Miles, Ph.D.**

Richard Miles, Ph.D., directs the group, Cortex and Epilepsy at the Institute for the Brain and Spinal Cord, Centre Hospitalier Universitaire Pitié-Salpêtrière, Paris. He received his doctorate in physiology from the University of Bristol, England, and completed postdoctoral training in neuroscience at the University of Texas, Galveston. Dr. Miles pursued research in cell neurobiology at the Institut Pasteur, Paris, beginning in 1989, following academic research and teaching positions in the U.S. He is a recipient of the French Academy of Science's Prix de l'Etat Award.

Dr. Miles has made a number of seminal contributions to the understanding of hippocampal electrophysiology using in vitro and in situ neuronal recording techniques chiefly focused on CA3 synaptic circuits. With his collaborators he demonstrated differences between somatic and dendritic inhibition, providing remarkable insight into cortical wiring. His work suggesting that GABAergic activity could be excitatory in epileptic human tissue engendered a new field in epilepsy research. In addition to ongoing studies of resected human epileptic brain tissue from pharmaco-resistant patients with temporal lobe epilepsy, Dr. Miles's recent work is focused on genetic and acquired animal models of epilepsy.

Dr. Miles's important discoveries have been published in *Science*, *Nature*, and in leading journals in neuroscience and physiology. He is co-author with Roger D. Traub, M.D., of *Neuronal Networks of the Hippocampus*, a major classic work in the field. He has also served on the editorial boards of the *Journal of Physiology*, the European Community DGXII, Neurosciences Grants Committee, the Wellcome Trust Neurosciences and Mental Health Committee, and currently serves as an advisor to the French Foundation for Epilepsy Research.



**Award for Clinical Science**  
**Renzo Guerrini, M.D.**

Renzo Guerrini, M.D., is Director and Professor of Pediatric Neurology and Psychiatry, Department of Neuroscience, University of Florence Anna Meyer Children's Hospital. He received his medical degree from the University of Perugia where he also completed postgraduate training in neurology. He then completed postgraduate studies in child neurophysiology and research at the University of Aix-Marseille, France, and in child neurology and psychiatry at the University of Pisa, Italy.

Through highly original pioneering scientific study Dr. Guerrini has contributed significantly to the clinical semiology, genetics, neurophysiology, and imaging of childhood epilepsies. Besides running a clinical service, he has established a diagnostic laboratory where he has collected and performed DNA sequencing on large patient cohorts. Dr. Guerrini's rare expertise in combining the study of genetic patterns and MRI patterns has enabled him to make major contributions in describing subtypes of malformations in their specific clinical and genetic features, including double cortex syndrome, periventricular nodular heterotopias, polymicrogyrias, Dravet Syndrome, and other encephalopathies. As a result, Dr. Guerrini has served on a number of committees that have helped define the radiographic features of epileptic disorders. He is currently coordinating a major European research effort to improve diagnosis, prevention and treatment of children with difficult-to-treat epilepsy.

Dr. Guerrini has trained many neurologists in genetic techniques and clinical imaging. He has edited ten books, written 286 peer-reviewed papers, and served as an invited speaker at more than 350 meetings worldwide. His active service to the international epilepsy community also includes 12 academic and organizational scientific committee memberships and reviewer appointments in Europe, the U.S. and Japan. He is an appointed ILAE/BEA Ambassador for Epilepsy.



A \$10,000 award is provided by the Lennox and Lombroso Trust Fund

**William G. Lennox Award**  
**Monday, December 3 – 9:00 a.m.**  
**Convention Center – Ballroom 6C, Upper Level**  
(Immediately preceding the Merritt-Putnam Symposium)

### **David C. Taylor, M.D., Hon. F.R.C.P.C.H.**

Professor David C. Taylor is the retired Foundation Chair in Child and Adolescent Psychiatry, and lately Head of the Department of Psychiatry and Behavioural Sciences, at the University of Manchester UK. Following his M.Phil. in Psychiatry in 1964, he researched for Murray Falconer, following-up, usually in their homes, 100 patients operated on for TLE from 5 to 25 years post-op with a 100-item schedule. Correlation analysis revealed important effects of side, sex, and lesion type. "Focal Dysplasia" was noted as an anomaly in the routine Pathology reports. Publications of the work won the Gowers Memorial Prize of the British Epilepsy Association (1967). In 1967 he moved to Oxford University and The Park Hospital for Children, which became the first National Centre for Children with Epilepsy. Sex differences in the effects of cerebral lesions were widespread and shown to be related to the more rapid development of females (Gender Differences their Ontogeny and Significance 1971). In 1980 he was invited to Manchester where he worked with paediatric neurologists and undertook sessions at the David Lewis Centre for Epilepsy. In 1990 he retired but continued to work sessionally at the Department of Neurology at Great Ormond St. Hospital and in Dublin monitoring the candidates for epilepsy surgery until 2003.



## **AES Service Award**

**Friday, November 30 – 4:15 p.m.**

**Convention Center – Ballroom 6A, Upper Level  
(Immediately preceding the  
Hoyer Lecture)**

### **Bruce P. Hermann, Ph.D.**

Bruce Hermann is Professor and Director of the Charles G. Matthews Neuropsychology Section in the Department of Neurology at the University of Wisconsin School of Medicine and Public Health. Throughout his career he has worked to improve understanding, treatment and prevention of adverse neuropsychological, behavioral and quality of life outcomes of epilepsy and epilepsy surgery in children and adults.

He has served in a wide range of capacities for the AES including two terms on the Board of Directors; Living Well II Task Force Chair; Neurobehavioral Fellows Program Chair; Annual Course Committee; Annual Meeting Committee; Corporate Advisory Committee; Epilepsy Currents Contributing Editor; Nominating Committee; PEC Education; PEC Steering Committee; Practice Committee; QOL Survey Workgroup; Research Initiative Fund Committee (twice); Research Recognition Awards; Scientific Program Committee (twice); Vision 2020; Neuropsychology Focus Group; and he was the 2005 Lennox Lecturer. He also served two terms on the Epilepsy Foundation Board of Directors and was Chair of the Professional Advisory Board (PAB), and Chair of the Research Committee of the BOD where he oversaw development of the special research initiatives, with many other assignments. He has served on the BOD and/or PAB for Epilepsy Foundation affiliates in Chicago, Memphis and Madison and has been active in ILAE neuropsychology working groups, and NINDS CDE development groups (quality of life, neuropsychology) as well as the Benchmark committees.

Dr. Hermann has served on the editorial boards of *Epilepsia*, *Epilepsy and Behavior*, *Epilepsy Research*, and the *Journal of Epilepsy*, and he is currently an associate editor of *Epilepsia*. He has served on grant review committees for the NIH, CDC, AES and EFA. He has maintained an active research program and has been NIH supported since 1998, currently investigating cognitive, brain, and behavioral development in children with new-onset epilepsies.



## **J. Kiffin Penry Excellence in Epilepsy Care Award**

**Saturday, December 1 – 6:15 p.m.**

**Convention Center – Ballroom 6C, Upper Level  
(Immediately preceding the AET Symposium)**

### **Warren T. Blume, M.D., FRCP(C)**

Warren T. Blume, M.D., FRCP(C), is co-founder and first co-director of the first major epilepsy program in Ontario and the second in Canada and is Neurology Professor Emeritus at University of Western Ontario. He received his degree in medicine from McGill University in 1962 and trained in neurology and EEG in Montreal, Wisconsin, the Mayo Clinic and Paris. He joined the new Department of Clinical Neurological Sciences of Western University in London, Ontario in 1972 and helped establish the second epilepsy program in Canada in 1977. He published the first EEG atlas (*Atlas of Pediatric Electroencephalography*, Raven Press) in 1982 and the *Atlas of Adult Electroencephalography*, Raven Press in 1995. Dr. Blume participated in publication of *Blume's Atlas of Pediatric and Adult Electroencephalography*, Lippincott, in 2011. With support of the Canadian Society of Clinical Neurophysiologists (CSCN) in 1991 he organized and chaired the first Canadian EEG examination system. He has served as a founding member of the Canadian League Against Epilepsy and served as president 1983-85.

His three principal areas of interest remain: 1) extending epilepsy care to under-served regions in Ontario, especially its North, 2) teaching multiple aspects of EEG to fellows and residents to prepare for their clinical careers and for the CSCN examinations, and 3) maintaining his epilepsy practice in London.



## **Lennox and Lombroso Lecturer**

**Monday, December 3 – 2:15 p.m.**

**Convention Center – Ballroom 6C, Upper Level**

### **Daniel H. Lowenstein, M.D.**

Daniel H. Lowenstein, M.D. is Vice-Chairman and Professor of Neurology, Director of the UCSF Epilepsy Center, Director of Physician-Scientist Education and Training, and Associate Dean of Clinical and Translational Science at UCSF.

Dr. Lowenstein graduated from the University of Colorado with a degree in mathematics, and received his M.D. at Harvard Medical School. He then did his residency in neurology at UCSF and a two-year molecular biology fellowship in Stanley Prusiner's laboratory, and went on to become the Robert B. and Ellinor Aird Professor of Neurology and established the Epilepsy Research Laboratory at UCSF. After serving as Dean for Medical Education at Harvard from 2000-2002, he returned to the Bay Area to renew his academic work at UCSF.

Dr. Lowenstein is a clinician-scientist who has studied both basic science and clinical aspects of epilepsy. Dr. Lowenstein's laboratory studies have examined the fundamental basis of neuronal network remodeling that occurs during epileptogenesis, with a particular focus on the parallels between injury-induced remodeling and the molecular and cellular mechanisms underlying normal brain development. His clinical research includes studies on the management and treatment of patients with status epilepticus, and he was the principal investigator for two prospective, multicenter clinical trials sponsored by the NIH examining the potential benefits of active treatment for patients with status epilepticus in the prehospital setting. In the last ten years, he has been a principal organizer of large-scale, international efforts to study the complex genetics of epilepsy. These include the "Epilepsy Phenome/Genome Project" and "Epi4K: Gene Discovery in 4,000 Genomes," both of which are funded by NIH.

Dr. Lowenstein has been actively involved in advancing the cause of epilepsy at the national and international level, and has held numerous leadership roles in professional organizations and foundations, including serving as President of the AES in 2003-04.

## NURSE AWARDEES

Contact Author	Abstract Title	Poster
<b>Lindsey L. Benefield, M.S.N.</b>	Does A Seizure-Free Interval (Honeymoon Period) Occur After Abrupt Withdrawal Of AEDs In Patients With Daily Seizures?	2.133
<b>Catherine L. Dezort, RN, M.S.N., CPNP</b>	Evaluating The Effectiveness Of A Parent Completed Checklist Versus A Comprehensive Screening Program For Children With Epilepsy	2.189
<b>Breanne Fisher, RN, M.S.N., CPNP</b>	Evaluating The Yield And Referral Follow-Through Of Routine Behavioral And Psychological Screening In Epilepsy Care Settings	2.188
<b>Siobhan J. Hannan, RN, RSCN, M.Sc., INP</b>	Incidence Of Disabling Headache Post Hemispherectomy In Children With Rasmussen Syndrome	2.252
<b>Karen Legg, M.N., NP</b>	Marijuana Use In First Seizure Patients: The Halifax Adult First Seizure Clinic Experience	2.115
<b>Melissa R. Osborn, RN, B.S.N.</b>	Benefits Of Conversion From Immediate Release Lamotrigine To Extended Release Lamotrigine In Individuals With Drug-Resistant Epilepsy Or Adverse Effects	3.255
<b>Debbie Terry, M.S., CNP</b>	How Do Parents Learn About Epilepsy: Written Handouts Or Lived Experiences?	1.050

**Acknowledgment:** Nurse awards are supported by Eisai, Inc.

## GRASS AWARDEES

This award is intended to recognize and honor outstanding young investigators conducting research in basic or clinical neuroscience related to epilepsy. Awardees are selected from Young Investigators who submit an accepted abstract. The Grass Foundation and the American Epilepsy Society have combined resources to present these awards to eight deserving candidates to help support travel costs to present their research at the Annual Meeting of the American Epilepsy Society. The award is composed of a \$1,000 travel stipend, a waiver of AES meeting registration fees and recognition during the Hoyer Lecture on Friday, November 30. Congratulations to the following awardees:

Contact Author	Abstract Title	Poster / Platform #
<b>Jane B. Allendorfer, Ph.D.</b>	Increased Neural Response To Stress In Temporal Lobe Epilepsy Patients Who Believe Stress Affects Their Seizure Control	1.184
<b>Gemma L. Carvill, M.D.</b>	Targeted Resequencing Of Known And Candidate Epilepsy Genes In 500 Patients With Epileptic Encephalopathies	1.312
<b>Man Kin Choy, M.D.</b>	Magnetic Resonance Imaging Within Hours Of Experimental Febrile Status Epilepticus Predicts Subsequent Epilepsy	3.064
<b>Nealen Laxpati</b>	Modulating The Antiepileptic Hippocampal Theta Rhythm Via Optogenetic Neuromodulation Of The Medial Septum	A.05
<b>Bryan T. Leaw, B.Sc. (Hons.)</b>	A Mouse Model Of Early Onset Epileptic Encephalopathy Reveals A Cellular Defect And Suggests A Targeted Therapeutic Intervention	A.02
<b>Kyle P. Lillis, Ph.D.</b>	Functional Re-Wiring Of Hippocampal Neurons During Post-Traumatic Epileptogenesis	3.003
<b>Jaime Saul, M.D.</b>	Patterns Of fMRI Hippocampal Lamellar Activation Induced By Perforant Path Stimulation In The Kainic Acid Rat Model Of Epilepsy	3.193
<b>Bregt Van Nieuwenhuyse</b>	Hippocampal Deep Brain Stimulation Has Antiepileptogenic Potential	A.04

# YOUNG INVESTIGATOR AWARDEES

Contact Author	Abstract Title	Poster / Platform #
Dongmei An, M.D.	Correlation Of EEG/fMRI BOLD Response With Postoperative Outcome In Focal Epilepsy	1.188
P. Bakaki, MB, ChB, M.S.	Defining Incident Cases Of Epilepsy In Administrative Data	1.334
Ana C. Coan, M.D.	EEG-fMRI In The Pre-Surgical Evaluation Of Temporal Lobe Epilepsy Patients	1.186
Chris Dulla, Ph.D.	Is The Loss Of Astrocytic Glutamate Reuptake In The Developing Cortex Epileptogenic?	3.006
Firas Fahoum, M.D., M.Sc.	Scalp Ripples Are Associated With Thalamic BOLD Changes	3.192
Kais Gadhoumi, M.S.	A Seizure Prediction Method For Patients With Temporal Lobe Epilepsy	1.105
Ravi K. Juluru, M.D.	Bioequivalence Studies Among Generic And Brand-Name Modified-Release Antiepileptic Drugs Supports Therapeutic Equivalence And Generic Substitution	1.224
Benjamin P. Kay	Reduced Default Mode Network Connectivity In Idiopathic Generalized Epilepsy With Uncontrolled Seizures	3.194
Cynthia G. Keator, M.D.	Evolution Of Seizures On Continuous Video EEG In Pediatric Abusive Head Trauma	1.061
David Keizer, B.Sc.	Prediction Of Ictal Propagation Using Single Pulse Electroconvulsive Stimulation Early Responses	2.070
Katsuya Kobayashi, M.D., Ph.D.	HFO Correlates Of Cortico-Cortical Evoked Potentials Reveal Altered Excitability In The Human Epileptic Focus	A.06
Pierre Mégevand, M.D., Ph.D.	The Accuracy Of Electric Source Imaging In Localizing Epileptic Activity Relative To The Preoperative Gold Standard Of Intracranial EEG	1.001
Nasir Mirza, M.D.	Solute Carrier Transporters In Pharmacoresistant Epilepsy: An Integrative <i>In Silico</i> And <i>Ex Vivo</i> Analysis	A.09
Brian D. Moseley, M.D.	Postictal Generalized EEG Suppression In Children: A Potential Marker Of SUDEP Risk	1.076
Heidi Munger-Clary, M.D., M.P.H.	Association Of Anxiety Symptoms With Epilepsy Type And Seizure Localization	1.213
Michael S. Oldham, M.D.	Cost Analysis Of Epilepsy Surgery In Pediatric Drug-resistant Epilepsy	1.277
Nicholas K. Schiltz	Disparities In Access To Specialized Epilepsy Care Among People With Epilepsy	2.331
Jacy Wagnon, M.D.	CELF4 Regulates A Vast Set Of mRNAs, Including Many Associated With Synaptic Function And Homeostatic Plasticity	3.096
Matthew P. Ward, M.D.	Vagal Nerve Activation Control: A New Approach To Electrical Stimulation-Based Therapy For Treatment-Resistant Temporal Lobe Epilepsy	1.042
Kristine E. Woodward, B.Sc.	Motor Reorganization In Frontal Lobe Epilepsy	1.190

**Acknowledgment:** Young Investigator Awards are supported by Eisai, Inc. and Medtronic, Inc.

# 2012 Special Interest Group Schedule

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## **Friday 1:30 p.m. – 3:00 p.m.**

EEG – Spotlight on Slow Waves  
Epidemiology – Epilepsy Terminology  
Psychiatry in Epilepsy – Interictal Dysphoric Disorder

## **Friday 6:30 p.m. – 8:00 p.m.**

Basic Neuroscience – Juvenile Myoclonic Epilepsy  
Botanicals & Alternative Therapies for Epilepsy  
Ictal Semiology – Video Case Studies  
Nursing – Research and Managing Well Network  
SUDEP – Explaining the Unexplained

## **Saturday 7:00 a.m. – 8:30 a.m.**

Basic Mechanisms of Epilepsy – Dendritic Dysplasticity  
Critical Care Monitoring – ICU EEG Monitoring  
Junior Investigator Workshop – Career Development  
Pediatric Epilepsy Care-Based Discussion

## **Saturday 6:15 p.m. – 7:45 p.m.**

Psychogenic Non-Epileptic Seizures  
Sleep – Mechanisms and Consequences of Interrupted Sleep

## **Sunday 7:30 p.m. – 9:00 p.m.**

Controversies in the Management of Women with Epilepsy  
Epilepsy Surgery Failures  
Neurostimulation – Neuromodulation in 2012  
Private Practice Epilepsy – Collaboration  
Quality & Value Indicators

## **Sunday 8:00 p.m. – 10:00 p.m.**

Social Networking Group – continuation of SIG discussions

## **Monday 7:00 a.m. – 8:30 a.m.**

Ketogenic Diet and Hormone / Hypothalamic Issues  
Neuroimaging – Molecular Imaging  
Neuropsychology – Transitory Cognitive Impairment  
Novel Directions in Refractory Status Epilepticus

## **Monday 9:00 a.m. – 10:30 a.m.**

Funding for Clinical Pharmacologic Studies in Epilepsy  
Military Epileptologists – PNES in Veterans  
Neonatal Seizure – Which Treatments for Which Patients?  
Pregnancy Registry Outcomes

## **Monday 3:45 p.m. – 5:15 p.m.**

Engineering and Epilepsy  
Genetics – Targeted Therapies in Epilepsy  
Getting Focused With MEG-EEG  
Neuroendocrinology – Hormones in Epileptogenesis

## **Tuesday 7:00 a.m. – 8:30 a.m.**

Children's Hour – Inflammation in Epilepsy  
Frontal Lobe Epilepsy  
Temporal Lobe Club  
Tuberous Sclerosis – Pre-surgical Epilepsy Evaluation  
Tumor Induced Epilepsy

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# FRIDAY November 30, 2012

www.AESNET.org

FRIDAY

8:30 a.m. – 11:30 a.m.

## ► Epilepsy Specialist Symposium: Algorithms in the Diagnosis and Treatment of Epilepsy (3.0 CME Credits)

Convention Center – Room 5, Upper Level

### Overview

This symposium will discuss common problems encountered in caring for patients with new onset or difficult to control seizures. The topics will include: (i) The diagnosis and treatment of a first seizure – who is at risk of recurrence, the risks and benefit balance of starting treatment, and how long to treat. (ii) How to approach the pre-operative evaluation to localize the epileptic onset zone non-invasively and how to plan invasive recordings to localize the seizure onset zone. (iii) Patient selection for treatment by neurostimulator devices (VNS, DBS) to palliate seizures and optimization of stimulation parameters. (iv) Discussing SUDEP – when to have the discussion, with which patients, and how to approach the topic with patients at risk. The speakers will present the audience with algorithms that identify key decisions in the evaluation and treatment of seizures.

### Learning Objectives

- Manage patients with first seizure by applying risk/benefit analysis using prediction of seizure recurrence based on presentation and ancillary tests
- Evaluate patients for epilepsy surgery, weighing the advantages / disadvantages of different approaches and understanding the rationale for selecting a specific approach
- Appropriately refer patients for implantation of and successfully treat them with neurostimulator devices
- Recognize when and how to initiate discussion of SUDEP in patients who are at risk.

### Target Audience

Basic and Intermediate (see page 107 for details)

### Program

Chair: Fred A. Lado, M.D., Ph.D.

- 8:30 a.m. **Introduction and Overview**  
Fred A. Lado, M.D., Ph.D.
- 8:45 a.m. **First Seizure: Diagnosis, Treatment and Prognosis**  
Sheryl Haut, M.D.
- 9:15 a.m. **Debate: Surgical Planning for Extratemporal Non-lesional Surgery?**  
Ashesh Mehta, M.D. and Francois Dubeau, M.D.
- 10:15 a.m. **Treatment of Epilepsy with Implanted Devices: What Are Indications and Benefits?**  
Barbara C. Jobst, M.D.
- 10:45 a.m. **Discussing SUDEP: If, When, How**  
Jeffrey Buchhalter, M.D., Ph.D.
- 11:20 a.m. **Conclusions**  
Fred Lado, M.D., Ph.D.

### Credit Designation

The American Epilepsy Society designates this live activity for a maximum of 3.0 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### Nursing Credit

Nurses may claim up to 3.0 contact hours for this session.

### Pharmacy Credit

ACPE Universal Activity Number (UAN) is 0052-9999-12-2313-L04-P and provides 3.0 contact hours.

### ABPN Core Competencies

The American Board of Psychiatry and Neurology has reviewed the Epilepsy Specialist Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge, Professionalism, and Practice-Based Learning and Improvement

### Acknowledgment

This program is supported by an educational grant from UCB, Inc. and Cyberonics, Inc.

separate registration required

9:00 a.m. – 4:00 p.m.

## 26th Annual Advances in the Management of Epilepsy and the Epilepsy Clinic

Marriott – Marina Ballroom D, Level 3

This intensive one-day conference is designed for those professionals who participate in the care of persons with epilepsy. The overall purpose is to improve services to individuals and families affected by epilepsy. The conference is presented by the Department of Neurology of Wake Forest University School of Medicine, Winston-Salem, North Carolina, through an unrestricted grant committed to the education of health professionals, in an effort to promote the comprehensive care of those with epilepsy and their families.

Registration for this program was done separately from the AES Annual Meeting and began on September 1, 2012 by Wake Forest School of Medicine.

12:30 p.m. – 3:00 p.m.

## ► Annual Fundamentals of Epilepsy Symposium: Optimal Use of the Newest AEDs and Generics (2.5 CME Credits)

Convention Center – Ballroom 6A, Upper Level

### Overview

The Annual Fundamentals of Epilepsy Symposium will address both the newer antiepileptic medications (AEDs) and current understanding regarding use of generic medications. Presentations will address pharmacology and mechanism of action of new AEDs, their clinical pharmacokinetics and drug interactions. Efficacy and adverse effects of newer AEDs in approved indications plus alternative uses of newer AEDs in epilepsy syndromes and status epilepticus will also be reviewed. There will be discussion of current data regarding the use of generic AEDs.

### Learning Objectives

- Use newer AEDs to treat patients with refractory epilepsy
- Match newest AEDs to the epileptic syndrome when appropriate
- Anticipate and recognize adverse effects related to use of newer AEDs
- Use generic medications and advocate for their use based on understanding on available scientific data.

## Target Audience

Basic and Intermediate (see page 107 for details)

## Program

Co-Chairs: James C. Cloyd, Pharm.D. and Michael D. Privitera, M.D.

- 12:30 p.m. **Introduction and Overview**  
James C. Cloyd, Pharm.D.
- 12:40 p.m. **Mechanism of Action of the New AEDs**  
Misty Smith, Ph.D.
- 1:05 p.m. **Clinical Pharmacokinetics and Drug Interactions**  
Cecile Johannessen Landmark, Ph.D.
- 1:30 p.m. **Efficacy and Adverse Effects of Newer AEDs in Approved Indications**  
R. Edward Faught, Jr., M.D.
- 1:55 p.m. **The Emerging Uses of the Newer Antiseizure Medications in Status Epilepticus and Epilepsy**  
Howard Goodkin, M.D., Ph.D.
- 2:20 p.m. **Generic AEDs: Facts and Fiction**  
Michael D. Privitera, M.D.
- 2:45 p.m. **Case Presentations**  
All faculty
- 2:55 p.m. **Conclusions**  
Michael D. Privitera, M.D.

## Credit Designation

The American Epilepsy Society designates this live activity for a maximum of 2.5 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Nursing Credit

Nurses may claim up to 2.5 contact hours for this session.

## Pharmacy Credit

ACPE Universal Activity Number (UAN) is 0052-9999-12-2317-L04-P and provides 2.5 contact hours.

## ABPN Core Competencies

The American Board of Psychiatry and Neurology has reviewed the Annual Fundamentals of Epilepsy Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge, Professionalism, System-Based Practice, and Practice-Based Learning and Improvement.

## Acknowledgment

This program is supported by an educational grant from Eisai, Inc., Lundbeck and Sunovion Pharmaceuticals, Inc.

organizational activities, community outreach and advocacy. Greater participation in the Society offers members extensive career development opportunities by providing a chance to hone leadership skills, to network with other AES members and outside funding organizations, and most importantly, to make significant contributions to improve the lives of patients with epilepsy.

This session will be useful to trainees, basic scientists, clinicians and other health professionals (nurses, psychologists, Pharm.D.s) who want to know more about organizational structure or who want to become more involved. The session will provide an overview of the professional development and volunteering opportunities within the Society, followed by short presentations by members active in AES leadership. The session will end with a chance to meet with AES staff and committee leaders to learn more about available opportunities.

**1:30 p.m. – 3:00 p.m.**

## ➤ Special Interest Group Meetings

*Location listed under each session*

### EEG – Spotlight on Slow Waves

**Convention Center – Room 7, Upper Level**

**Coordinator:** Hiroshi Otsubo, M.D.

**Speakers:** Akio Ikeda, M.D., Ph.D., Marco de Curtis, M.D., Hal Blumenfeld, M.D., Ph.D.

Slow waves represent diverse pathophysiological mechanisms in epilepsy. The spikes and high frequency oscillations (HFOs) are highlighted for epileptogenesis. However, the combination of spike and slow wave is a key element of interictal epileptic discharges. Ictal HFOs are frequently superimposed on very slow waves, called slow shift, to start seizures. Toward the end of seizures the spike and slow waves reappear to stop the seizures. This SIG EEG session's three speakers will present mechanisms of interictal and ictal slow waves for understanding the role of epileptic slow waves.

### Epidemiology – Simple, Generalized and Complex? The Words We Use to Communicate About the Central Manifestations of Epilepsy

**Convention Center – Room 9, Upper Level**

**Coordinator:** Anne T. Berg, Ph.D.

**Speakers:** Samden Lhatoo, M.D., FRCP, Jeffrey Buchhalter, M.D., Ph.D., Tobias Loddenkemper, M.D., Anthony Marson, M.D., Ph.D., David Thurman, M.D., M.P.H., Ana Claire Meyer

A recent report recommended major restructuring of terminology for seizures and abandoning the terms simple and complex partial in favor of describing ictal semiology instead. The impetus is to encourage precise, accurate diagnosis and, one would hope, improve treatment. This is feasible if one has the luxury of being in a monitoring unit, is essential in surgical work-ups, and is often critical in accurate recognition of rare syndromes. It is less manageable in the office setting and often impossible in epidemiological contexts. How can we develop a hierarchical, consistent lexicon that allows meaningful communication and translation across these diverse settings without losing essential detail where it is needed and without imposing it in settings where it is not available? We will have a face-off with epidemiologists and tertiary center epileptologists presenting their perspectives and lexicological needs. Videos will be used to illustrate the debacle with everyone invited to participate in a pre- and a post-self test. There will be ample time for discussion.

**1:30 p.m. – 3:00 p.m.**

## ➤ Professional Development in AES: A Program for Junior Members and Those in Transition

**Convention Center – Room 3, Upper Level**

The American Epilepsy Society invites all interested meeting attendees to come to a special session on volunteer and leadership opportunities within the Society. The American Epilepsy Society has a variety of programs year-round to improve the care and treatment of patients with epilepsy. These efforts include education for basic scientists and clinicians, research grant programs, leadership and

## Psychiatry in Epilepsy – Interictal Dysphoric Disorder: Fact or Fiction

**Convention Center – Room 8, Upper Level**

**Coordinators:** Rochelle Caplan, M.D., John J. Barry, M.D.

**Speakers:** The SIG speakers supporting IDD will be Andres M. Kanner, M.D. and Marco Mula, M.D. and those against will be Alan B. Ettinger, M.D. and John J. Barry, M.D. David W. Dunn, M.D. will discuss its absence in pediatric epilepsy.

Interictal Dysphoric Disorder is a form of depression that has been described in people with epilepsy, but it has yet to be accepted universally. The aim of this SIG is to review the evidence for and against the presence of this condition. This debate addresses important theoretical and clinical implications of this diagnosis. From the theoretical perspective, a similar condition in migraine, and the wide range of psychiatric diagnoses in individuals with this diagnosis question the specificity of this condition and its underlying mechanisms to epilepsy. From the clinical perspective, how does this diagnosis benefit patients in terms of their treatment and long-term outcome?

This program is supported by Sunovion Pharmaceuticals, Inc.

**3:30 p.m. – 6:00 p.m.**

## Spanish Symposium: Extratemporal Epilepsies (2.5 CME Credits)

**Convention Center – Room 5, Upper Level**

### Overview

The symposium will present evidence-based information concerning the scientific and clinical fundamentals of extratemporal epilepsy that are relevant for the diagnosis and management of adult and pediatric patients. The semiology of seizures originating in frontal, parietal and occipital neocortex will present and contrast with symptoms of temporal lobe seizures. The diagnosis and outcomes of pediatric and adult epilepsy syndromes and the criteria for determination of refractoriness will be emphasized. Presurgical evaluation and the selection of surgical or other non-pharmacologic treatments will be critically reviewed.

### Learning Objectives

- ▶ Through improved diagnosis, optimize treatment and outcome of pediatric and adult extratemporal epilepsy syndromes
- ▶ By implementation of modern concepts, improve diagnosis and treatment of refractory epilepsy resulting in improved patient outcomes.

### Target Audience

Basic, Intermediate (see page 107 for details)

### Program

Co-Chairs: Alvaro Hernando Izquierdo Bello, M.D. and Patricio Abad, M.D.

- 3:30 p.m. **Introduction and Overview**  
Alvaro Hernando Izquierdo Bello, M.D.
- 3:40 p.m. **Extratemporal Epilepsies in Children and Adolescents**  
Ignacio Valencia, M.D.
- 4:15 p.m. **Extratemporal Epilepsies in the Adult and the Elderly**  
José F. Téllez-Zenteno, M.D.
- 4:50 p.m. **Surgical Treatment of Extratemporal Epilepsies: Indications, Procedure Selection, Outcome**  
Carlos Barzallo, M.D.
- 5:25 p.m. **Round Table: Case Presentations and Discussion**  
Lilia Nuñez-Orozco, M.D. and Alcy R. Torres, M.D. (moderators)
- 5:50 p.m. **Conclusions**  
Patricio E. Abad, M.D.

## Credit Designation

The American Epilepsy Society designates this live activity for a maximum of 2.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Nursing Credit

Nurses may claim up to 2.5 contact hours for this session.

## Pharmacy Credit

ACPE Universal Activity Number (UAN) is 0052-9999-12-2315-L04-P and provides 2.5 contact hours.

## ABPN Core Competencies

The American Board of Psychiatry and Neurology has reviewed the Spanish Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge and Practice-Based Learning and Improvement

**4:15 p.m. – 5:45 p.m.**

## 10th Judith Hoyer Lecture in Epilepsy Now's the Time: Exciting Opportunities in Epilepsy Research

**Award Presentation:** AES Service Award

**Convention Center – Ballroom 6A, Upper Level**

**Lecturer:** Jaideep Kapur, M.D., Ph.D.

The 10th Judith Hoyer Lecture in Epilepsy, presented by invited lecturer Dr. Jaideep Kapur, is sponsored by the National Institute of Neurological Disorders and Stroke. Dr. Kapur's presentation is the tenth in a series of lectures highlighting the promise of epilepsy research. This series is held in memory of Mrs. Judith Hoyer, an active member of the Board of Directors of the Epilepsy Foundation and the late wife of Representative Steny Hoyer (D-MD). Mrs. Hoyer spent her life both helping families to cope with epilepsy and promoting research into a cure and a better quality of life for those with the disorder. The purpose of the lecture is to raise awareness of epilepsy among researchers and the public and provide intellectual stimulation that will encourage continuing progress toward finding a cure for epilepsy.

This program is supported by an educational grant from Upsher-Smith Laboratories, Inc.

**6:30 p.m. – 8:00 p.m.**

## ▶ Special Interest Group Meetings

**Location listed under each session**

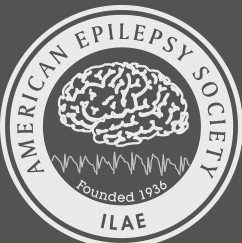
### Basic Neuroscience – Mechanisms of Juvenile Myoclonic Epilepsy: From Molecules to Networks

**Convention Center – Room 8, Upper Level**

**Coordinators:** Martin J. Gallagher, M.D., Ph.D., Michael Wong, M.D., Ph.D.

**Speakers:** Martin J. Gallagher, M.D., Ph.D., Antonio B. Delgado-Escueta, M.D., Ph.D., Matthias J. Koepp, M.D., Ph.D.

Juvenile Myoclonic Epilepsy (JME) is a common Idiopathic Generalized Epilepsy (IGE) syndrome that differs from the more-frequently-studied IGE syndrome, Childhood Absence Epilepsy (CAE), in several domains. Clinically, JME patients exhibit myoclonic and generalized tonic-clonic seizures as well as, occasionally, absence seizures. Moreover, JME patients experience substantially greater rates of pharmacodependence and pharmacoresistance than CAE patients. Electrographically, epileptiform discharges in JME patients occur at faster frequencies and with a different morphology than CAE



## WHY JOIN THE AMERICAN EPILEPSY SOCIETY?

The **American Epilepsy Society** serves as a resource for its membership and the epilepsy community by providing access to data on the latest breakthroughs, technologies and methodologies in epilepsy research.

The American Epilepsy Society promotes interdisciplinary communication, scientific investigation and exchange of clinical information about epilepsy. Membership in AES opens doors to educational sessions, networking and knowledge-sharing among its members and Annual Meeting attendees.



# Join Us

The Journal of the  
**AMERICAN EPILEPSY SOCIETY**



### AES MEMBERS ARE:

- Adult Neurologists
- Advanced Practice Nurses
- Basic Science Researchers
- Clinical Researchers
- Consultants
- Doctors of Osteopathic Medicine
- Doctors of Veterinary Medicine
- Emergency Room Physicians
- Epileptologists
- Fellows
- Government/Regulatory
- Internists
- Licensed Practical Nurses
- Neurosurgeons
- Non-Profit Staff
- Nutritionists
- Office Managers
- Pediatric Neurologists
- Pharmacists
- Pharmacologists
- Presidents/CEO's in Industry
- Industry/Marketing Professionals
- Psychiatrists
- Psychologists
- Physicians Assistants
- Registered Nurses
- Residents
- Social Workers
- Students
- Technologists
- and Others

### AES MEMBERS RECEIVE:

- *Epilepsy Currents*, the official journal of AES
- *Epilepsia*, the official journal of ILAE
- Reduced annual meeting registration fees
- Discounted subscriptions to scientific journals
- Listing in Find-A-Doctor online directory
- Network with members through Professional Connection
- Members-only discussion blogs
- Research funding opportunities
- Distinguished Achievement and Research Recognition Awards
- Weekly e-newsletters with relevant, timely news
- Free listing of your employment opportunities on [www.AESNET.org](http://www.AESNET.org)
- and much more

[www.AESNET.org](http://www.AESNET.org)

discharges. Finally, neurophysiological studies revealed that patients with JME demonstrate a particular diurnal variability of cortical excitability. These observations suggest that JME is produced by different pathophysiological mechanisms affecting different brain networks than those involved in CAE. While several animal models suggested that CAE results from disruption of thalamocortical oscillations, we still need good models of JME to understand the molecular and network mechanisms that cause this disease and to identify new targets to treat pharmacologically. This Basic Neuroscience SIG will discuss the recent developments in the identification of novel genes involved in JME, the elucidation of molecular consequences of JME mutations in vitro and in vivo, and the determination of brain regions involved in JME in human patients.

## Botanicals and Alternative Therapies for Epilepsy – Behavioral Interventions for Epilepsy

**Convention Center – Room 10, Upper Level**

**Coordinators:** Siegwald M. Elsas, M.D., Steven C. Schachter, M.D.

**Speakers:** Peter Wolf, M.D., Ph.D., Joanne Dahl, Ph.D., Donna J. Andrews, Ph.D., Rosa Michaelis

This year, we plan to discuss the rationale of comprehensive behavioral interventions for improving seizure control in epilepsy patients, as described by representatives of several centers which have experience in using different methods to accomplish similar goals. Is it possible for patients to accomplish a change in attitude from a passive role, receiving external treatment to an active role of taking charge of their own epilepsy condition? Is it possible to identify early seizure warning signs or triggers for the average epilepsy patient to allow for a timely countermeasure? We hope that by comparing different approaches, critical features of behavioral interventions for seizures will become apparent in the discussion. In addition, we will consider methodological issues in the conduct of clinical trials of behavioral interventions by reviewing recently published pilot studies. For example, what are the characteristics of suitable control conditions for a study of behavioral interventions?

## Ictal Semiology

**Convention Center – Room 7, Upper Level**

**Coordinator:** Felix Rosenow, M.D.

**Speakers:** Hans O. Lüders, M.D., Ph.D., Philippe Kahane, M.D., Ph.D., Akos C. Szabo, M.D., Felix Rosenow, M.D.

The moderator and members of the faculty will show ictal videos of epileptic patients. This will include some typical seizures as well as unusual cases. After showing the video the moderator will give the audience an opportunity to discuss the case. The discussant should describe the ictal semiology and try to deduce the most likely symptomatogenic and epileptogenic zone. The moderator will then call on his faculty to give their opinion. At the end neurophysiological, neuroimaging or other evidence will be presented that elucidates the symptomatogenic and / or epileptogenic zone.

## Nursing

**Convention Center – Room 16, Mezzanine Level**

**Coordinators:** Madona D. Plueger, M.S.N., RN, CNRN, ACNS-BC, Georgette Smith, M.S.N., M.D.N, APRN, CPNP

**Speakers:** Shelley Stoll, M.P.H., Robert Fraser, Ph.D.

The Nursing SIG will focus the 2012 session on enhancement of nursing knowledge in the field of epilepsy regarding current practice inquiry and research. The SIG will highlight nursing awardee posters allowing author presentation and sharing of information. In addition, the Managing Well with Epilepsy Network will provide an update regarding current research projects and clinical applicability. This forum fosters the development of ongoing nursing participation and collaboration in the field.

Supported by Eisai, Inc.

## SUDEP: Explaining the Unexplained

**Convention Center – Room 11, Upper Level**

**Coordinators:** Elizabeth J. Donner, M.D., FRCP(C), George B. Richerson, M.D., Ph.D., Lawrence J. Hirsch, M.D.

**Speakers:** Edward Glasscock, Ph.D., Rainer Surges, M.D., Anne E. Anderson, M.D., Gordon F. Buchanan, M.D., Daniel Mulkey, Ph.D.

Sudden Unexpected Death in Epilepsy (SUDEP) remains a mysterious tragedy. While the causes of death are thought to ultimately involve cardiac, autonomic or respiratory dysfunction, there is much less known about the CNS mechanisms that lead from a seizure to cardiorespiratory failure. In this session, speakers will present their own personal theories about the specific pathophysiological mechanisms involved, at the molecular, cellular and network levels within the CNS or heart, that lead from a seizure to SUDEP. An emphasis will be placed on which groups of neurons, axonal pathways, neurotransmitters, or molecules are involved, and not simply whether death is due to a cardiac or respiratory mechanism. A substantial amount of conjecture will be allowed, as long as speakers remain constrained by actual data. Following five to six short presentations, ample time will be used for a panel discussion with questions and comments from the audience.

Supported by Lundbeck

## ► Translational Research Programs at the NINDS and NIH

**Convention Center – Room 9, Upper Level**

**Coordinators:** Brandy E. Fureman, Ph.D., William Benzing, Ph.D., Randall Stewart, Ph.D.

**Speakers:** William Benzing, Ph.D., Rajesh Ranganathan, Ph.D., Brian Litt, M.D., H. Steve White, Ph.D., Gregory A. Worrell, M.D., Ph.D.

NIH and NINDS speakers will provide overviews of currently available programs for funding translational research projects (including changes to the Anticonvulsant Screening Program), the application process, and review considerations. Current translational award grantees will provide experiences from the applicant point of view.

**6:30 p.m. – 9:00 p.m.**

## Hot Topics Symposium: Modulators of Epilepsy: The Influence of Lifestyle and Environmental Factors (2.5 CME Credits)

**Convention Center – Ballroom 6A, Upper Level**

### Overview

Exercise is a neglected area when evaluating epilepsy patients. Exercise is often considered as a disease modulating factor in other conditions, but not epilepsy. We will discuss whether cardiovascular fitness can influence the development of epilepsy and its prognosis. Stress is a negative modulator of epilepsy and the aim of this section will be to elucidate how stress can change the course of epilepsy and what can be done about it. Are there environmental or emotional factors that positively influence epilepsy, or are they all negative? Endogenous factors, such as circulating and CNS hormones, are important modulators of epileptogenesis, seizure severity and frequency. In this section hormonal factors, and how to influence them, will be discussed. The mechanism of action and disease modulating effect of neurosteroids remain an understudied area.

### Learning Objectives

- Recommend the type of exercise that is most advantageous for patients with epilepsy and advise patients regarding the factors involved in performing exercise that can have a positive influence on epilepsy
- Counsel patients regarding different stress in life and management of stress, including those stresses that can aid in managing epilepsy

- Implement therapies that can positively influence the neurosteroid environment to decrease seizure activity.

### **Target Audience**

Basic and Intermediate (see page 107 for details)

### **Program**

Co-Chairs: Elinor Ben-Menachem, M.D., Ph.D. and R. Edward Hogan, M.D.

- 6:30 p.m. **Introduction and Overview**  
Elinor Ben-Menachem, M.D., Ph.D.
- 6:40 p.m. **Exercise as a Neuromodulator of Cognition and Epilepsy: What Do We Know from Animal Studies?**  
Georg Kuhn, Ph.D.
- 7:00 p.m. **Effects of Exercise (Cardiovascular Function) on the Development of Epilepsy in Adults**  
Elinor Ben-Menachem, M.D., Ph.D.
- 7:20 p.m. **Stressors/Environmental Enhancement as a Mediator of Epileptogenesis – Animal Models**  
Nigel Jones, Ph.D.
- 7:40 p.m. **Stressors/Environmental Enhancement as a Mediator of Epileptogenesis –Translational Aspects**  
Terence J. O'Brien, M.D.
- 8:00 p.m. **Neurosteroids as Neuromodulators of Epileptogenesis in Animals**  
Istvan Mody, Ph.D.
- 8:25 p.m. **How Neurosteroids Modulate Seizures in Children and Adults**  
Page B. Pennell, M.D.
- 8:50 p.m. **Conclusions**  
R. Edward Hogan, M.D.

### **Credit Designation**

The American Epilepsy Society designates this live activity for a maximum of 2.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### **Nursing Credit**

Nurses may claim up to 2.5 contact hours for this session.

### **Pharmacy Credit**

ACPE Universal Activity Number (UAN) is 0052-9999-12-2314-L04-P and provides 2.5 contact hours.

### **ABPN Core Competencies**

The American Board of Psychiatry and Neurology has reviewed the Hot Topics Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge, Professionalism, System-Based Practice, and Practice-Based Learning and Improvement

**8:00 p.m. – 10:00 p.m.**

### **► Fellows Recognition Gathering**

**Marriott – Balboa, South Tower, Level 3**

Networking opportunity for students, residents and fellows.

**The American Epilepsy Society  
is pleased to announce**

## **INNOVATION PAVILIONS**

**located inside the Exhibit Hall  
Convention Center – Hall B**

These pavilions offer companies an opportunity to provide education and training to meeting attendees in a convenient and more personal environment.

**The Innovation Pavilions will be open on the following days:**

Saturday, December 1: 11:45 a.m. - 6:00 p.m.  
Lundbeck (B)

Sunday, December 2: 10:00 a.m. - 4:00 p.m.  
Lundbeck (A, B & C)

Monday, December 3: 10:00 a.m. - 3:00 p.m.  
Questcor (A)

# SATURDAY December 1, 2012

www.AESNET.org

7:00 a.m. – 8:30 a.m.

## ► Special Interest Group Meetings

Location listed under each session

Please complete program survey – see page 11

### Basic Mechanisms

**Convention Center – Room 9, Upper Level**

**Coordinators:** Howard Goodkin, M.D., Ph.D., Timothy Benke, M.D., Ph.D., Sanjay Rakhade, Ph.D., M.B.B.S.

**Speakers:** Nicholas P. Poolos, M.D., Ph.D., Helen E. Scharfman, Ph.D., Steve Danzer, Ph.D.

Epilepsy-induced changes in axonal and dendritic cytoarchitecture have started attracting attention again in the last few years with new studies about their role in comorbidities of epilepsy. Human pathological studies and studies in animal models of epilepsy have shown structural abnormalities in the dendrites of neurons. Several hypotheses suggest that these abnormalities may be contributing to neuronal dysfunction, epileptogenesis and cognitive / neurological dysfunction in epilepsy.

This basic mechanism SIG will be focused on updating the attendees on current knowledge about the cytoarchitecture and arborization of dendrites observed in the human subject and animal models of epilepsy. The featured talks will provide an overview of the dendritic pathologies observed in different models of epilepsy, dendritic channelopathies observed in models of epilepsy (Dr. Poolos); the structural abnormalities in mature granule cells in temporal lobe epilepsy (Dr. Danzer) and abnormalities in the ectopic granule cells in the hippocampus in pilocarpine model of epilepsy (Dr. Scharfman). Targeted mechanisms for preventing seizure-related structural changes in dendrites may represent a novel therapeutic strategy for treating epilepsy and its complications.

### Critical Care Monitoring – ICU EEG Monitoring

**Convention Center – Room 8, Upper Level**

**Coordinators:** Evan Fertig M.D., Suzette M. Laroche, M.D.

**Speakers:** Susan T. Herman, M.D., Suzette M. Laroche, M.D., Puneet Gupta, M.D., M.S.E., Cecil Hahn, M.D.

1) Review of the new guidelines for Critical Care EEG Monitoring developed by the ICU EEG monitoring consortium. Recommendations will be presented for equipment, personnel, review, coding, billing, etc. 2) Case presentations by expert speakers followed by audience comment and debate. Cases will highlight the utility of quantitative EEG methods and new terminology for quasi-periodic patterns developed by the ICU EEG monitoring consortium.

### ► Junior Investigators Workshop – Opportunities for Funding and Career Development for Junior Investigators

**Convention Center – Room 10**

**Coordinators:** Andre Lagrange, M.D., Ph.D., William Stacey, M.D., Ph.D.

**Speakers:** Daniel Lowenstein, M.D., Jaideep Kapur, M.D., Ph.D., Randall Stewart Ph.D.

Join us for an exciting Junior Investigators Workshop on how to get funded to support your research career. This will be an interactive session in which our renowned panelists will share their pearls of wisdom. We will open the floor for discussion, so bring your questions and topics of discussion. This is sure to be a lively and informative interchange!

### Pediatric Epilepsy Diagnosis and Treatment Opportunities – Case-based Discussions

**Convention Center – Room 7, Upper Level**

**Coordinator:** Elaine Wyllie, M.D.

**Speakers:** Ajay Gupta, M.D., Jorge Gonzalez-Martinez, M.D., Tobias Loddenkemper, M.D., Kevin Chapman, M.D., Elia Pestana-Knight, M.D., Elaine Wyllie, M.D.

Six dynamic faculty will each present an exciting case from his or her clinical experience that teaches an important clinical point and advances our field of pediatric epilepsy. Topics will be diverse and touch on controversies in EEG, seizure semiology, genetics, neurometabolism, neuroimaging, antiepileptic drug therapy, and epilepsy surgery. Audience interaction is encouraged!

Supported by Lundbeck and Questcor Pharmaceuticals, Inc.

8:30 a.m. – 11:30 a.m.

## ► Presidential Symposium: IOM Report 2012: Epilepsy Across the Spectrum: Promoting Health and Understanding (2.25 CME Credits)

**Award Presentation:** Research Awards

**Convention Center – Ballroom 6C, Upper Level**

### Overview

This symposium will describe the process that led to the development of the 2012 IOM. There will be a report on the potential impact of the IOM report on both the AES community and the health care community in general. There will be a review of the major elements of the report and how it will be implemented to change professional education, certification of epilepsy centers and specialists, and patient access to care. Actionable elements of the IOM report that will require coordinated participation of federal and non-federal entities will be addressed. The relationship of the IOM report to the expanded NINDS and inter-institute funding programs for epilepsy research as well as how the IOM report can support the NINDS Epilepsy Benchmarks will be described. Finally, the response of patient advocacy and nongovernmental organizations will be presented, including implementation of the report recommendations and coordination with the community of professionals in epilepsy care.

### Learning Objectives

- Recognize the impact of current gaps in diagnosis and treatment, as well as quality of life issues for patients with epilepsy
- Utilize information from emerging surveillance efforts to assess incidence and prevalence of epilepsy in the population across all age ranges to define clinical needs in their communities
- Understand significant areas of need for clinical, basic, and epidemiological research related to epilepsy and its comorbidities and their relationship to NINDS Epilepsy Benchmarks in order to define their research goals
- Identify and engage others devoted to provision of care in order to coordinate management of patients with epilepsy
- Manage care of patients based on established quality measures and desired improvement strategies in order to optimize patient outcomes.

### Target Audience

Basic, Intermediate and Advanced (see page 107 for details)

## Program

Chair: Frances E. Jensen, M.D.

- 8:45 a.m. **Introduction and Overview**  
Frances E. Jensen, M.D.
- 9:00 a.m. **The IOM Process and Committee Discussion**  
Joseph I. Sirven, M.D.
- 9:35 a.m. **The Context of the IOM Report: A View from HHS Leadership**  
Howard Koh, M.D., M.P.H.  
*This presentation does not provide CME credit*
- 10:10 a.m. **What the IOM Report Means for Basic and Clinical Research**  
Story Landis, Ph.D.
- 10:45 a.m. **How the IOM Report Will Impact the Lives of Patients with Epilepsy**  
Susan Axelrod
- 11:20 a.m. **Conclusions**  
Frances E. Jensen, M.D.

## Credit Designation

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## Nursing Credit

Nurses may claim up to 2.25 contact hours for this session.

## Pharmacy Credit

ACPE Universal Activity Number (UAN) is 0052-9999-12-2316-L04-P and provides 2.25 contact hours.

## ABPN Core Competencies

The American Board of Psychiatry and Neurology has reviewed the Presidential Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge, Professionalism, System-Based Practice, Practice-Based Learning and Improvement

**2:00 p.m. – 4:30 p.m.**

## Professionals in Epilepsy Care Symposium: Current Issues in Clinical Practice: Transitioning from Adolescent to Adult Epilepsy Care (2.5 CME Credits)

**Convention Center – Ballroom 6A, Upper Level**

## Overview

Clinical care guidelines for the transition of adolescents to adult epilepsy care currently are not available. Therefore, most common clinical issues associated with transition of care and practical strategies to address them are identified as an educational need for epilepsy healthcare professionals. Theoretical models, multidisciplinary and multicultural clinical experience, and current strategies for clinical practice of transition of care will be discussed. In addition, special topics in transition of care such as intellectual disability and ILAE task force activities will be presented.

## Learning Objectives

- ▶ When counseling patients and care providers, learner will address challenges and offer suggestions for transitioning youth with intellectual disabilities and epilepsy to adult health care

- ▶ Establish procedures to support patient transition from pediatric to adult care providers
- ▶ Define specific practical issues and the role of pediatric neurologists in the transition and transfer of care within their clinical setting utilizing ILAE task force activities related to the transition of adolescents with epilepsy.

## Target Audience

Basic and Intermediate (see page 107 for details)

## Program

Co-Chairs: Sigita Plioplys, M.D. and Janelle Wagner, Ph.D.

- 2:00 p.m. **Introduction and Overview**  
Sigita Plioplys, M.D.
- 2:15 p.m. **How Can Transition Best Be Orchestrated? Models and Personal Experience**  
Peter R. Camfield, M.D., FRCP(C)
- 2:45 p.m. **Global Issues in the Transition of Adolescents with Epilepsy – A Child Neurologist's Perspective**  
Jaime Carrizosa, M.D.
- 3:15 p.m. **Challenges in Transitioning Adolescents with Intellectual Disabilities and Epilepsy**  
Rebecca Schultz, Ph.D., RN, CPNP
- 3:45 p.m. **Adolescent Epilepsy Transition and the Role of Nursing**  
Laura Jurasek, PNP, M.N.
- 4:15 p.m. **Conclusions**  
Janelle Wagner, Ph.D.

## Credit Designation

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## Nursing Credit

Nurses may claim up to 2.5 contact hours for this session.

## Pharmacy Credit

ACPE Universal Activity Number (UAN) is 0052-9999-12-2320-L04-P and provides 2.5 contact hours.

## ABPN Core Competencies

The American Board of Psychiatry and Neurology has reviewed the Professionals in Epilepsy Care Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge, Professionalism, System-Based Practice, Compassionate Patient Care, and Interpersonal and Communication Skills

## Acknowledgment

This program is supported by an educational grant from Sunovion Pharmaceuticals, Inc.

**2:00 p.m. – 2:30 p.m.**

## ▶ Clinical and Basic Science Keynotes

**Convention Center – Ballroom 6C, Upper Level**

Basic and Clinical Science Research Recognition Award Recipients each give a 15-minute keynote and will be presented at beginning of Translational Research Symposium.

**2:00 p.m. – 4:30 p.m.**

**► Translational Research Symposium:  
Epilepsy Benchmarks: Major Advances  
(2.5 CME Credits)**

**Convention Center – Ballroom 6C, Upper Level**

**Overview**

**Research.** This symposium will inform the audience about recent advances in translational, basic research that directly bear on NIH benchmarks and that could potentially change / improve patient care. Advances in genetics, EEG recordings and analysis, potential cell based therapies, and understanding the relationship between epilepsy and autism will be presented.

**Relationship to the Epilepsy Benchmarks.** The presentations are aligned with the following benchmarks: Identify new treatments or therapies to prevent, interrupt, or reverse the development of epilepsy; develop and test at least one animal model of epilepsy and an associated condition; develop and test biological and other markers that pinpoint the locations of brain networks associated with the development of epilepsy.

**Medical Treatment.** Medical treatment will be advanced as genetic underpinnings of epilepsy are understood and new treatment modalities, such as cell transplants and diet therapies, are explored. Furthermore, identification and characterization of electrical biomarkers via advances in EEG technologies will lead to better understanding of epilepsy phenotypes and improved care.

**Learning Objectives**

- Recognize genetic epilepsies and understand the presumptive mechanisms that underlie conditions such as astatic myoclonic epilepsy and that may contribute to comorbidities such as autism. When managing such patients, address both the mechanism of the epilepsy and the expected comorbidities.
- Review data concerning cell based therapies in models of intractable epilepsy that may provide new insights into novel approaches for correcting network dysfunction in epilepsy
- Use state-of-the-art EEG technologies to improve seizure classification and localization.

**Target Audience**

Intermediate and Advanced (see page 107 for details)

**Program**

Co-Chairs: Daniel H. Lowenstein, M.D. and Karen S. Wilcox, Ph.D.

- 2:30 p.m. **Introduction and Overview**  
Daniel H. Lowenstein, M.D.
- 2:40 p.m. **Role of CNTNAP2 in Epilepsy, Neuronal Migration Abnormalities, and Core Autism-related Deficits**  
Olga Peñagarikano, Ph.D.
- 3:05 p.m. **Using Multi-electrode Array Recordings to Detect Unrecognized Electrical Events in Epilepsy**  
Catherine Schevon, M.D., Ph.D.
- 3:25 p.m. **Embryonic MGE Cells as a Treatment for Epilepsy**  
Scott C. Baraban, Ph.D.
- 3:50 p.m. **Glucose Transporter 1 Deficiency as a Treatable Cause of Myoclonic Astatic Epilepsy**  
Saul Mullen, M.D.
- 4:10 p.m. **Conclusions**  
Karen S. Wilcox, Ph.D.

**Credit Designation**

The American Epilepsy Society designates this live activity for a maximum of 2.5 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Nursing Credit**

Nurses may claim up to 2.5 contact hours for this session.

**Pharmacy Credit**

ACPE Universal Activity Number (UAN) is 0052-9999-12-2321-L04-P and provides 2.5 contact hours.

**ABPN Core Competencies**

The American Board of Psychiatry and Neurology has reviewed the Translational Research Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge

**6:15 p.m. – 7:45 p.m.**

**► Special Interest Group Meetings**

**Location listed under each session**

**PNES**

**Convention Center – Room 9, Upper Level**

**Coordinators:** John J. Barry, M.D. and Markus Reuber, M.D., Ph.D.

**Speakers:** Nicole Roberts, Sigita Plioplys, M.D., Julia Doss, Psy.D.

The PNES SIG will be separated into two parts. In the first section, the focus will be on recent findings from a series of studies exploring the neurobiological and cognitive underpinnings of PNES. This will be discussed by Dr. Nicole Roberts. In the second segment, Drs. Sigita Plioplys and Julia Doss will discuss important clinical questions and difficulties in managing children with PNES and their families. They will also provide new research evidence from an ongoing prospective multi-site study on risk factors in pediatric PNES. Active input from the audience will be welcomed.

**Sleep in Epilepsy – Mechanisms and Consequences of Interrupted Sleep by Epilepsy**

**Convention Center – Room 10, Upper Level**

**Coordinator:** Mark S. Quigg, M.D.

**Speakers:** Carl Bazil, M.D., Ph.D., Erik St. Louis, M.D., Rama Maganti, M.D., Selim R. Benbadis, M.D.

This year's SIG will concentrate on impact of interrupted sleep of the patient with epilepsy and talks will include: (1) The effects of epilepsy on underlying genetic mechanisms of the biological clock. Evidence of seizure effects on basic clock mechanisms will be presented. (2) The effects of anticonvulsant medications on sleep parameters. Patients with epilepsy have disturbed sleep, and certain anticonvulsant medications have particular effects on sleep regulation. (3) The effects of the epileptic state and accompanying seizures on sleep. Recent studies in patients after VNS placement and after epilepsy surgery show physiologic lesions that affect epilepsy also affect sleep.

**6:15 p.m. – 7:45 p.m.**

**► Investigators' Workshop**

**Convention Center – Room 11, Upper Level**

**fMRI Task Selection for Presurgical Mapping in Children: Goals and Challenges**

**Moderator:** Madison Berl, Ph.D.

**Speakers:** Louise J. Croft, M.S., Leigh Sepeta, Ph.D., Simona Ghetti, Ph.D.

**6:15 p.m. – 8:15 p.m.**

**► Translational Investigators' Workshop**

**Convention Center – Room 6A, Upper Level**

**What Do Interictal Spikes Mean – Do They Have Predictive Value?**

Moderator: Christophe Bernard, Ph.D.

Speakers: Massimo Avoli, M.D., Ph.D., Kevin J. Staley, M.D., Christophe Bernard, Ph.D., Elaine C. Wirrell, M.D.

**6:15 p.m. – 8:45 p.m.**

**Antiepileptic Therapy Symposium:  
Management of Refractory Status Epilepticus  
(2.5 CME Credits)**

**Award Presentation:**

J. Kiffin Perry Excellence in Epilepsy Care Award

**Convention Center – Ballroom 6C, Upper Level**

**Overview**

Refractory status epilepticus is associated with high morbidity and special challenges in its management that differ in special populations of patients. In this symposium, we will combine clinical and translational lectures to critically update current practice and progress in the management of refractory status epilepticus in adults and children. The mechanisms underlying the management of refractory status epilepticus, based on recent basic science and translational research, will be discussed. The presentations will address the role of autoimmunity in the pathogenesis and treatment and the role of inflammation and the immune system in the pathogenesis of refractory status epilepticus. Also presented will be a critical evaluation and update on the emerging therapies for refractory status epilepticus.

**Learning Objectives**

- Promptly recognize and initiate appropriate treatment algorithms for refractory status epilepticus, adapting these practices to the needs of special populations, including adults and pediatric patient populations
- Optimize management of patients with refractory status epilepticus utilizing current theories on the basic mechanisms of refractory status epilepticus and applying this information in patient care
- Recognize autoimmune and inflammatory pathogenesis of refractory status epilepticus and implement etiology-specific treatment protocols
- Manage patients with refractory status epilepticus utilizing emerging treatment options based on specific treatment indications and reported outcomes.

**Target Audience**

Intermediate and Advanced (see page 107 for details)

**Programs**

Co-Chairs: Aristeia S. Galanopoulou, M.D., Ph.D. and Angus A. Wilfong, M.D.

**6:25 p.m. Introduction**

Aristeia S. Galanopoulou, M.D., Ph.D.

**6:35 p.m. Management of Refractory SE in Adults**

Andrea Rossetti, M.D.

**6:55 p.m. Management of Refractory SE in the Pediatric Population**

Tobias Loddenkemper, M.D.

**7:15 p.m. Pathophysiology and Treatment of Refractory SE: Lessons from Animal Models**

Claude G. Wasterlain, M.D.

**7:35 p.m. Inflammation and Autoimmune Cases of Refractory SE: Clinical Perspective**

Josep Dalmau, M.D., Ph.D.

**7:55 p.m. The Role of the Immune System in Refractory SE: Preclinical Perspectives**

Annamaria Vezzani, Ph.D.

**8:15 p.m. Future Perspectives in the Management of Refractory SE**

Eugen Trinko, M.D., M.Sc.

**8:35 p.m. Conclusions**

Angus A. Wilfong, M.D.

**Credit Designation**

The American Epilepsy Society designates this live activity for a maximum of 2.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Nursing Credit**

Nurses may claim up to 2.5 contact hours for this session.

**Pharmacy Credit**

ACPE Universal Activity Number (UAN) is 0052-9999-12-2348-L04-P and provides 2.5 contact hours.

**ABPN Core Competencies**

The American Board of Psychiatry and Neurology has reviewed the Antiepileptic Therapy Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge and Practice-Based Learning and Improvement

**You're invited to attend  
Sunday, December 2**

**8:00 a.m. – 8:30 a.m.**

**San Diego Marriott Marquis & Marina –  
Marina Ballroom, Level 3**

*Coffee will be available*



**AES ANNUAL  
BUSINESS MEETING**

All AES members are encouraged  
to attend this yearly meeting.

## SCIENTIFIC EXHIBITS

Scientific exhibits will be on display at this year's annual meeting and will be located in Rooms 3, 4, and 5, directly across from the General Session Room, on the Upper Level of the San Diego Convention Center. These exhibits will provide meeting attendees an opportunity to update themselves on the latest research. Authors will be present throughout the exhibit.

### Sunday, December 2 • 8:00 a.m. – 11:00 a.m.

#### **Visualase, Inc.**

Update on MRI-Guided Laser Ablation to Perform Minimally Invasive Neurosurgery

Room  
3

#### **Sunovion Pharmaceuticals, Inc.**

Eslicarbazepine Acetate: Developing a New Treatment for Epilepsy

4

#### **Lundbeck**

Research Updates for Antiepileptic Therapies Clobazam and Vigabatrin

5

### Sunday, December 2 • 2:00 p.m. – 5:00 p.m.

#### **Medtronic**

Medtronic Deep Brain Stimulation Therapy for Epilepsy: Research and Technology Update

4

### Monday, December 3 • 8:00 a.m. – 11:00 a.m.

#### **NeuroPace**

The NeuroPace® RNS System: Experience with a Responsive Neurostimulation System for the Treatment of Partial Epilepsy

4

#### **UCB, Inc.**

VIMPAT® (lacosamide) C-V: Continuing UCB's Long-Term Commitment to Epilepsy Management

5

► Authors Present: 11:45 a.m. - 1:45 p.m.

► Poster Walking Tours (see page 11 for details)

## Translational Research Mechanisms

1.001

**WITHDRAWN**

**1.002** The Enduring Effects Of Early-Life Stress On Limbic Epileptogenesis Are Mediated By HPA Axis Hyper-Reactivity/A. Koe, M. Salzberg, T. O'Brien, M. Morris and Nigel Jones

**1.003** Transient Prenatal Hypoxia-Ischemia In Rats Diminishes Ca3 Hippocampal Inhibitory Circuit Development/L. Jantzie, P. Getsy, C. Yeung, D. Firl, C. Wilson, F. Jensen and S. Robinson

**1.004** Increased Expression Of Pan-TRK Receptor Proteins In The Cortex Of An Adult Rat Model Of Irradiation-Induced Cortical Dysplasia/Z. Ying, A. Nemes and I. Najm

**1.005** Altered Synaptogenesis After Albumin Exposure: A Model For Posttraumatic Epileptogenesis/L. Wood, I. Weissberg, D. Milikovsky, A. Friedman and D. Kaufer

**1.006** Reduced PP2a Activity And Tau Hyperphosphorylation In The Amygdala Kindling Rat Model Of TLE: A Target For Novel Anti-Epileptogenic Therapies?/T. O'Brien, S. Liu, N. Jones, T. Nguyen, N. Corcoran and C. Hovens

**1.007** Sodium Selenate Treatment Reduces Neurodegeneration And Behavioral Impairments In A Rat Model Of Post-Traumatic Injury Epilepsy/S. Shultz, P. Zheng, D. Wright, L. Johnston, C. Hovens, N. Jones and T. O'Brien

**1.008** Biphasic Roles Of Insulin And IGF-1 In Post-Traumatic Epileptogenesis In Organotypic Hippocampal Cultures/Y. Berdichevsky, H. Mullan, Y. Saponjian and K. Staley

**1.009** Gene Expression In Brain After Erythropoietin And Anakinra Treatment In A Traumatic Brain Injury Model/G. Anderson, C. Vonder Haar, F. Farin, T. Bammler, R. Beyer, E. Kantor and M. Hoane

**1.010** Which Receptor Systems Play A Role In Postictal Refractoriness After Cortical Epileptic Afterdischarges?/P. Mares and H. Kubova

**1.011** Brain Alkalosis And Consequent Seizures After Neonatal Asphyxia Are Caused By Acid Efflux Across The Blood-Brain Barrier/M. Helmy, P. Watkins, E. Ruusuvoori, J. Voipio, P. Kanold and K. Kaila

**1.012** Network Activity Of Cultured Hippocampal Neurons Is Reduced Following Chronic Incubation With Beta-Hydroxybutyrate/C. Drummond-Main, W. Afflick, A. Farran, L. Scott, F. Girotto, M. Scantlebury, D. Kim, M. Colicos and Jong Rho

**1.013** Blocking Mechanism Of The AMPA Receptor Antagonist Perampanel/M. Rogawski, C. Chen, L. Matt and J. Hell

**1.014** Subunit-Specific Dephosphorylation Of The Putative AP2 Binding Sites Of The GABA<sub>A</sub> Receptor During Lithium Pilocarpine-Induced Status Epilepticus/S. Joshi, S. Chester, K. Hawk, K. Rajasekara and H. Goodkin

**1.015** Hypothermia Reduces Calcium Entry Through N-Methyl-D-Aspartate And Ryanodine Receptor Activated Systems In Cultured Hippocampal Neurons/K. Phillips, L. Deshpande and R. DeLorenzo

## Models

**1.016** Modeling The Effective Connectivity Of The Visual Network In Healthy And Photosensitive, Epileptic Baboons/S. Narayana, K. Li, A. Laird, C. Franklin, F. Salinas, M. Leland, P. Fox and C. Szabó

**1.017** Baboon Model Of Generalized Epilepsy: Continuous Intracranial Video-EEG Monitoring With Subdural Electrodes/C. Szabo, F. Salinas, M. Leland, J. Caron, M. Hanes, K. Knappe, D. Xie and J. Williams

**1.018** Effectiveness Of SSRIs Or A 5-HT<sub>7</sub> Agonist On Prevention Of Seizure-Induced Sudden Death In DBA/1 Mice/C. Faingold, X. Long and M. Randall

**1.019** Reversal Of Stress-Induced Seizure Severity Enhancement By Glucocorticoid Receptors Antagonism In A Genetic Model Of Audiogenic Epilepsy/E. Umeoka and N. Garcia-Cairasco

**1.020** Video-EEG Reveals Subclinical Ischemic Seizures And Limited Efficacy Of Phenobarbital In Neonatal Mice/S. Kadam, S. Kang, S. Kim and M. Johnston

**1.021** MECP2 Phosphorylation At Ser421 Can Be Mediated Via Seizure-Induced Activation Of Ca<sup>2+</sup> - Permeable AMPA Receptors In Developing Brain/S. Rakhade, E. Rosenberg, J. Lippman-Bell, C. Hilario-Gomez and F. Jensen

**1.022** Whole-Cell Brain Tissue Impedance Changes As A Function Of State-Of-Vigilance/M. Sedigh-Sarvestani, G. Thuku, S. Weinstein and B. Gluckman

**1.023** Anticonvulsant Activity Of Intravenous And Intramuscular Allopregnenalone/D. Zolkowska, A. Dhir, G. Cooke, C. Wu, L. Zhu, H. Wulff and M. Rogawski

**1.024** Decreased Subcortical Arousal In Limbic Seizures: Brainstem Cholinergic And Thalamic Inhibition During Cortical Slow Oscillations/J. Motelow, A. Gummadavelli, V. Chu, A. Mishra, R. Sachdev, B. Sanganahalli, M. Furman, D. Englot, F. Hyder and H. Blumenfeld

**1.025** Distribution And Functional Effects Of Tetanus Toxin In A Chronic Model Of Temporal Lobe Epilepsy/J. Jefferys, P. Jiruska, L. Foss, A. Powell, W. Chang, A. Ferecsko and A. Sik

**1.026** Persistent Cardiac Alterations Occur Early In A Model Of Acquired Epilepsy/Y. Lai and A. Anderson

**1.027** Subtle Seizures After TBI In A Unique Strain Of Kindling-Susceptible Rats: Electrographic, Behavioral, And Phenotypic Features/C. Cech, M. Hanson, L. Ting, B. Mulvey, T. Langberg, E. Hutchinson, P. Rutecki and T. Sutula

**1.028** Neuroplastic Alterations After Status Epilepticus In Two Experimental Models Of Temporal Lobe Epilepsy/O. Castro, E. Buriticá, V. Santos, S. Marroni, M. Scobar, H. Pimienta and N. Garcia-Cairasco

**1.029** Chronic Valproic Acid Administration Impacts Neurogenesis And Weight Gain After Neonatal Stroke/S. George, S. Raja, S. Yu, A. Kwan, D. Boothe and A. Comi

## Human Studies

**1.030** SUDEP Tissue Donation Program (STOP): Collaborative Network In Support Of SUDEP Registry, Tissue Repository And Human Translational Research/A. Goldman

**1.031** Beta Coherence In Human Temporal Neocortical Microcircuits/R. McGinn, C. Florez, V. Lukankin, I. Marwa, S. Sugumar, J. Dian, P. Carlen, L. Zhang and T. Valiante

**1.032** Younger Age At Surgery Is Associated With Impaired Electron Transport Chain Complex Function In Children With Focal Cortical Dysplasia/M. Miles, L. Miles, H. Greiner, F. Mangano, P. Horn, J. Leach, K. Lee, T. DeGrauw and C. Hoppel

**1.033** Gap-Junction Is A Potential Target For Epileptic Therapy In Human Gelastic Seizures With Hypothalamic Hamartoma/J. Wu, S. Rice, J. Beggs and J. Kerrigan

**1.034** Human Inhibitory Single Neurons Switch Off Before Dramatic Increases In Seizure Amplitude/O. Ahmed, W. Truccolo, E. Eskandar, J. Madsen, W. Anderson, G. Cosgrove, N. Potter, A. Blum, L. Hochberg and S. Cash

**1.035** Differences In Endocrine Response To Stress In Temporal Lobe Epilepsy Patients With And Without Seizure Freedom/J. Szaflarski, J. Allendorfer, E. Nelson, H. Heyse and L. Mendoza

**1.036** Developmental Abnormalities In Epileptogenic Tuberous Sclerosis Complex Lesions: A Comparison Analysis Of Cortical Tubers And Peri-Tuberal Brain/V. Ruppe, P. Dilsiz, C. Shoshkes Reiss, C. Carlson, D. Zagzag, O. Devinsky, H. Weiner and D. Talos

**1.037** Evidence For A Peripheral Annulus Of Enhanced Inhibition From Human Electrocoricography/J. Loeb, A. Mannari and R. Serafini

**1.038** Gamma-Hydroxybutyric Acid Determination For Newborn Screening Of Succinic Semialdehyde Dehydrogenase Deficiency, A Metabolic Epilepsy/P. Pearl, S. Fornì, K. Gibson, Y. Yu and L. Sweetman

**1.039** Serial Examination Of Serum IL-8, IL-10 And IL-1RA Levels Is Significant In Neonatal Seizures Induced By Hypoxic Ischemic Encephalopathy/I. Lee, Y. Youn, S. Kim, I. Sung, S. Chung, Y. Kim and J. Han

#### Devices, Technologies, Stem Cells

**1.040** Phase II Randomized Double-Blind Controlled Trial Of Trigeminal Nerve Stimulation In 50 Subjects With Drug Resistant Epilepsy/C. DeGiorgio, J. Soss, I. Cook, D. Murray, S. Oviedo, G. Corralle-Leyva, D. Markovic, J. Gornbein, J. Pop, S. Gordon, C. Kealey and C. Heck

**1.041** Toward Validation Of A Method And System Of Seizure Detection Using Audio Transformation/M. Breeden, T. Tchong, K. Cicora, T. Skarpaas, N. Hasulak, N. Nathwani, A. Saghyian, C. Wang and J. Goodman

**1.042** Vagal Nerve Activation Control: A New Approach To Electrical Stimulation-Based Therapy For Treatment-Resistant Temporal Lobe Epilepsy/M. Ward, G. Albers, K. Otto, R. Worth and P. Irazoqui

**1.043** Microelectrodes Produce Unreliable EEG Recordings/W. Stacey, S. Kellis, C. Butson, P. Patil, T. Assaf, T. Mihaylova and S. Glynn

**1.044** Physical And Pharmacological Cooling Attenuates Neuroglial Injury, Improves Survival And Cognitive Outcome In Experimental Status Epilepticus/S. Pati, J. Yin, C. Oliveira, A. Deep, Y. Gan, F. Shi, R. Maganti, A. Romanovsky, M. Maalouf and D. Treiman

**1.045** Tele-Epilepsy: Developing A Multi-Modal Device For NonEEG, Extramural, Nocturnal Seizure Monitoring/J. van Andel, C. Ungureanu and G. Petkov

**1.046** Progress On Development Of Neurophysiologically-Based Responsive Therapy In Dogs With Naturally Occurring Epilepsy/G. Worrell, E. Patterson, C. Vite, M. Bower, V. Vasoli, B. Sturges, V. Ruedebusch, L. Coles, J. Cloyd, B. Brinkmann, M. Stead, D. Crepeau, J. McDonnell, J. Mavoori, J. Howbert, K. Leyde and B. Litt

**1.047** Gamma-Band Pre-Seizure Activity Detected With Tripolar Concentric Ring Electrode Laplacian Electroencephalography From Scalp/A. Medvedev, W. Besio, I. Martínez-Juárez, O. Makeyev, M. Fernández-González-Aragón and A. Moreno-Avellan

#### Professionals In Epilepsy Care Nursing

**1.048** Improving Epilepsy Awareness: Education Of Safety Issues In Patients With Epilepsy/R. Ward-Mitchell, M. Philpot, W. Dotson, M. Bensalem-Owen and S. Kapoor

**1.049** Parent Knowledge On Home Management Of Acute Seizures/L. Cain, K. Nickels, E. Wirrell, K. Illg and L. Wong-Kisiel

**1.050** How Do Parents Learn About Epilepsy: Written Handouts Or Lived Experiences?/D. Terry, L. Hamiwka and M. Eversole

**1.051** Moving Toward Best Practice Nursing Guidelines In The Care Of Intellectually Disabled Persons With Epilepsy/T. Buckley

**1.052** The Impact Of New-Onset Epilepsy In Older Adults: A Qualitative Study/W. Miller and J. Buelow

#### Psychosocial

**1.053** The Factors Associated With Quality Of Life In Caregivers Of Patients With Epilepsy/Y. Lee and H. Yu

**1.054** Seizures Make Me A Little Bit Lost: Children's Descriptions Of Their Epilepsy/J. Mulligan

**1.055** Examining Learning And Academic Challenges In Pediatric Non-Epileptic Seizures/J. Doss, S. Plioplys, P. Siddarth, B. Dorwin, B. Bursch, T. Falcone, M. Forgey, W. LaFrance, D. Weisbrot, M. Willis and R. Caplan

#### Education

**1.056** The Synthesis And Structure-Activity Relationship (SAR) Studies Of Novel Aryl Enaminone Derivatives As Potential Anticonvulsant Agents/P. Jackson, T. Harper, C. Kellar, U. Etunnuh, A. Suleyman, M. Bratcher and L. Figgs

**1.057** Implementation Of Seizure Safety Precautions In Patients On Continuous Video EEG Monitoring/L. Schultz, A. Zillgitt, R. Iyengar, J. Guanio, C. McCloskey, M. Kravutskie, M. Spanaki and V. Wasade

**1.058** Epilepsy Practice Patterns Of Epileptologists And Other Neurologists Before And After The Implementation Of The AAN Epilepsy Quality Measures/S. Gaddam, L. Schultz, J. Snyder, T. Howard, M. Hawley, V. Wasade and M. Spanaki

**1.059** Education Of Children With Epilepsy In Poland – Results From Pro-EPI Survey Study/M. Mazurkiewicz-Beldzinska, B. Steinborn, I. Bechyně-Put and M. Balcerzak

#### Neurophysiology

##### Video EEG Epilepsy-Monitoring

**1.060** Ambulatory EEG Monitoring With Video In Adults: Yield And Clinical Utility/E. Fertig, E. Feoli, M. Fleming, C. Lambrakis, O. Laban-Grant, S. Mesad, J. Politsky and M. Lancman

**1.061** Evolution Of Seizures On Continuous Video EEG In Pediatric Abusive Head Trauma/C. Keator, D. Arndt, N. Stence, B. O'Neill, A. Brooks-Kayal and K. Chapman

**1.062** Onset And Propagation Of Temporal Lobe Seizures With VS Without Secondary Generalization: An Intracranial EEG Analysis/J. Yeoun Yoo, M. Youngblood, I. Quraishi, W. Chen, H. Zaveri, L. Hirsch and H. Blumenfeld

**1.063** Widespread EEG Changes Precede Seizures In Focal Epilepsy/P. Perucca, F. Dubeau and J. Gotman

**1.064** EKG Changes In Paroxysmal Non-Epileptic Spells: A Video-EEG Study/M. Al-Dosari, S. Sinha, O. AlSinadi, S. Hanif and K. Siddiqui

**1.065** An Extensive European EEG Database For Analyses Of Long-Term Recordings/A. Schulze-Bonhage, M. LeVanQuyen, F. Sales, B. Schelter, M. Ihle and A. Dourado

**1.066** Patterns Of Interictal Spikes And Of Associated High-Frequency Oscillations (80-500 Hz) During Epileptogenesis In An Animal Model Of Temporal Lobe Epilepsy/R. Salami, R. Benini, M. Levesque, J. Gotman and M. Avoli

**1.067** Periodic Lateralized Epileptiform Discharges (PLEDS) In Adult Inpatients Undergoing Continuous EEG (C EEG) Monitoring/I. Sen-Gupta, S. Schuele, M. Macken, M. Kwasny and E. Gerard

**1.068** EEG Misinterpretation And Misdiagnosis Of Epilepsy In Psychogenic Non-Epileptogenic Seizure Patients/R. Lopez-Baquero and I. Pita

**1.069** Ictal High Frequency Oscillations With Epilepsy Surgical Candidates Secondary To Tuberous Sclerosis Complex/H. Fujiwara, H. Greiner, D. Rose, K. Holland-Bouley, J. Leach, T. Arthur and F. Mangano

**1.070** Clinical Utility Of Long-Term Video-EEG Monitoring In A Cohort Of Patients In A Large Referral Center In Perú/J. Delgado Rios, L. Mija, L. Portilla, W. Zapata, W. De La Cruz and D. Chacón

**1.071** Profits Of Nocturnal EEG-Polysomnography In Epilepsy Units/M. Torres, L. Guzman, R. Cambrodi, M. Toledo, L. Seró, M. Gonzalez, M. Quintana, E. Santamarina, A. Ferre, M. Jurado, X. Salas-Puig and O. Romero

**1.072** Status Epilepticus Versus Recurrent Seizures In Newborns With Hypoxic-Ischemic-Encephalopathy Treated With Hypothermia And Monitored With Continuous Video-EEG/M. Balestri, I. Guidotti, S. Pro, L. Lugli, M. Lispi, L. Ori, D. Longo, A. Todeschini, F. Vigeveno, F. Ferrari and M. Cilio

**1.073** Significance Of Generalized Paroxysmal Fast Activities In Children With Intractable Localization-Related Epilepsy/M. Mohammadi, A. Ochi, C. Go, T. Okanishi and H. Otsubo

#### Other Clinical EEG

**1.074** Clinical Characteristics And Prognosis Of Generalized Spike Wave Discharges With Benign Focal Discharges Of Childhood/T. Fangsaad, L. Liu and N. Connolly

**1.075** Post Resection Electro-Corticography Predicts Seizure Outcome - A Multivariate Logistic Analysis/O. Hope, P. Velur, G. Kalamangalam, J. Slater and N. Tandon

**1.076** Postictal Generalized EEG Suppression In Children: A Potential Marker Of SUDEP Risk/B. Moseley, E. Wirrell, J. Britton, C. Nelson, R. Lee and E. So

**1.077** Analyzing The EEGs Of Family Members Of Patients With Juvenile Myoclonic Epilepsy/S. Gill, R. Duron, M. Tanaka, M. Medina, I. Martinez-Juarez and A. Delgado-Escueta

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**1.215** Screening For Mental Health Symptoms In A Multidisciplinary Pediatric Epilepsy Clinic/K. McNally, J. Cass, K. Robinson and L. Hamiwka

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**1.221** Evidence Of Pathology In The Lateral Hypothalamus: A Connection Between Sleep Disorder And Epilepsy In The Kv1.1 Knock-Out Mouse/H. Roundtree, K. Simeone, K. Samson and T. Simeone  
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**1.224** Bioequivalence Studies Among Generic And Brand-Name Modified-Release Antiepileptic Drugs Supports Therapeutic Equivalence And Generic Substitution/R. Juluru, B. Davit, C. Chaurasia, Y. Chang and G. Krauss  
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**1.226** Pregabalin Monotherapy In Patients With Partial Onset Seizures: A Randomized, Double-Blind, Historical-Controlled Trial/T. Fakhoury, J. French, P. Kwan, V. Pitman, J. Weaver, L. Knapp and L. Yurkewicz  
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- 1.241** Efficacy And Safety Of Once-Daily Adjunctive Perampanel, A Selective AMPA Antagonist In Patients With Treatment-Resistant Partial-Onset Seizures: The North American Experience/B. Vazquez, H. Yang, B. Williams, S. Zhou, A. Laurenza and R. Fain

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**1.246** Pulse Methylprednisolone (MP) Versus Adrenocorticotrophic Hormone (ACTH) In Children With West Syndrome (WS)/P. Singhi, M. Rajpurohit and A. Gupta  
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**1.257** Efficacy Of Vagus Nerve Stimulation In Patients On Unchanged Dose Of Antiepileptic Drug Regimen: 2 Year Outcome At A Community Based Comprehensive Epilepsy Center/S. Chayasirisobhon, L. Cahan, S. Choi, B. Enos, J. Hwang, M. Lin, J. Schweitzer, B. Spurgeon, E. Stuckert and S. Gurbani

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**1.262** Chronic Administration Of Beta-Hydroxybutyrate In Spontaneously Epileptic *Kcna1*-Null Mice Results In Neuroprotective Effects And Suppression Of mTOR Signaling/J. Vallejo, M. Abdelwahab, Q. Liu, L. Leung, G. Turner, Y. Ahn, J. Rho and D. Y. Kim

**1.263** A Novel Mitochondria-Targeted Anticonvulsant Treatment/K. Simeone, S. Matthews, K. Samson and T. Simeone

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**1.265** Anticonvulsant Triheptanoin Results In Few Changes In Brain Metabolism/T. McDonald, M. Hadera, U. Sonnewald and K. Borges

**1.266** Effects Of Chronic Metformin Treatment And A 35% Triheptanoin Diet On Seizure Threshold Of Pilocarpine-Induced Epileptic Mice/A. Fernandez, S. Willis, K. Borges and J. Stoll

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**1.268** Expanded Follow-Up On Outcome Of Multiple Hippocampal Transections In Patients With Temporal Lobe Epilepsy And Normal Memory/E. Kahrman, J. Miller, R. Macinuas, C. Bailey, P. Fastenau, T. Syed, S. Amina, A. Tanner, K. Karanec, I. Tuxhorn, H. Lüders and M. Koubeissi

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**1.273** Real-Time MRI-Guided Stereotactic Laser Thermal Amygdalohippocampectomy (SLTAH) For Mesial Temporal Epilepsy/J. Willie, R. Gross, N. Laxpati, A. Saindane and S. Nour

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**1.281** Resective Epilepsy Surgery Before The Age Of 2/H. Kwon, J. Kang, H. Kang, J. Lee and H. Kim

**1.282** Effects Of Corpus Callosotomy On EEG In Intractable Pediatric Epilepsy/J. W. Kang, T. Khusainov, H. Kwon, H. Kang, J. Lee, Y. Lee, D. Kim and H. Kim

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**1.288** Resective Surgery In Infants With Intractable Epilepsy Associated With Focal Cortical Dysplasia/D. Yalnizoglu, D. Tarquinio, C. Dunoyer, A. Hyslop, I. Miller, T. Resnick, M. Duchowny and P. Jayakar

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- 1.290** The Importance Of Insular Involvement In Epilepsy Surgery/ D. Clarke, D. Monsivais, S. Jean, K. Keough, K. Tindall and M. Lee  
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**1.301** Comparison Of Executive Functions In Patients With Psychogenic Non-Epileptic Seizures (PNES) And Temporal Lobe Epilepsy (TLE) After Controlling For Malingering/L. Myers, M. Lancman and M. Lancman

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- 1.303** Ictal Deficits In Behavior During Childhood Absence Epilepsy/ S. Jhun, J. Rodriguez-Fernandez, J. Guo, J. Gonzalez, W. Xiao, M. Negishi, X. Bai, N. Danielson, X. Han, R. Constable and H. Blumenfeld  
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- 1.314** Recurrent Reciprocal Genomic Rearrangement Of 17q12 As A Cause Of GEFS+/K. Hardies, E. Peeters, A. Suls, S. Weckhuysen, P. Holmgren, W. Van Paesschen and P. De Jonghe

- 1.315** Genome-Wide Association Study And Expression Analysis Suggest Stimulation Of Neurite Growth May Be A Novel Mechanism Of Epileptogenesis In Focal Epilepsy/ L. Baum, S. Zhang, Y. Guo, P. Sham, S. Cherny and P. Kwan

- 1.316** A Polymorphism In The SCN1A Gene Influences The Effect Of Carbamazepine On Cortical Excitability — A Pharmacogenetic TMS-Study/ K. Muzler, A. Hermesen, K. Balkenhol, C. Duddek, H. Bugiel, P. Reif, K. Klein, A. Haag, S. Knake, H. Hamer, H. Trucks, T. Sander and F. Rosenow  
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- 1.318** Familial Concordance Of Status Epilepticus In The Epilepsy Phenome/Genome Project (EPGP)/ J. Weisenberg, L. Thio, R. Fahlstrom, D. Rabinowitz, M. Winawer and EPGP Investigators

- 1.319** Infantile Spasms Of Unknown Etiology: Phenotypic Features Of A Large Cohort/M. Madou, C. Yuskaitis, K. Howell, A. Poduri, I. Scheffer, E. Sherr, EPGP Investigators and EPI4K Investigators

- 1.320** Severe Infantile Multi-Focal Epilepsy: A Slow Progressive Focal Epileptic Encephalopathy Due To SCN1A/Y. O. Kim, J. McMahon, K. Kelley, D. Gill, S. Berkovic and I. Scheffer

- 1.321** Comparison Of SCN1A Mutations In Cases And Controls Identifies Regions Of High And Low Probability For Disease Causation/ T. Callis, L. Susswein and J. Carr

- 1.322** De Novo Gain Of Function KCNT1 Channel Mutations Cause Seizures And Developmental Delay In Malignant Migrating Partial Seizures Of Infancy/G. Barcia, M. Fleming, A. Deligniere, V. Gazula, M. Brown, J. Kronengold, R. Cilio, P. Nitschke, A. Kaminska, N. Boddaert, J. Casanova, I. Desguerre, A. Munnich, O. Dulac, L. Kaczmarek, L. Colleaux and R. Nabbout

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**1.328** mTORC1 Inhibition Rescues Learning And Memory But Not Social Deficits Following Status Epilepticus/A. Carter, A. Brewster, J. Lugo, V. Patil, W. Lee, Y. Qian, F. Vanegas and A. Anderson

**1.329** Neuronal Degeneration Is Observed In Multiple Regions Outside The Hippocampus After Lithium Pilocarpine-Induced Status Epilepticus In The Immature Rat/E. Scholl, F. Dudek and J. Ekstrand

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**1.348** Quality Of EEG Recordings Obtained By Non-Specialist Technicians In Rural Hospital Settings Before And After A One-Day Intensive Training Course/K. Ziemba, M. Hoerth, J. Drazkowski, K. Noe, L. Helepololei, J. Muccioli, L. Tapsell, B. Mill and J. Sirven

#### History Of Epilepsy

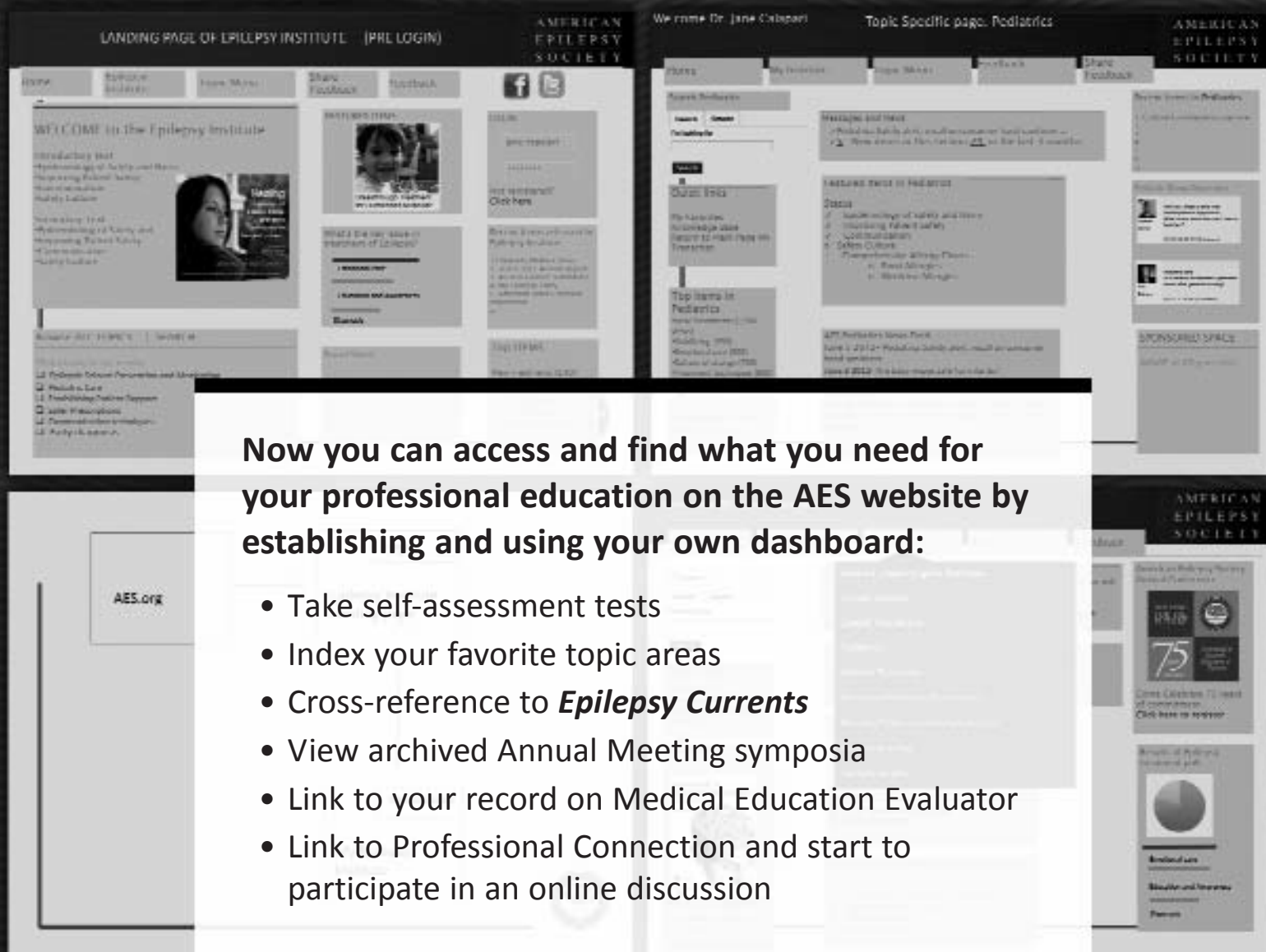
**1.349** The Portrayal Of Seizures And Epilepsy On YouTube/V. Wong, M. Stevenson and L. Selwa

**1.350** Epilepsy And The Heart – A Historical Review 1827 – 1935/  
S. Singh, R. Sankaraneni and J. VanDerWerf

**1.351** Francisco Goya And The Impenitent's Seizure/E. Carrazana and M. Lopez

# AES Epilepsy Institute

*Your gateway to educational needs  
and Maintenance of Certification (MOC)*



The image displays two screenshots of the AES Epilepsy Institute website. The left screenshot shows the 'LANDING PAGE OF EPILEPSY INSTITUTE (PRE LOGIN)' with a 'WELCOME to the Epilepsy Institute' message and a list of featured articles. The right screenshot shows a 'Topic Specific page: Pediatrics' with a 'Welcome Dr. Jane Calabrese' message and a list of featured articles. A central text box with a white background and black text is overlaid on the screenshots, providing information about the user dashboard.

**Now you can access and find what you need for your professional education on the AES website by establishing and using your own dashboard:**

- Take self-assessment tests
- Index your favorite topic areas
- Cross-reference to ***Epilepsy Currents***
- View archived Annual Meeting symposia
- Link to your record on Medical Education Evaluator
- Link to Professional Connection and start to participate in an online discussion

**It's all here...starting now!**  
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**[www.AESNET.org](http://www.AESNET.org)**

AES members have free access to start their dashboard homepage for their individualized professional development.  
Non-members are welcome as well for an annual access fee.

# SUNDAY December 2, 2012

www.AESNET.org

8:45 a.m. – 5:15 p.m.

## ► Annual Course: Managing Common Complex Symptomatic Epilepsies: Tumors and Trauma

(6.0 CME Credits)

Convention Center – Ballroom 6C, Upper Level

Spanish translation  
available

### Overview

Trauma and tumors are inextricably linked to epilepsy. Among people with newly diagnosed epilepsy of known cause, primary brain tumors or brain metastasis, and Traumatic Brain Injury (TBI) predominate. Chronic seizures are often the most cited problematic complication to either of these conditions. Both trauma and tumors are complicated by their heterogeneous epileptogenic injuries and the spectrum of comorbid conditions. Primary care and specialty physicians alike — including oncologists, neurologists, epileptologists, emergency room physicians — all struggle with how to best manage epilepsy as it pertains to both trauma and tumors as numerous therapeutic strategies are available.

This year's Annual Course will delve into tumor-based and posttraumatic epilepsy, two of the most common yet challenging symptomatic epilepsies faced on a daily basis, through a multidisciplinary approach. The course is divided into two sessions with the morning session devoted to tumor-based epilepsy and the afternoon to posttraumatic epilepsy. Each session will be framed by common clinical scenarios including adults and children and will be used to discuss how disparate mechanisms lead to epilepsy, how the conditions are diagnosed, the questionable role for antiepileptogenic management and how to best manage the conditions from both a medical and surgical vantage point. The goal of the course is to highlight clinical management while illuminating basic science and practice gaps. Each session will end with a summary and offer a potential algorithm for clinical management for epilepsy related to each condition.

### Learning Objectives

- Utilize algorithms that describe how best to manage patients with epilepsy related to brain tumors including novel intraoperative monitoring techniques
- Use an evidence-based algorithm for management of the patient with posttraumatic epilepsy
- Perform risk analyses in making treatment decisions regarding prophylactic use of AED in patients with CNS tumors
- Manage patients with metastatic brain tumors with treatment options based on evidence-based best practice.

### Target Audience

Basic, Intermediate and Advanced (see page 107 for details)

### Program

Chair: Joseph I. Sirven, M.D.

8:45 a.m. Introduction Overview  
Joseph I. Sirven, M.D.

### Tumors

8:55 a.m. Case Presentation: Benign Tumor-based Epilepsy  
Lily Wong-Kiesel, M.D.

9:00 a.m. Epidemiology and Semiology of Tumor-based Epilepsy  
Charles J. Vecht, M.D.

- 9:25 a.m. Panel Flash Session: Tumor-based Factors – Genetic Factors, Tumor Types, Peritumoral Morphological Changes  
Lara E. Jehi, M.D., Steve S. Chung, M.D., Joon Uhm, M.D.
- 9:40 a.m. Prevention of Epilepsy in Tumors? Insights from Basic Science, Glutamate Receptors  
Joon Uhm, M.D.
- 10:05 a.m. Break
- 10:20 a.m. Case Presentation: Refractory Epilepsy Related to Tumor-based Epilepsy  
Jeffrey M. Politsky, M.D., FRCP(C)
- 10:25 a.m. Surgical Issues in Managing Tumor-based Epilepsy: Resection Extent Outcomes / Timing of Surgery  
Edward Chang, M.D.
- 10:50 a.m. Intraoperative Monitoring: Role in Epilepsy-based Tumor Surgery (Novel Techniques)  
Aatif M. Husain, M.D.
- 11:15 a.m. Case Presentation: Epilepsy Related to a Malignant-based Tumor  
William O. Tatum, IV, D.O.
- 11:20 a.m. Debate: Valproic Acid for Seizures Due to Tumors  
Pro: Ideal Drug in Tumor-based Epilepsy Due to Antineoplastic Properties  
Charles J. Vecht, M.D.  
Con: Poor Choice of Drug Due to Adverse Effects and Teratogenic Potential  
Kimford J. Meador, M.D.
- 11:50 a.m. Morning Summary – Algorithm and Treatment Summary  
Jorge G. Burneo, M.D., M.S.P.H.

Noon - 2:00 pm. Break in Exhibit Hall (Lunch: Noon - 1:00 p.m.)

### Trauma

- 2:00 p.m. Case Presentation: Epilepsy Presenting from Recent Civilian Trauma  
Katherine Noe, M.D., Ph.D.
- 2:05 p.m. Panel Flash Session: Epidemiology and Risk Factors for Traumatic Epilepsy  
Dale C. Hesdorffer, M.D., Susan T. Herman, M.D., Samuel Wiebe, M.D.
- 2:25 p.m. Epileptogenesis and Treatment  
Jerome Engel, Jr., M.D., Ph.D.
- 2:40 p.m. Case Presentation: Epilepsy from a Military Experience  
Sara Schrader, M.D.
- 2:45 p.m. Epilepsy from the Military Perspective  
Karen L. Parko, M.D.
- 3:10 p.m. Debate: Does AED Prophylaxis Work in Posttraumatic Epilepsy?  
Marc A. Dichter, M.D., Ph.D., Patrick Kwan, M.D., Ph.D.
- 3:40 p.m. Break
- 3:55 p.m. Case Presentation: Refractory Epilepsy from Trauma  
Eric Kossoff, M.D.
- 4:00 p.m. Imaging and EEG and Post-traumatic Epilepsy  
Michael R. Sperling, M.D.

- 4:25 p.m. Non-epileptic Seizures and Trauma  
Martin Salinsky, M.D.
- 4:40 p.m. Surgical Management of Post-traumatic Epilepsy:  
Complexities-Adhesions, Multiple Foci,  
Encephalomalacia  
Jeffrey P. Blount, M.D.
- 5:00 p.m. Conclusion: Algorithm and Treatment Summary  
Joseph I. Sirven, M.D.

## Credit Designation

The American Epilepsy Society designates this live activity for a maximum of 6.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Nursing Credit

Nurses may claim up to 6.0 contact hours for this session.

## Pharmacy Credit

ACPE Universal Activity Number (UAN) is 0052-9999-12-2322-L04-P and provides 6.0 contact hours.

## ABPN Core Competencies

The American Board of Psychiatry and Neurology has reviewed the Annual Course and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge, System-Based Practice, and Practice-Based Learning and Improvement

## Acknowledgment

This program is supported in part by an educational grant from UCB, Inc. and Novartis Pharmaceuticals Corporation

### ► 8:45 a.m. – 5:15 p.m.

## Investigators' Workshops

Location listed under each session

Please complete program survey – see page 11

## Overview

These workshops, conducted informally and designed to encourage interaction, will address several important areas of rapidly-emerging knowledge in clinical and basic research in epilepsy. The workshops are intended to identify challenges in current research, propose methods to overcome those challenges, and encourage areas for future investigation.

The Basic Science Investigator Workshops will highlight a number of research areas that have been developing rapidly over the last year. Participants include both established and junior epilepsy investigators as well as researchers outside the epilepsy community who have specialized expertise that may be applied to epilepsy basic science. In addition, one of the workshops features presentations by junior investigators in cutting-edge areas of research.

The Clinical Investigators' Workshops provide a series of working seminars in matters of active clinical investigation and controversy. Speakers present results from their ongoing research and place their findings in the context of current understanding. One of these workshops has been selected as a Translational Investigators' Workshop. This two-hour session will present a particularly broad overview of basic and clinical research on an important problem in epilepsy.

Most of the workshops will run as concurrent sessions on Sunday, while two concurrent workshops, including the longer translational workshop, are scheduled for Saturday afternoon, with a single workshop on Monday afternoon. A separate Investigators' Workshop Poster Session will occur starting at noon close to the IW Platform Sessions.

This year the Epilepsy Research Recognition Award recipients will present their keynote addresses prior to the Translational Research Symposium on Saturday afternoon, rather than during the Investigators' Workshops. Please plan on attending to celebrate AES researchers.

## Target Audience

Basic scientists, neurologists, neuroscientists, pharmacologists, neuropsychologists and neurosurgeons who are performing research in epilepsy

## Program

Investigators' Workshops Chair: Nicholas P. Poolos, M.D., Ph.D.  
Clinical Investigators' Workshop Chair: Hal Blumenfeld, M.D., Ph.D.

### Morning Session I – 8:45 a.m. – 10:15 a.m.

#### 1. Multimodal Neuroimaging to Direct Epilepsy Surgery

**Convention Center – Room 8, Upper Level**

Moderator: John S. Duncan, D.M., FRCP

Speakers: Christian Vollmar, M.D., William E. Bingaman, M.D., Andrew W. McEvoy, M.D.

#### 2. The Extracellular Matrix in Epilepsy

**Convention Center – Room 11, Upper Level**

Moderator: Brenda E. Porter, M.D., Ph.D.

Speakers: Esther Baronov, MS, Chris Ikonomidou, M.D., Ph.D., Lorenzo Cingolani, Ph.D.

#### 3. SUDEP Research Consortium: A New Collaborative Network to Discover Predictive Genes, Mechanisms and Biomarkers of SUDEP

**Convention Center – Room 10, Upper Level**

Moderators: Alica M. Goldman, M.D., Ph.D.

Speakers: George B. Richerson, M.D., Ph.D., Lisa M. Bateman, M.D., Jeffrey L. Noebels, M.D., Ph.D.

Break: 10:15 a.m. – 10:30 a.m.

### Morning Session II – 10:30 a.m. – Noon

#### 4. Validation of Epilepsy Biomarkers in Humans: Goals, Successes, Challenges

**Convention Center – Room 8, Upper Level**

Moderators: Jeffrey A. Loeb, M.D., Ph.D.

Speakers: Laura A. Jansen, M.D., Ph.D., Gilles Huberfeld, M.D., Ph.D., Jeffrey A. Loeb, M.D., Ph.D.

#### 5. Swimming Toward a New Path for Drug Discovery in Epilepsy: An Open Discussion of Traditional and Emerging Strategies

**Convention Center – Room 11, Upper Level**

Moderator: F. Edward Dudek, Ph.D.

Speakers: H. Steve White, Ph.D., Scott C. Baraban, Ph.D., Yevgeny Berdichevsky, Ph.D.

#### 6. Searching for Lesions in "Nonlesional" Epilepsy

**Convention Center – Room 10, Upper Level**

Moderator: Neda Bernasconi, M.D., Ph.D.

Speakers: Fernando Cendes, M.D., Ph.D., Andrea Bernasconi, M.D., Francine Chassoux, M.D.

### Noon – 2:00 p.m. Poster Session (Lunch)

**Convention Center – Ballroom 6A, Upper Level**

Note: Number below refers to poster assignment

**3.003** Functional Re-Wiring Of Hippocampal Neurons During Post-Traumatic Epileptogenesis/K. P. Lillis, W. B. Swiercz, M. A. Kramer, G. Q. Zhao, J. L. Raymond, B. J. Bacskaï, K. J. Staley

**3.004** The Receptor For Advanced Glycation End Products (RAGE) Is Overexpressed In Mesial Temporal Lobe/A. Vezzani, V. Iori, M. Carli, R. Vertemara, T. Ravizza, E. Aronica, M. Maroso

**3.005** A Reorganized GABAergic Circuit In A Model Of Epilepsy/Z. Peng, C. S. Huang, Y. Cetina, N. Zhang, C. R. Houser

**3.006** Is The Loss Of Astrocytic Glutamate Reuptake In The Developing Cortex Epileptogenic?/C. Dulla, L. Andresen, A. Taylor, E. Hanson, M. Freeman, D. Cantu

- 3.007** P75 Neurotrophin Receptor Modulation And JAK/STAT Inhibition: Role In The Progression Of Epilepsy In The Pilocarpine Rat Model/*H. Grabenstatter, Y. CruzDelAngel, J. Carlsen, T. Yang, A. M. White, F. M. Longo, S. J. Russek, A. R. Brooks-Kayal*
- 3.008** Formation And Regulation Of Heteromeric HCN Channels In Live Cells: Insights From TIRF/FRET Imaging/*Y. Noam, L. Regev, A. Koh, N. Hoshi, T. Z. Baram*
- 3.010** Selective Deletion Of PTEN From Hippocampal Granule Cells Produces Focal Hippocampal Seizures/*I. J. Rolle, R. Y. Pun, K. Holland, S. C. Danzer*
- 3.011** An Epilepsy-Causing Mutation In SCN1A Causes Gain-Of-Function In GABAergic Interneurons/*E. Velazquez, A. Escayg, A. Goldin*
- 3.013** Reduced Cortical GABA-A Receptor Endocytosis In A Mouse Model Of Absence Epilepsy/*M. J. Gallagher, C. Zhou*
- 3.015** Seizures In Mice Overexpressing The Calcium Channel Receptor Alpha2-Delta1/*L. Faria, I. Parada, Z. D. Lou, B. Barres, D. A. Prince*
- 3.016** Closed-Loop Optogenetic Control Of Spontaneous Seizures/*C. Armstrong, E. Krook-Magnuson, M. Ojima, I. Soltesz*
- 3.017** Effect Of 532 Nm Low-Power Laser Irradiation On The Murine Hippocampal Pyramidal Cells: Examination By Patch Clamp Technique/*K. Tsuchiya, A. Kobayashi, N. Kuwahara, K. Tsuchida, H. Tegushi, T. Tachibana, H. Kawai, S. Kogure*
- 3.027** GABA<sub>A</sub> Receptor Mutant Mice With Absence Epilepsy Display Loss Of Inhibitory Tonic Currents/*K. P. Mangan, S. Petrou, S. Johnson, M. V. Jones*
- 3.029** Tyrosine Phosphorylation Of Voltage-Gated Sodium Channel  $\beta$ 1 Regulates Neurite Outgrowth/*J. Calhoun, L. Isom*
- 3.032** Dysregulation Of Voltage-Gated Ion Channel Expression In A Mouse Model Of Cortical Dysplasia/*L. H. Nguyen, A. L. Brewster, A. E. Anderson*
- 3.033** MAP Kinase Inhibition As A New Therapeutic Target For Interictal Spiking In The Rat/*D. Senador, D. T. Barkmeier, S. Dattloff, J. A. Loeb*
- 3.034** Spontaneous Temporal Lobe Seizures In A Prenatal Freeze Lesion Rat Model/*T. Kamada, W. Sun, T. Uehara, K. Takase, H. Shigeto, S. O. Suzuki, Y. Ohyagi, J. Kira*
- 3.035** A Novel Hippocampal Seizure Model Using Optogenetics/*S. Osawa, M. Iwasaki, R. Hosaka, Y. Matsuzaka, H. Tomita, T. Ishizuka, E. Sugano, E. Okumura, H. Yawo, N. Nakasato, T. Tominaga, H. Mushiake*
- 3.036** Regional Expression Patterns Of Candidate Genes Linked To Landau-Kleffner Syndrome/*L. V. Long, E. Powell*
- 3.037** Cardiac, Respiratory, And Cortical Function After Electrically-Induced Seizures In Wild-Type And 5-HT Neuron Deficient Mice/*G. F. Buchanan, G. B. Richerson*
- 3.045** From Rats To Men: A Virtual Water-Maze Task Shows Cognitive Impairments/*A. S. Titiz, G. L. Holmes, R. C. Scott, P. P. Lenck-Santini*
- 3.046** Evidence Of Increased Neuroinflammation In Human Tuberous Sclerosis Complex/*P. Dilsiz, V. Ruppe, H. Weiner, C. Shoshkes Reiss, S. Najjar, J. French, O. Devinsky, D. M. Talos*
- 3.056** Epidural Focal Brain Cooling Suppresses Neocortical Seizures/*T. Inoue, M. Fujii, H. Kida, T. Yamakawa, T. Tokiwa, Y. Maruta, Y. He, S. Nomura, Y. Owada, T. Yamakawa, M. Suzuki*
- 3.064** Magnetic Resonance Imaging Within Hours Of Experimental Febrile Status Epilepticus Predicts Subsequent Epilepsy/*M. Choy, C. M. Dubé, P. Maras, K. Ambadipudi, A. Blood, M. Hashemian, Z. Baqai, S. F. Quddusi, M. Pakhdikian, A. Hasso, A. Obenaus, T. Z. Baram*
- 3.074** Identification Of Potential Genes Of Absence Epilepsy By MALDI Imaging Using Two Bidirectionally Selected Mouse Lines/*B. Martin, M. Lagarrigue, T. Alexandrov, R. Lavigne, G. Dieuset, S. Baulac, C. Pineau*
- 3.097** T-type Calcium Channels Facilitate Neuronal Hyper-Excitability In Epilepsy/*M. K. Patel, D. Gryder, N. Hargus, J. Renger, V. Uebele, E. Perez-Reyes, E. Bertram, A. Nigam*
- 3.175** Sub-surface, Femtosecond Laser Incisions As A Therapy For Partial Epilepsy/*R. N. Fetcho, J. Nguyen, M. Zhao, N. Nishimura, T. H. Schwartz, C. B. Schaffer*
- 3.186** Thalamocortical Alterations In Temporal Lobe Epilepsy Revealed Using Connectivity-Based Segmentation/*S. S. Keller, J. O'Muircheartaigh, C. Traynor, K. Towgood, G. J. Barker, W. R. Crum, M. R. Richardson*

- 3.189** White Matter Abnormalities In Patients Of Juvenile Myoclonic Epilepsy/*S. Sinha, J. Saini, B. S. Bagepally, C. T. Ramachandiraiah, K. Thennarasu, C. Prasad, A. B. Taly, P. Satishchandra*
- 3.192** Scalp Ripples Are Associated With Thalamic BOLD Changes/*F. Fahoum, F. Melani, L. P. Andrade-Valença, F. Dubeau, J. Gotman*
- 3.193** Patterns Of fMRI Hippocampal Lamellar Activation Induced By Perforant Path Stimulation/*S. Jaime, T. Q. Duong, J. E. Cavazos*
- 3.194** Reduced Default Mode Network Connectivity In Idiopathic Generalized Epilepsy With Uncontrolled Seizures/*B. P. Kay, M. W. DiFrancesco, S. K. Holland, J. P. Szaflarski*
- 3.195** Evaluation Of Amygdala Enlargement In Symptomatic Localization-Related Epilepsy/*G. Taniguchi, K. Ito, Y. Murata, D. Sone, Y. Watanabe, M. Okazaki, M. Watanabe, N. Sato*
- 3.196** Propagation Of Interictal Activity In Frontal Lobe Epilepsy: A MEG-DTI Study/*E. M. Castillo, Z. Li, G. Von Allmen, J. I. Slater, A. C. Papanicolaou*
- 3.213** Ceftriaxone Treatment After Traumatic Brain Injury Increases GLT-1 Expression, Reduces The GFAP Marker Of Gliosis, And Reduces Posttraumatic Seizures In Rats/*G. S. Goodrich, A. Y. Kabakov, M. Q. Hameed, S. C. Dhamne, P. A. Rosenberg, A. Rotenberg*
- 3.312** Myotonia In Brain: 'Skeletal' Chloride Channel CLC-1 Linked To Idiopathic Generalized Epilepsy/*T. L. Klassen, T. T. Chen, J. G. Reed, M. J. Kole, A. M. Goldman, C. Marini, R. Guerrini, J. L. Noebels*
- 3.321** Long-term mTOR Hyperactivation Leads To Social Behavior And Learning And Memory Deficits/*E. Arbuckle, G. Smith, J. Morrison, C. Floruta, O. Okonkwo, J. N. Lugo*
- 3.337** Synchronous Firing In Two Populations Of Neurons In Human Epileptic Hypothalamic Hamartomas/*P. N. Steinmetz, S. Wait, G. P. Lekovic, H. L. Rekate, J. F. Kerrigan*
- 3.338** Detection Of Human Herpesvirus-7 In 305 Patients With Intractable Epilepsy/*J. Li, C. Huang, D. Zhou*
- 3.341** Inflammatory And Neuroplastic Changes In The Hippocampus 24 Hours After Lateral Fluid Percussion Injury/*L. Shapiro, M. J. Ruch, S. Mukherjee, S. Zeitouni*

**Afternoon Session I – 2:00 p.m. - 3:30 p.m.**

- 7. What's Next? Epilepsy Research at the Cutting Edge: A Young Investigators' Workshop**  
**Convention Center – Room 8, Upper Level**  
 Moderator: Scott C. Baraban, Ph.D.  
 Speakers: Jeanne T. Paz, Ph.D. "Real-Time Optogenetic Control of Seizures," Tara L. Klassen, Ph.D. "Ion Channel Genetics," Heidi Grabenstatter, Ph.D. "Targeting Signaling Pathways for Disease Modification," Csaba Varga, Ph.D. "Towards Understanding Epileptic Chronocircuitry."
- 8. Dysfunctional Phosphorylation Signaling in Epilepsy**  
**Convention Center – Room 11, Upper Level**  
 Moderator: Anne E. Anderson, M.D.  
 Speakers: Amy Brewster, Ph.D., James Trimmer, Ph.D., Nicholas P. Poolos, M.D., Ph.D.
- 9. Massively Parallel Sequencing in Epilepsy**  
**Convention Center – Room 10, Upper Level**  
 Moderators: Samuel F. Berkovic, M.D., Peter de Jonghe, M.D.  
 Speakers: Elliott Sherr, M.D., Ph.D., Erin Heinzen, Pharm.D., Ph.D., Ingo Helbig, M.D.

Break: 3:30 p.m. - 3:45 p.m.

**Afternoon Session II – 3:45 p.m. - 5:15 p.m.**

- 10. Neocortical Focal Seizures in Etiologically Realistic Models of Acquired Epilepsy**  
**Convention Center – Room 8, Upper Level**  
 Moderator: Raimondo D'Ambrosio, Ph.D.  
 Speakers: Raimondo D'Ambrosio, Ph.D., Ramon Diaz-Arrastia, M.D., Ph.D., Harold Sontheimer, Ph.D.

## 11. Brain pH in the Generation and Suppression of Seizures

**Convention Center – Room 11, Upper Level**

Moderator: Kai Kaila, Ph.D.

Speakers: Saul Mullen, M.B.B.S., Steven Petrou, Ph.D., Kai Kaila, Ph.D.

## 12. Comorbidity Between Epilepsy and Autism Spectrum Disorder: Challenges in the Diagnosis

**Convention Center – Room 10, Upper Level**

Moderator: Stéphane Auvin, M.D., Ph.D.

Speakers: Rochelle Caplan, M.D., Anne T. Berg, Ph.D.,

Elizabeth Thiele, M.D., Ph.D.

**5:15 p.m. – 6:15 p.m.**

## ABPN Town Hall on Subspecialty Exam and MOC Requirements

**Convention Center – Room 7, Upper Level**

Attention Epilepsy Specialists - Are you confused about what you need to do to become certified as an Epileptologist? Come and hear about the requirements you are facing for sitting for the Epilepsy Subspecialty exam (starting October 2013) and for the Maintenance of Certification (MOC) cycle that will follow. Dr. Patricia K. Crumrine, AES member and Chair of the Board for the Epilepsy Subspecialty, under the American Board of Psychiatry and Neurology (ABPN) will speak to the upcoming requirements. Also the AES Council on Education (COE) Chairs will speak to what AES is launching to support your efforts to prepare for the exam and become involved in a MOC recertification program, starting with your own "life-long learning" dashboard and self-assessment in the AES Epilepsy Institute.

**6:00 p.m. – 7:30 p.m.**

## ➤ Mentoring Session for Junior Investigators

**Marriott – Point Loma, South Tower, Level 1**

**Pre-application required**

This program is targeted to fellows, postdoctoral researchers, instructors and assistant professor level junior faculty. Epilepsy professionals at the Associate Professor level will volunteer to serve as mentors. Accepted applicants will meet with their assigned mentors during this time.

**7:30 p.m. – 9:00 p.m.**

## ➤ Special Interest Group Meetings

**Location listed under each session**

### Epilepsy Surgery Failures

**Convention Center – Room 7, Upper Level**

Coordinator: Michael M. Haglund, M.D., Ph.D.

Speakers: TBA

The power of the SIG is the participants, but the moderator would also like to thank the brave souls who were willing to put up their difficult cases for debate and analysis. However, this year's topic will be "Epilepsy Surgery Failures," so no one will be immune and no case can have a "seizure-free" ending. If you have cases, please email Michael Haglund at michael.haglund@duke.edu. We welcome six or seven cases from around the country to discuss and debate.

## Neurostimulation – Neuromodulation in 2012: Update on Basic Science and Clinical Development

**Convention Center – Room 14, Mezzanine Level**

Coordinators: Christopher M. DeGiorgio, M.D., Erika E. Fanselow, Ph.D.

Speakers: Erika Fanselow, Ph.D., Paul Boon, M.D., Ph.D., Selim Benbadis, M.D., Martha Morrell, M.D.

Neuromodulation for epilepsy continues to expand at an exponential rate, and interest is at a record level. This year, Erika Fanselow will lead our symposium with a look at emerging neuromodulation therapies on the horizon. Paul Boon will explore new and alternative approaches to vagus nerve stimulation now arriving in Europe. Selim Benbadis will lead a debate on the role of implantable VNS at surgical epilepsy centers, as there is great variability in the acceptance and utilization of implantable VNS. Martha Morrell will present new information about therapy optimization and new long-term data from subjects enrolled in the multicenter prospective study of responsive neurostimulation (RNS). We will close with the science of implantable seizure detection and forecasting systems.

Supported by Cyberonics, Inc.

## Epilepsy Care in Private Practice Epilepsy Centers: Towards Building a Consortium

**Convention Center – Room 10, Upper Level**

Coordinators: Marcelo Lancman, M.D., Pavel Klein, M.D.

Speakers: Marcelo Lancman, M.D., Pavel Klein, M.D.

1. Business development and management
2. Clinical research: Independent research collaboration
3. Clinical Research: Pharmaceutical sponsored studies

The focus of the discussion will be establishing a consortium of private practice epilepsy centers which would facilitate exchange of experience, ideas and collaboration and, in the future, advocacy.

## Quality, Safety and Value in Epilepsy

**Convention Center – Room 9, Upper Level**

Coordinator: Jeffrey W. Britton, M.D.

Speakers: Nathan B. Fountain, M.D., Jeffrey W. Britton, M.D.

Demonstration and measurement of quality, safety and value are becoming increasingly important in healthcare. Demands for metrics enabling evaluation of these factors are increasing from healthcare consumers, payors and regulatory bodies. It is expected that establishment of such metrics will stimulate efforts for improvement in the quality, efficiency and value of healthcare. In this SIG, ABPN Maintenance of Certification (MOC) will be reviewed. In addition, an analysis of the value of continuous EEG in therapeutic hypothermia will be presented. Finally, there will be a discussion on the evolving definition of quality in epilepsy care.

## Women's Issues in Epilepsy – Controversies in the Management of Women with Epilepsy

**Convention Center – Room 11, Upper Level**

Coordinators: Lisa M. Bateman, M.D., Mary L. Zupanc, M.D.

Speakers: Cynthia L. Harden, M.D., Page Pennell, M.D., Georgia Montouris, M.D.

This year's SIG will focus on areas of controversy in the management of women with epilepsy. Case-based vignettes will be used to form the basis for interactive discussions with an expert speaker panel and audience participants.

**registration is not required**

**8:00 p.m. – 10:00 p.m.**

## Social Networking Groups

**Marriott – Oceanside, South Tower, Level 1**

Informal gathering and networking for SIG participants. Space is limited so participants are welcome on a first-come, first-served basis. Roundtable topics to be covered this year will include the role of VNS at surgical centers.

➤ **Authors Present: Noon – 2:00 p.m.**  
➤ **Poster Walking Tours (see page 11 for details)**

## Translational Research Mechanisms

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- 2.263** Outcome After Callosotomy Or Vagus Nerve Stimulation In Consecutive Prospective Cohorts Of Patients With Secondary Generalized Epilepsy And Non-Specific MRI Findings/J. Burattini, A. Cukiert, A. Lima, C. Cukiert, M. Argenti-Balochi, C. Baise and C. Forster

## All Ages

- 2.264** Bone Flap Explantation, Steroid Use And Rates Of Infection During Craniotomy For Implantation Of Subdural Electrodes For Epilepsy/ E. Hersch, M. Virk, H. Shao, A. Tsiouris and T. Schwartz
- 2.265** Relationship Between Hospital Surgical Volume, Lobectomy Rates, And Adverse Perioperative Events At U.S. Epilepsy Centers/D. Englot, D. Ouyang, J. Rolston, D. Wang, P. Garcia and E. Chang
- 2.266** Diagnostic Outcome Of Surgical Revision Of Intracranial Electrode Placements For Seizure Localization/R. Lee, G. Worrell, G. Cascino, W. Marsh, N. Wetjen, E. Wirrell and E. So
- 2.267** Preliminary Experience With Magnetic Resonance Temperature Imaging (MRTI) And Stereotactic Laser Ablation (SLA) For Hippocampal Sclerosis (HS)/A. Sharan, C. Wu, A. Shetty, C. Skidmore, D. Curry, A. Wilfong, W. Marsh, G. Worrell, R. Watson, J. VanGompel and M. Sperling
- 2.268** High Frequency Oscillations In The Intra-Operative Electrocorticogram: The Effect Of Propofol/M. Zijlmans, G. Huiskamp, O. Cremer, C. Ferrier, A. van Huffelen and F. Leijten
- 2.269** Neurologists' Knowledge And Attitudes Towards Epilepsy Surgery: A Canadian Survey/C. Hrazdil, J. Roberts, S. Wiebe and N. Jette
- 2.270** Surgical Treatment Of Patients With Rasmussen's Encephalitis — 20 Cases/G. Luan, Y. Guan, J. Zhou and X. Liu

- 2.271** Medical Vs Electrical Therapy For Mesial Temporal Lobe Epilepsy: A Multicenter Randomized Trial/ S. Wiebe, Z. Kiss, N. Ahmed, D. Andrade, R. Brownstone, M. Del Campo, J. Dykeman, K. Fiest, D. Gross, N. Jette, M. Lowerison, R. McLachlan, A. Parrent, N. Pillay, R. Sadler, S. Save, E. Sherman, T. Valiante, R. Wennberg, M. Wheatley and M. Eliasziw
- 2.272** A Framework For Multimodal Data Representation In The Planning Of Subdural Grid Placement/ M. van 't Klooster, J. Veelturf, G. Huiskamp and F. Leijten
- 2.273** Subtemporal Vs. Transsylvian Approach For Selective Amygdalohippocampectomy (SAH) In Mesial Temporal Lobe Epilepsy (MTLE) — Avoiding Visual Field Defects (VFD) And The Role Of Diffusion Tensor Imaging In The Visualization Of The Optic Radiation (Meyer's Loop)/ D. Delev, M. von Lehe, J. Schramm, B. Weber, C. Elger and J. Schoene-Bake
- 2.274** EEG Findings After Epilepsy Surgery And Its Relation With Outcome/A. Besocke, D. Benech, S. Scalise, E. Cristiano, M. Aberastury, M. Garcia and W. Silva
- 2.275** Intracarotid Sodium Amobarbital Inactivates Hippocampal Structures/M. Otero, R. Roth, S. Guerin and B. Jobst
- 2.276** Expanding The Intracranial Montage Does Not Increase ICEEG Morbidity/J. Gerrard, H. Zavari, W. Kasoff, K. Vives, L. Hirsch, B. Duckrow and D. Spencer
- 2.277** Pre- And Post-Op Activation Of The Motor Cortex In Epilepsy With Hemiparesis And Rolandic Ischemia/ R. Severino, A. Palmini, E. Paglioli, D. Crestani, J. Hoefel, R. Nunes and J. Costa
- 2.278** Evolution Up To 18 Years After Surgery For Temporal Epilepsy With Hippocampal Sclerosis: Impact Of Technique, Medication Management And Presurgical Variables/D. Crestani, A. Palmini, M. Hemb, E. Paglioli, R. Severino, E. Paglioli, J. Costa, N. Azambuja, M. Portuguese, V. Viuniski and M. Nunes

## Behavior / Neuropsychology / Language

### Adult

- 2.279** Correlation Of Neuropsychological Functioning And PET Hypometabolism In Intractable Mesial Temporal Lobe Epilepsy: Exploring The Concept Of The "Functional Deficit Zone"/A. Knopman, C. Wong, R. Stevenson, J. Homewood, A. Mohamed, E. Somerville, L. Wen, S. Eberl, M. Fulham and A. Bleasel
- 2.280** Quality Of Life And Perceived Social Support In Patients With Generalized Versus Temporal Lobe Epilepsy/J. Thon and M. Hamberger

- 2.281** Increasing Age And Stimulation Identified Naming Sites/M. Hamberger, A. Williams, G. McKhann and C. Schevon
- 2.282** Mesial Temporal Activation In Magnetic Source Imaging: Relationship To Word Recognition And Delayed Recall In A Receptive Language Paradigm/G. Risse, R. Doss and W. Zhang
- 2.283** Skills For Better Support: Developing Self-Regulation Skills Among Family Members To Improve The Quality Of Informal Help Provided To Adults With Epilepsy/S. Stoll, A. Gorelick, R. Derry, L. Selwa, R. Kelly and N. Clark
- 2.284** Prevalence And Predictors Of Mood Disorders, Anxiety Disorders, And Suicide Risk In Women With Epilepsy/S. Patel, N. Foldvary-Schaefer, L. Jehi, G. Tesar and A. Viguera
- 2.285** Concordance Of Neuropsychological Data With VEEG And Neuroimaging In Presurgical Evaluation/Y. Cukier, S. Schaffer and C. Harden
- 2.286** The Utility Of The Meyers Neuropsychological System For Use With Spanish Speaking Presurgical Epilepsy Patients/Y. Leon, S. Benbadis and J. Sesta
- 2.287** Gender Differences In Non-Epileptic Seizure Semiology And Risk Factors/A. Thomas and K. Bujarski
- 2.288** Numbers And Words In Human Broca's Area: Electrical Brain Stimulation And Electroconvulsive Study/D. Banerjee, L. Demetri and J. Parvizi
- 2.289** Co-Existing Psychogenic Non-Epileptic Seizures And Epileptic Seizures In An Epilepsy Monitoring Unit Population: Incidence And Relevance/D. Thomas and A. Krumholz

### Pediatrics

- 2.290** High Gamma Mapping Of Cognitive Tasks With ECOG In Children/D. Rose, H. Fujiwara, J. Wilson, H. Greiner, L. Rozhkov, J. Buroker, R. Arya and F. Mangano
- 2.291** Physicians' Perspectives In Utilizing Neuropsychological Services In Pediatric Patients With Epilepsy/ J. Titus, C. Hovinga, K. Kime, N. Bower, F. Perkins and D. Clarke
- 2.292** Risk Factors For Pediatric Non-Epileptic Seizures (NES): Psychiatric And Medical Comorbidities/S. Plioplys, J. Doss, P. Siddarth, D. Birt, B. Bursch, T. Falcone, M. Forgey, C. LaFrance, D. Weisbrot, M. Willis and R. Caplan
- 2.293** Magnetic Source Imaging And Language Outcome After Pediatric Epilepsy Surgery/E. Adams, F. Ritter and W. Zhang
- 2.294** The Impact Of Maternal Anxiety About Epilepsy On Restrictions In Childhood Activities/ K. Evankovich, R. Schultz and M. Chapieski

- 2.295** Arithmetic Skills In Children With Epilepsy: The Role Of Attention, Inhibition, And Medication/ L. Chapieski, K. Hopkins, C. Johnson and M. Hiscock
- 2.296** Home-Based Computerized Intervention For Working Memory In Pediatric Epilepsy/M. Berl, E. Fisher, L. Sepeta, L. Zimmaro and T. Tsuchida
- 2.297** Biological Underpinnings Of Social Skill Deficits In Children With Epilepsy/P. Siddarth, J. Levitt, R. Ly, S. Gurbani, R. Sankar and R. Caplan
- 2.298** Hippocampus Integrity May Not Be Necessary For Semantic Memory: Evidences From Children With Temporal Lobe Sclerosis/ P. Rzezak, C. Guimarães, D. Fuentes, M. Guerreiro and K. Valente

### All Ages

- 2.299** Exploring Mechanisms Of Self-Control In Epilepsy — Modulation Of Epileptic Spikes By Emotion And Relaxation/S. Elsas, G. White, G. Navarro and B. Oken
- 2.300** Transient Cognitive Impairment Due To Hippocampal Interictal Epileptiform Activity In Humans/ J. Kleen, P. Lenck-Santini, R. Scott, G. Holmes and B. Jobst
- 2.301** Comparison Of Pre- Versus Post-Surgical Cognitive Functioning In Patients With Hypothalamic Hamartoma And Refractory Epilepsy/J. Wethe, G. Prigatano, J. Gray, K. Chapple, H. Rekeate and J. Kerrigan
- 2.302** The Revised Responsiveness In Epilepsy Scale (RES-II): An Improved Tool For Assessment Of Ictal Impairment/A. Bauerschmidt, N. Koshkelashvili, B. Kiely, C. Ezeani, J. Yoo, Y. Zhang, L. Manganas, Z. Kratochvil, L. Rojas, A. McPherson, K. Kapadia, D. Palenzuela, C. Schmidt, R. Lief, L. Hirsch, K. Detyniecki, J. Giacino and H. Blumenfeld
- 2.303** Electroconvulsive Mapping Of Auditory Descriptive Naming And Visual Object Naming/M. Cervenka, J. Corines, V. Parekh, D. Boatman-Reich, P. Franaszczuk, A. Korzeniewska and N. Crone
- 2.304** Typographic Legibility Factors Associated To Reading Epilepsy/ M. Cano-Celestino and I. Rodriguez-Leyva
- 2.305** Accuracy Of Patients' Seizure Reporting During Video EEG Monitoring/C. Ezeani, K. Detyniecki, A. Bauerschmidt, F. Winstanley, R. Duckrow, L. Hirsch and H. Blumenfeld
- 2.306** Cognitive Rehabilitation After Epilepsy Surgery: What Is The Evidence?/A. Mazur-Mosiewicz, H. Carlson, J. Dykeman, B. Brooks and S. Wiebe
- 2.307** Same Place 11 Years Later: A Case Of Test-Retest Reliability Of Cortical Language Mapping/K. Bortnik, G. McKhann II and M. Hamberger

- 2.308** Factors Underlying MSI Bilateral Language Classification In WADA-Confirmed Left Dominant Patients/A. Hempel and G. Risse  
**2.309** Attention In People With Epilepsy: Factor Structure Of The Connors' CPT/T. Snyder, C. Wong, S. Ahmed, D. Gross, J. Jirsch, D. Sinclair, R. Tang-Wai, B. Wheatley and J. Edgerton  
**2.310** Stand Up For Epilepsy San Diego Photo-Shoot: A Personal Odyssey/K. Kaufman and N. Kaufman

## Genetics

### Human Studies

- 2.311** Ohtahara Syndrome And Other Neonatal-Onset Epileptic Encephalopathies Caused By Missense Mutations Of The KCNQ2 Gene/M. Kato, H. Saito, T. Yamagata, R. Kusano, H. Arai, T. Fujii, Y. Hirata, Y. Kusama, S. Yamashita, T. Nakagawa, A. Koide, T. Goto, M. Kubota, T. Fujita, Y. Ihara, K. Sugai, K. Saito, K. Hayasaka and N. Matsumoto  
**2.312** The Impact Of Genomic Structural Variations On Drug Resistant Epilepsy: An Association Study Of Copy Number Variations And Refractory Epilepsy/H. C. Fung  
**2.313** Abnormal MicroRNA Regulation Identified In Focal Cortical Dysplasias/S. Avancini, D. Dogini, F. Torres, F. Rogerio, A. Coan, R. Secolin, C. Rocha, A. Costa, A. Costa, A. Piazza, L. Reis, E. Oliveira, H. Tedeschi, L. Queiroz, F. Cendes and I. Lopes-Cendes  
**2.314** Autosomal Dominant Vasovagal Syncope: Clinical Features And Linkage To Chromosome 15q26/K. Klein, C. Bromhead, K. Smith, C. O'Callaghan, S. Corcoran, S. Heron, X. Iona, B. Hodgson, J. McMahon, K. Lawrence, I. Scheffer, L. Dibbens, M. Bahlo and S. Berkovic  
**2.315** Infantile Spasms Are Associated With Abnormal Copy Number Variants/V. Tiwari, S. Sundaram, H. Chugani and A. Huq  
**2.316** DNA Methylation Profiles Of Seizure-Associated Neurodevelopmental Disorders Identifies TAC1 As An MECP2 Target Gene/K. Aldinger, J. Plummer and P. Levitt  
**2.317** Clinical Genetics Of Eyelid Myoclonia With Absences/L. Sadleir, D. Vears, B. Regan, N. Redshaw, A. Bleasel and I. Scheffer  
**2.318** PRRT2 Mutation In Japanese Children With Benign Infantile Epilepsy/A. Okumura, K. Shimojima, T. Kubota, S. Abe, S. Yamashita, K. Imai, T. Okanishi, H. Enoki, T. Fukasawa, T. Tanabe, T. Shimizu and T. Yamamoto  
**2.319** GLUT1-Deficiency In The Genetic Generalized Epilepsies/S. Mullen, T. Arsov, S. Rogers, A. Phillips, K. Lawrence, J. Damiano, H. Goldberg-Stern, Z. Afawi, S. Kivity, C. Trager, S. Petrou, S. Berkovic and I. Scheffer

- 2.320** Deletions Of Mitochondrial DNA In Hippocampal Subfields Of Patients With Hippocampal Sclerosis/W. Kunz, V. Peeva, E. Taherzadeh-Fard and G. Zsurka

## Health Services

### Delivery Of Care

- 2.321** Bathroom Safety And Falls In The Epilepsy Monitoring Unit/K. Riordan, K. Noe, B. Corbett, M. Hoerth, J. Sirven and J. Drazkowski  
**2.322** Multidisciplinary Safety Rounds In The Epilepsy Monitoring Unit: Outcomes From A Quality Improvement Initiative/K. Noe, J. Drazkowski, S. Zarkou, J. Gerke, M. Hoerth, J. Sirven and R. Zimmerman  
**2.323** A Multidisciplinary Process To Keep Kids And Staff Safe In A Pediatric Epilepsy Surgery Program/C. Gonsalves, P. Pilcher and S. Fletcher  
**2.324** Sudden Unexpected Death In Epilepsy: Knowledge And Experience Among US And Canadian Neurologists/D. Friedman, E. Donner, D. Stephens, C. Wright and O. Devinsky  
**2.325** Are Patients Safe When They Seize In Hospital?/K. Sauro, H. Dhalwal, F. Abdulla, M. Suddes, S. Macrodimitris, C. Krassman, S. Wiebe, N. Pillay, P. Federico, W. Murphy and N. Jette  
**2.326** Provider And Patient Perspectives Of Epilepsy Self-Management Needs/E. Johnson, R. Fraser, J. Miller, N. Temkin, J. Barber, L. Caylor, P. Ciechanowski and N. Chaytor  
**2.327** Satisfaction With Epilepsy Care: A Systematic Review/N. Wiebe, K. Fiest, J. Dykeman, X. Liu, N. Jette, S. Patten and S. Wiebe  
**2.328** Adherence To Quality Indicators In Epilepsy Care At A Comprehensive Epilepsy Center/R. Pourdehimi, C. Tennant, B. Wolf and G. Martz  
**2.329** Nurses' Perception Of Knowledge Related To The Neuropsychological Evaluation In Epilepsy/L. Allen, M. Paulson-Conger, S. Jansen, K. Schroeter, D. Sabsevitz, J. Bergholte and M. Plueger  
**2.330** Visits For Seizures To An Emergency Room In A Large Community Hospital: Demographic And Clinical Characteristics/D. Friedman, S. Ye, P. Patrick and B. Rosenthal

### Access To Care

- 2.331** Disparities In Access To Specialized Epilepsy Care Among People With Epilepsy/N. Schiltz, S. Koroukian, T. Love, M. Singer and K. Kaiboriboon  
**2.332** Medical Information Fragmentation For People With Epilepsy In New York City Differs By Type Of Visit/Z. Grinspan, L. Berg, A. Onyile, R. Kaushal and J. Shapiro

- 2.333** Epilepsy Clinic Hotline Audit: Expectations, Performance, Satisfaction And Impact/A. Laforme, P. Cossette, D. Nguyen and A. Bérubé

- 2.334** Shorter Time To Pediatric Epilepsy Surgery Is Related To Increased Epilepsy Severity, Older Age At Onset, MRI Prior To Referral, Private Insurance And Hispanic Ethnicity/C. Bower Baca, B. Vickrey, S. Vassar, J. Hauptman, A. Dadour, T. Oh and G. Mathern

## Health Care Models

- 2.335** Patterns Of Care For Epilepsy In A Vertically Integrated Health System/G. Barkley, D. Nerenz, A. Li and M. Spanaki

## Special Populations

- 2.336** Is Risk Factor Of Intellectual Disability (ID) For Sudden Unexpected Death In Epilepsy (SUDEP) Dependent On Geography?/R. Shankar, C. Young, D. Cox and B. Maclean  
**2.337** Characteristics And Burden Of Seizures In Patients With Tuberous Sclerosis Complex: Results Of A Patient And Caregiver Survey In The US/M. Frost, A. Rentz, C. Pashos, J. Liu, C. Pelletier, J. Prestifilippo, J. Nakagawa, J. Wheless and D. Dunn

## Practice Resources

- 2.338** Clinical Predictors Of An Abnormal Brain MRI In Children With Epilepsy/S. Steski, K. Stannard, B. Dufault and J. Appendino  
**2.339** Tele-EEG: Can The iPad Improve Accessibility For A New Frontier Of EEG Interpretation?/M. Hoerth, J. Drazkowski, K. Noe and J. Sirven  
**2.340** The Pediatric Status Epilepticus Research Group (PSERG): Establishment Of A Multicenter North American Research Network/T. Loddenkemper, I. Sánchez Fernández, S. An, N. Abend, S. Agadi, J. Carpenter, K. Chapman, W. Gaillard, H. Goodkin, C. Hahn, M. Mikati, K. Peariso, S. Ramgopal, R. Arya, M. Ream, J. Riviello, A. Veerapandian, K. Williams and T. Glauser  
**2.341** Clinical Factors Affecting Length Of Stay In The Epilepsy Monitoring Unit/E. Lampe, E. Herbst and L. Frey  
**2.342** SUDEP: What Do Parents Want To Know?/R. Ramachandran Nair, S. Jack, B. Meaney and G. Ronen  
**2.343** Outcome Of Video EEG Monitoring In A Tertiary Care Epilepsy Center/N. Mihu, M. Oller-Cramsie, M. Kumar-Pelayo, S. Hwang and C. Harden  
**2.344**

WITHDRAWN

**2.345** The Establishment Of Professional Epilepsy Practice, Called "Theatrical Epilepsy Practice," Where There Is No Full-Time Epilepsy Specialist In The Okinawa Island Area, Japan/M. Noha, I. Takumi, J. Kadekawa, E. Takara and A. Teramoto

### Epidemiology

**2.346** Peri-Ictal Electrophysiological Characteristics Of Nocturnal Generalized Convulsive Seizures/ A. Lee, I. Yung, X. Zhou, S. Rose, J. Liebenthal and J. Tao

**2.347** The Worldwide Prevalence Of Epilepsy: A Systematic Review And Meta-Analysis/J. Dykeman, C. Kwon, H. Dhaliwal, K. Fiest, S. Wiebe, S. Patten, T. Pringsheim and N. Jette

**2.348** Association Of Breathing And Cardiac Complications With Epileptic Seizures In Children: A Prelude To Understanding SUDEP/K. Singh, E. Katz, M. Zarowski, T. Loddenkemper, N. Llewellyn, S. Manganaro, M. Gregas, M. Pavlova and S. Kothare

**2.349** Prevalence Of Epilepsy And Socioeconomic Factors In South Carolina, 2006-2010/D. Wilson, G. Smith and A. Selassie

**2.350** Children With Epilepsy And Academic Performance – Are We Doing Enough?/C. Prasad, B. Corbet and A. Prasad

**2.351** Clinician Adherence To Practice Parameters On First Nonfebrile Seizure In Children/J. Avallone, A. Patel, N. Baumer, A. Sansevere, L. Doyle, N. Mehta, S. Choi, A. Pinto and T. Loddenkemper

**2.352** The Worldwide Incidence Of Epilepsy: A Systematic Review And Meta-Analysis/N. Jette, C. Kwon, H. Dhaliwal, K. Sauro, K. Fiest, S. Wiebe, S. Patten, T. Pringsheim and J. Dykeman

**2.353** Seizures At Stroke Presentation Versus Seizures During Hospitalization In Ischemic Strokes: Clinical Characteristics, Risk Factors And Impacts On Outcome/C. Huang, G. Saposnik, J. Fang and J. Burneo

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# MONDAY December 3, 2012

www.AESNET.org

registration not required

**7:00 a.m. – 8:30 a.m.**

## **Patient Education for Clinicians**

**Convention Center – Room 7, Upper Level**

Moderator: TBA

The Epilepsy Foundation and the Epilepsy Therapy Project offer numerous provider and patient resources both online and in hard copy that can help patients, their caregivers, and their physicians improve treatment and self-management of this condition. This session will discuss the tools and programs to assist with self-management, patient and physician web events and other programs and resources that are available at no cost through these organizations.

**7:00 a.m. – 8:30 a.m.**

## **➤ Special Interest Group Meetings**

**Location listed under each session**

### **Ketogenic Diet**

**Convention Center – Room 9, Upper Level**

**Coordinators:** Elizabeth A. Thiele, M.D., Ph.D., Susan A. Masino, Ph.D.

**Speakers:** Christina Bergqvist, M.D., Liu Lin Thio, M.D., Ph.D.  
Kristina Fenoglio-Simeone, Ph.D.

This SIG will be an opportunity to discuss emerging research and clinical perspectives regarding pediatric growth and hormonal changes. Topics include cellular and molecular mechanisms in the hypothalamus within the context of a ketogenic diet as well as the potential role of the hypothalamus in comorbidities such as sleep disorders. Regulating sleep / wake transitions is one of many functions of the hypothalamus, a target of seizure-genic foci via polysynaptic projections. Injury to nuclei within this region could contribute to sleep disorder comorbidities associated with epilepsy. Ketogenic diet-induced changes in hypothalamic regions may directly counteract these and other effects, and may contribute to ketogenic diet's anticonvulsant and neuroprotective effects.

### **Neuroimaging – Molecular Imaging**

**Convention Center – Room 8, Upper Level**

**Coordinator:** Matthias M. Koepp, M.D., Ph.D.

**Speakers:** TBA

Single Photon (SPET) or Positron Emission Tomography (PET) are vital components in early translation of preclinical evidence to understand the neuropharmacology of epilepsy and comorbidities and to inform development of new treatments. PET / SPET are unique in their ability to measure pharmacological and molecular targets, but the advances made in the last decade as critical tools for translational neurosciences, especially for drug discovery and development, have not translated fully into clinical practice. In the format of a data blitz, this year's neuroimaging SIG will provide a platform for both clinical and pre-clinical molecular imaging studies presented in the main poster sessions.

### **Neuropsychology**

**Convention Center – Room 10, Upper Level**

**Coordinator:** Philip S. Fastenau, Ph.D.

**Speakers:** Philip S. Fastenau, Ph.D., Bruce P. Hermann, Ph.D., Jana E. Jones, Ph.D., Christoph Helmstaedter, Ph.D., Dipl. Psych., Ingrid E. Tuxhorn, M.B. ChB, M.D., Frank M. C. Besag, M.D., FRCP, FRCPsych, FRCPCH, Pierre-Pascal Lenck-Santini, Ph.D.

Transient cognitive impairment (TCI) refers to disruptions of cognitive functioning associated with interictal epileptiform discharges (IEDs). This has

been a subject of steady interest for almost 60 years. TCI has been examined and tested using several methodological approaches, including correlations between IEDs and cognitive performance among people with epilepsy, similar studies in attention-deficit/hyperactivity disorder (ADHD), measuring changes in cognition and behavior following pharmacological interventions to suppress discharges, animal models, and clinical correlations within select epileptic syndromes. In the Neuropsychology SIG, a multidisciplinary group of speakers will discuss some of the major lines of evidence for TCI and discuss the implications for ameliorating cognitive dysfunction in people with epilepsy.

### **Status Epilepticus – Novel Directions in Refractory Status Epilepticus**

**Convention Center – Room 11, Upper Level**

**Coordinators:** Tobias Loddenkemper, M.D., Susan T. Herman, M.D.

**Speakers:** Lawrence J. Hirsch, M.D., Alexander Rotenberg, M.D., Ph.D., Ronan Kilbride, M.D.

Status epilepticus is a life-threatening condition necessitating immediate medical attention and treatment. Specifically, diagnosis, treatment and prognosis of patients with refractory status epilepticus may be difficult depending on the duration, etiology and the underlying condition of the patient. This year's SIG will focus on refractory status epilepticus. Dr. Hirsch will provide an overview on definitions and available therapeutic options, Dr. Rotenberg will subsequently address mechanisms and novel diagnostic and treatment approaches with electrical and transcranial stimulation, and Dr. Kilbride will provide an update on outcomes in refractory status epilepticus. We are looking forward to another exciting discussion with ample opportunities for audience participation and interaction.

**9:00 a.m. – 10:30 a.m.**

## **➤ Special Interest Group Meetings**

**Location listed under each session**

### **Military Epileptology**

**Convention Center – Room 10, Upper Level**

**Coordinator:** Jonathan Halford, M.D.

**Speakers:** Martin Salinsky, M.D., Ryan Rieger, M.H.P.A.

During this SIG, Dr. Martin Salinsky will talk about psychogenic non-epileptic events in veterans. Ryan Rieger will speak about the development of the nationwide Epilepsy Consortium within the VA system. Researchers will explain about the PEARLS and UPLIFT research programs and how they may apply to the practice of epilepsy care.

### **Neonatal Seizures – Which Treatments Should Be Used for Which Patients?**

**Convention Center – Room 8, Upper Level**

**Coordinators:** Adam Hartman, M.D., Renee A. Shellhaas, M.D.

**Speakers:** Raman Sankar, M.D., Ph.D., Ronit Pressler, M.D., Ph.D., Timothy Benke, M.D., Ph.D., Adam Hartman, M.D.

Discussion of the merits and drawbacks of different medicines and treatment protocols. Talks include: Phenobarbital should be the first-line drug in neonatal seizure drug trials; and what do the laboratory data tell us?

MONDAY

# THE EPILEPSY RESEARCH BENCHMARKS

[www.ninds.nih.gov/research/epilepsyweb/2007\\_benchmarks.htm](http://www.ninds.nih.gov/research/epilepsyweb/2007_benchmarks.htm)

The Epilepsy Research Benchmarks were established by and for the epilepsy community to guide research toward cures, defined as no seizures and no side effects for people with epilepsy and the prevention of epilepsy in those at risk. The Benchmarks were originally developed in 2000 and updated in 2007, as outcomes of the first and second Curing Epilepsy conferences, and they reflect priorities shared by the NIH, extramural research scientists, epilepsy professional and patient organizations, and people with or affected by epilepsy. We look forward to hearing about progress across all areas of the Benchmarks during this year's AES meeting, and we hope you will attend the Translational Research Symposium, which will highlight some of these advances (Saturday, December 1, 2:00 p.m. – 4:30 p.m.) Links between symposia and other benchmark topics are noted below.

Story C. Landis, Ph.D.  
Director, National Institute of Neurological  
Disorders and Stroke

Daniel H. Lowenstein, M.D.  
Chair, Epilepsy Research Benchmarks Stewards  
University of California, San Francisco

Frances E. Jensen, M.D.  
2012 AES President  
Perelman School of Medicine,  
University of Pennsylvania

## Area I: Prevent Epilepsy and its Progression

Merritt Putnam (Genetics)

Pediatric State of the Art Symposium (Febrile Seizures)

Annual Course (Trauma)

- A. Identify as yet unrecognized causes of epilepsy (e.g., genetic, autoimmune and infectious).
- B. Identify underlying mechanisms of epileptogenesis.
- C. Identify biomarkers for epileptogenesis.
- D. Identify approaches to prevent epilepsy or its progression.
- E. Develop new animal models to study epileptogenesis.
- F. Test the efficacy of prevention strategies.

## Area II: Develop New Therapeutic Strategies and Optimize Current Approaches to Cure Epilepsy

Translational Research Symposium (Benchmarks)  
Annual Fundamentals Symposium (3rd Generation  
Drugs)  
Antiepileptic Therapy Symposium (Treatment)  
Scientific Symposium (Stereotactic EEG)

- A. Identify basic mechanisms of seizure generation (ictogenesis) that will lead to the development of cures.
- B. Develop tools that facilitate the identification and validation of a cure.
- C. Optimize existing therapies and develop new therapies and technologies for curing epilepsy.

## Area III: Prevent, Limit, and Reverse the Comorbidities Associated with Epilepsy and Its Treatment

Professionals in Epilepsy Care (Transition)

- A. Identify and characterize the full range and age specificity of comorbidities in people with epilepsy.
- B. Identify predictors and underlying mechanisms that contribute to comorbidities.
- C. Determine the optimal treatments for the neuropsychiatric and cognitive comorbidities in people with epilepsy.
- D. Prevent or limit other adverse consequences occurring in people with epilepsy.
- E. Develop effective methods for diagnosis, treatment and prevention of non-epileptic seizures (NES).

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## Curing the Epilepsies 2013: Pathways Forward

April 17-19, 2013

NIH Campus, Bethesda, MD

Join investigators and others with an interest in the epilepsies to learn about the latest research developments and to discuss future directions toward cures. A main outcome of the conference will be an update to the Epilepsy Research Benchmarks. Conference Co-Chairs:

Anne T. Berg, M.D.  
Northwestern University  
Feinberg School of Medicine

Samuel F. Berkovic, M.D.  
University of Melbourne

Kevin J. Staley, M.D.  
Harvard Medical School  
Massachusetts General Hospital

Sponsored by NINDS, in collaboration with: AES, Citizens United for Research in Epilepsy, Epilepsy Foundation, Epilepsy Therapy Project, Finding a Cure for Epilepsy and Seizures, International League Against Epilepsy, National Association of Epilepsy Centers, Tuberous Sclerosis Alliance, and Vision 2020

## NINDS Request for Information (RFI)

[www.ninds.nih.gov/2013epilepsiesRFI](http://www.ninds.nih.gov/2013epilepsiesRFI)

NINDS welcomes your input on progress made along the Epilepsy Research Benchmarks and on new or unmet scientific opportunities for the years to come. Responses to the RFI will be discussed at the 2013 Curing the Epilepsies Conference.

**Please review the 2007 Epilepsy Research Benchmarks Progress Report online and submit your ideas!**

**Neuropharmacology – Obtaining Extramural Funding for Clinical Pharmacologic Studies in Epilepsy**

**Convention Center – Room 11, Upper Level**

**Coordinators:** Scott Mintzer, M.D., Jeannine Conway, Pharm.D.

**Speakers:** Angela Birnbaum, Ph.D., Tracy Glauser, M.D., David Treiman, M.D.

This year's Neuropharmacology SIG session will focus on practical advice for early- and mid-career clinicians looking to pursue funding for clinical research relating to antiepilepsy drugs. Many have experience working with industry-funded projects but may not know how to translate that to competitive extramural sources. Finding and earning funding for clinical research in epilepsy is challenging particularly at the beginning of an individual's career. Writing grants tailored to the funding agency is essential, including clear specific aims and a budget that clearly fits the proposal. Our session speakers will provide brief presentations on selecting a funding agency, trials design and statistical analysis (or how to work with a biostatistician), and how to create a budget. Additionally, a speaker will provide insight into the study section role and tips for successful applications and common pitfalls to avoid. There will be time for discussion and questions around the topics. We look forward to an engaging session.

**Pregnancy Registry Outcomes – Global Pregnancy Registry Outcomes**

**Convention Center – Room 9, Upper Level**

**Coordinators:** Autumn Klein, M.D., Ph.D., Elizabeth Gerard, M.D.

**Speakers:** Torbjorn Tomson, M.D., Ph.D. (EURAP), Kimford J. Meador, M.D. (NEAD), Lewis Holmes, M.D. (North American Pregnancy Registry), Sanjeev V. Thomas, M.D., D.M. (India), Terence J. O'Brien, M.D., FRACP, John Craig, M.D.

This SIG updates the work being done around the globe to gather information on pregnancy outcomes in women with epilepsy, with emphasis on antiepileptic drug-associated effects. Both published and non-published data is discussed.

**9:00 a.m. – Noon**

**➤ Merritt-Putnam Symposium: From Molecules to Cells, Networks and Seizures: How Does a Gene Cause Epilepsy? (3.0 CME Credits)**

**Award Presentation:** William G. Lennox Award

**Convention Center – Ballroom 6C, Upper Level**

**Overview**

Addressing the rapidly changing area of the genetics of epilepsy, this symposium will provide a scientific road map for epilepsy clinicians and scientists from gene discovery through therapeutic impact. The symposium will address gene discovery (how mutations / duplications / deletions are identified in populations and in individuals in the clinic); how we determine the functional impact of genetic changes; understanding genetic variability (how the same mutation causes such different phenotypes); genetic information impacts; and a personal and scientific perspective on epilepsy genetics.

**Learning Objectives**

- Recognize and evaluate patients with possible genetic epilepsies for mutations based on current understanding of the genetics of epilepsy
- Manage patients with presumed genetic epilepsy with medication or other treatments based on genetic information
- Provide patients with current information and appropriate counseling regarding genetic epilepsies and their specific syndrome.

**Target Audience**

Intermediate and Advanced (see page 107 for details)

**Program**

Chair: Amy Brooks-Kayal, M.D.

**9:10 a.m. Introduction and Overview**

Amy Brooks-Kayal, M.D.

**9:20 a.m. Gene Discovery**

Heather C. Mefford, M.D., Ph.D.

**9:50 a.m. How Do We Determine the Functional Impact of Genetic Changes?**

Jack Parent, M.D.

**10:20 a.m. What Can We Learn About Epilepsy from Genome Sequences**

David Goldstein, Ph.D.

**10:50 a.m. How Can Genetic Information Impact Management?**

Samuel F. Berkovic, M.D.

**11:20 a.m. The Promise of Epilepsy Genetics – A Personal and Scientific Perspective**

Tracy Dixon-Salazar, Ph.D.

**11:50 p.m. Conclusions**

Amy Brooks-Kayal, M.D.

**Credit Designation**

The American Epilepsy Society designates this live activity for a maximum of 3.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Nursing Credit**

Nurses may claim up to 3.0 contact hours for this session.

**Pharmacy Credit**

ACPE Universal Activity Number (UAN) is 0052-9999-12-2323-L04-P and provides 3.0 contact hours.

**ABPN Core Competencies**

The American Board of Psychiatry and Neurology has reviewed the Merritt-Putnam Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge, Professionalism, System-Based Practice, Compassionate Patient Care, and Interpersonal and Communication Skills

**2:15 p.m. – 3:00 p.m.**

**➤ Lennox and Lombroso Lecture Epilepsy 2012: Caught in a Revolution**

**Convention Center – Ballroom 6C, Upper Level**

**Lecturer: Daniel H. Lowenstein, M.D.**

**3:45 p.m. – 5:15 p.m.**

**➤ Investigators' Workshop**

**Convention Center – Room 11, Upper Level**

**It Takes Two to Tango: Dance of Neuronal Ion Channels and Their Auxiliary Subunits**

Moderator: Tallie Z. Baram, M.D., Ph.D.

Speakers: Yoav Noam, Ph.D., Lori L. Isom, Ph.D., Geoffrey Abbott, Ph.D.

**3:45 p.m. – 5:15 p.m.**

## ► Special Interest Group Meetings

*Location listed under each section*

### Engineering In Epilepsy – Chemical Sensing for Understanding the Microstructural Dynamics of Seizure

**Convention Center – Room 7, Upper Level**

**Coordinators:** Bruce J. Gluckman, Ph.D., Steven J. Schiff, M.D., Ph.D.

**Speakers:** Greg Gehardt, Paul E. Phillips, Ph.D., Alberto Morales-Villagran, Ph.D., Justin Ingram, Ph.D.

Neurological activity and seizure dynamics are typically observed from a combination of behavior and electrical measures of neural activity in the brain. But we know at the single neuron level that signaling is primarily mediated through chemical transmitters, and that computation is significantly dependent on intracellular and extracellular ion concentrations and their gradients, as well as metabolite concentrations such as oxygen concentration. This session will provide a tutorial on current technologies for monitoring the microstructure chemical environment in the brain, and recent findings related to seizure dynamics.

### Genetics – Targeted Therapies in Epilepsy

**Convention Center – Room 16, Mezzanine Level**

**Coordinators:** Melodie R. Winawer, M.D., M.S., Annapurna Poduri, M.D.

**Speaker:** H. Steve White, Ph.D., Walter Kaufmann, M.D.

This session will discuss the role of rational treatments for epilepsy based on recent discoveries in genetics. Examples include Tuberous Sclerosis Complex, Rett Syndrome, KCNQ2-related syndromes and drug development, and pharmacogenomics advances. (Note that this description may change depending on speaker availability and topic preference.)

### MEG / MSI – Getting Focused With MEG-EEG: The Origin, Propagation or Destination?

**Convention Center – Room 15, Mezzanine Level**

**Coordinators:** Anto I. Bagic, M.D., Ph.D., Jerry J. Shih, M.D.

**Speakers:** Hans Luders, M.D., Ph.D., Patrick Chauvel, M.D., Ph.D., Richard Burgess, M.D., Ph.D.

This year's MEG SIG will tackle one of the fundamental issues for clinical MEG practice in epilepsy: Are we distinguishing between the true origin of a particular interictal (and ictal) activity and propagated activity or even secondary focus? The program will include three or four featured speakers who will follow a brief presentation and speaker introduction by the coordinator. Presentations will include EEG aspects of the topic, MEG aspects of the topic, and how to combine MEG and EEG effectively while trying to address this cardinal issue. The audience will have five minutes for questions at the end of each presentation.

### Neuroendocrinology – Role of Hormones in Epileptogenesis

**Convention Center – Room 14, Mezzanine Level**

**Coordinators:** D. Samba Reddy, Ph.D., R.Ph., Jana Veliskova, M.D., Ph.D.

**Speakers:** Massimo Avoli, M.D., Ph.D. (Neurosteroids and epileptogenesis), D. Samba Reddy, Ph.D., R.Ph. (Progesterone and epileptogenesis), Helen E. Scharfman, Ph.D. (Estrogens and epileptogenesis), Libor Velisek, Ph.D. (Glucocorticoids and epileptogenesis)

This SIG will be focused on the emerging evidence of hormonal influence on epileptogenesis, which is a process whereby a brain becomes progressively epileptic due to an initial precipitating event of diverse origin such as brain injury, stroke, infections, or prolonged seizures. The mechanisms underlying the development of epilepsy are not very well understood. There is an intense search for drugs that truly prevent the development of epilepsy in people at risk. Steroid hormones play an important role in women with epilepsy. Progesterone, estrogens and neurosteroids have been shown to affect seizure activity in animal models and in clinical studies. However, the impact of

hormones on epileptogenesis has not been investigated widely. There is emerging new evidence that progesterone, neurosteroids and endogenous hormones may play a role in regulating epileptogenesis. It is hoped that this SIG discussion may generate new insight on the disease-modifying potential of hormones in epileptogenesis.

**4:00 p.m. – 5:30 p.m.**

## ► Pediatric Epilepsy Highlights Session

**Convention Center – Ballroom 6A, Upper Level**

Note: Number below refers to poster assignment

This session will showcase selected scientific abstracts focused on topics in clinical care and research in pediatric epilepsy. Authors will present a six-minute overview of their work. In addition, posters will be on display with authors available in the back of the room from 5:00 p.m. – 5:30 p.m.

**1.137** Effect Of Antiepileptic Drugs On Vitamin D Levels In Children/  
*K. Taylor*

**1.153** A Double-Blinded, Randomized, Head-To-Head Trial Of  
Levetiracetam Vs. Sulthiame In Benign Epilepsy With Centrotemporal  
Spikes/*I. Borggraeve*

**1.154** The Risk And Causes Of Death In Childhood-Onset Epilepsy:  
A 4-Study Collaboration/*A. Berg*

**1.185** Abnormal Structural And Functional Connectivity In A Specific  
Thalamocortical Circuit In Juvenile Myoclonic Epilepsy/  
*J. O'Muirheartaigh*

**1.223** Efficacy And Safety Of Diazepam Auto-Injection For The  
Management Of Patients With Epilepsy Who Require Intermittent Medical  
Intervention Provided By Family Or Caregivers To Control Episodes Of  
Acute Repetitive Seizures/*B. Abou-Khalil*

**1.247** Treatment Of Infantile Spasms With Very High Dose Prednisolone  
Before High Dose ACTH/*S. Hussain*

**1.277** Cost Analysis Of Epilepsy Surgery In Pediatric Drug-Resistant  
Epilepsy/*M. Oldham*

**1.280** Functional Lesionectomy: A Minimally Resective Strategy Effective  
In Children With MRI-Negative, Intractable Epilepsy/*A. Hyslop*

**1.322** De Novo Gain Of Function KCNT1 Channel Mutations Cause  
Seizures And Developmental Delay In Malignant Migrating Partial Seizures  
Of Infancy/*G. Barcia*

**1.332\*** Neurological, Cognitive And Neuroimaging Outcomes Within 10  
Years After Childhood Status Epilepticus: A Population-Based Study/  
*R. Chin*

**\*Dreifuss Honor** – Abstract 1.332 has been selected from all submitted  
abstracts in honor of Dr. Fritz Dreifuss. The Fritz Dreifuss Epilepsy Fund:  
Honoring the leadership and passion Dr. Dreifuss brought to the care of  
his patients, research and the mentoring of young physicians.

► 4:00 p.m. – 6:15 p.m.

## Platform Sessions: 3 Concurrent Sessions

See page 60 for locations

There will be three concurrent sessions consisting of selected key scientific abstracts. Authors will present a ten-minute overview of their work followed by a five-minute Q & A.

6:30 p.m. – 9:00 p.m.

## Pediatric State of the Art Symposium: Prolonged Febrile Seizures and TLE: Hot New Information (2.5 CME Credits)

Convention Center – Ballroom 6C, Upper Level

### Overview

The epidemiological relationship between Febrile Status Epilepticus (FSE) and Temporal Lobe Epilepsy (TLE) has been known for decades. However, there are major gaps in our knowledge regarding these relationships, preventing us from changing our diagnostic practices and care. Questions include: What is the true probability of developing TLE after FSE?; Are there predictive markers for those at risk?; Is FSE simply a marker of individuals who are destined to develop TLE, or FSE contribute to the risk of developing TLE; If FSE does contribute to epileptogenesis, then does this happen only in the setting of a predisposed brain? These questions will be addressed within the symposium, using clinical examples and clinical studies as well as data from animal models. They will help guide clinicians in (a) diagnosing FSE; (b) discussing the significance of FSE with patients and families; (c) managing FSE and febrile seizures (FS) in individuals with a history of FSE.

### Learning Objectives

- Manage FS/FSE based on knowledge regarding the relationship of FSE duration and the probability of developing TLE after FSE
- Obtain MRIs on children with FSE that allow evaluation of hippocampal volume and T2 measures (indicators of risk for future TLE).

### Target Audience

Basic, Intermediate and Advanced (see page 107 for details)

### Program

Chairs: Shlomo Shinnar, M.D., Ph.D., Tallie Z. Baram, M.D., Ph.D.

- 6:30 p.m. **Introduction and Overview**  
Shlomo Shinnar, M.D., Ph.D.
- 6:45 p.m. **What FEBSTAT Tells Us About Febrile Status Epilepticus (FSE) and TLE**  
Shlomo Shinnar, M.D., Ph.D.
- 7:25 p.m. **How Might Febrile Status Epilepticus Lead to TLE?**  
Tallie Z. Baram, M.D., Ph.D.
- 8:05 p.m. **Biomarkers for FSE-Induced TLE**  
James O. McNamara, M.D.
- 8:45 p.m. **Conclusions**  
Tallie Z. Baram, M.D., Ph.D.

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### Nursing Credit

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### Pharmacy Credit

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### ABPN Core Competencies

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Core Competencies: Medical Knowledge, Professionalism, System-Based Practice, Compassionate Patient Care, and Interpersonal and Communication Skills

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AES Annual Meeting

### ➤ A. Translational Research Convention Center – Room 8, Upper Level

Moderators: Jana Veliskova, Ph.D.,  
Kristina Simeone, Ph.D.

### ➤ B. Neuroimaging Convention Center – Room 9, Upper Level

Moderators: Ruben Kuzniecky, M.D.,  
Jerry Szaflarski, M.D., Ph.D.

### ➤ C. Clinical Epilepsy Convention Center – Room 10, Upper Level

Moderators: Kimford Meador, M.D.,  
Tobias Loddenkemper, M.D.

4:00 p.m.

**A.01** Maternal Folic Acid Exposure During Gestation Increases Seizure Susceptibility In Offspring/Michael Colicos, F. Girotto, L. Scott, Y. Avchalumov, J. Harris, R. Tobias, C. Drummond-Main, L. Bello-Espinosa, J. Rho, J. Davidsen, C. Teskey

4:15 p.m.

**A.02** A Mouse Model Of Early Onset Epileptic Encephalopathy Reveals A Cellular Defect And Suggests A Targeted Therapeutic Intervention/B. Leaw, C. Reid, K. Richards, V. Wimmer, J. Low, E. Thomas, E. Hill, H. Lerche, I. Scheffer, S. Berkovic, S. Petrou

4:30 p.m.

**A.03** WIN55, 212 Attenuates NMDA But Not Kainate Intra-Hippocampal Seizures Via mGluR1 And CB1 Receptors In Development/L. Friedman, V. Rudenko

4:45 p.m.

**A.04** Hippocampal Deep Brain Stimulation Has Antiepileptogenic Potential/B. Van Nieuwenhuijse, R. Raedt, K. Vonck, A. Meurs, W. Wadman, P. Boon

5:00 p.m.

**A.05** Modulating The Antiepileptic Hippocampal Theta Rhythm Via Optogenetic Neuromodulation Of The Medial Septum/N. Laxpati, J. Tung, J. Newman, R. Zeller-Townson, C. Gutekunst, R. Gross

5:15 p.m.

**A.06** HFO Correlates Of Cortico-Cortical Evoked Potentials Reveal Altered Excitability In The Human Epileptic Focus/K. Kobayashi, R. Matsumoto, M. Matsuhashi, K. Usami, A. Shimotake, T. Kunieda, N. Mikuni, S. Miyamoto, H. Fukuyama, R. Takahashi, A. Ikeda

5:30 p.m.

**A.07** Homeostatic Synaptic Compensation Following Interneuron Loss And Rescue By MGE Progenitor Cell Transplantation In Epileptic DLX1-/- Mice/M. Howard, J. Rubenstein, S. Baraban

5:45 p.m.

**A.08** The Preclinical Anticonvulsant Profile Of The Novel Investigational Drug Tonabersat/S. Elrod, H. White, P. Blower, M. Halvorsen

6:00 p.m.

**A.09** Solute Carrier Transporters In Pharmacoresistant Epilepsy: An Integrative In Silico And Ex Vivo Analysis/N. Mirza, O. Vasieva, R. Appleton, S. Burn, D. du Plessis, J. Farah, V. Josan, R. Mohanraj, G. Sills, A. Marson, M. Pirmohamed

**B.01** Smaller Subcortical Volumes In Patients With Idiopathic Generalized Epilepsy And Their First Degree Relatives Using FIRST Analysis/F. Chowdhury, J. O'Muircheartaigh, G. Barker, M. Richardson

**B.02** Reduction Of Structural Hub Regions In New-Onset Pediatric Epilepsy/L. Bonilha, J. Lin, A. Tabesh, K. Dabbs, D. Hsu, C. Stafstrom, B. Hermann

**B.03** Hippocampal Abnormality In Community-Based Non Refractory Focal Epilepsy: A Quantitative T2 And Volume Study/G. Jackson, H. Pardoe, S. Schuele, R. Fulbright, A. Berg

**B.04** Are Prolonged Febrile Seizures Associated With Long-Term Changes In Hippocampus? A Quantitative Hippocampal Volumetric Analysis/S. Pujar, M. Martinos, B. Neville, C. Clark, R. Scott, R. Chin

**B.05** Multiregional Network Of MRI Structural And Functional Connectivity Changes In Left TLE/V. Morgan, M. Holmes, X. Yang, B. Landman, Z. Ding, H. Kang, H. Sonmezurk, B. Abou-Khalil

**B.06** Mesial Temporal Lobe Ictal-Network Propagation Is Laterality Dependent/D. Jones, B. Brinkmann, D. Burkholder, V. Sulc, B. Mullan, K. Welker, E. So, S. Stead, G. Worrell

**B.07** Lennox Gastaut Syndrome: A Secondary Network Epilepsy/J. Archer, M. Stagnitti, R. Masterton, D. Abbott, G. Jackson

**B.08** Malformations Of Cortical Development: Detection Of Metabolic Abnormalities Outside The Visible Lesions With Phosphorus-31 MR Spectroscopy/C. Andrade, M. Otaduy, E. Park, K. Valente, M. Tsunemi, C. Leite

**B.09** 7T MR Spectroscopic Imaging For Localization-Related Epilepsy/J. Pan, Y. Zhang, R. Duckrow, S. Resor Jr, J. Gerrard, L. Hirsch, H. Hetherington, D. Spencer

**C.01** Postasphyxial Neonatal Seizure Burden Is Strongly Related To The Severity And Pattern Of Brain Injury/P. Cherian, R. Swarte, M. Lequin, P. Govaert, W. Arts, G. Visser

**C.02** Are High Frequency Oscillations Associated With Altered Functional Network Characteristics?/E. van Diessen, J. Hanemaaijer, J. Jacobs, R. Zelmman, F. Jansen, C. Stam, J. Gotman, M. Zijlmans

**C.03** High-Frequency Activity And Theta Coupling During Partial Epileptic Seizures/C. Jouny, U. Malinowska, M. Cervenka, G. Bergey

**C.04** Correlation Of Osteoporosis Development And Chronic Cerebral Hyperactivity In Epilepsy/B. Wu, L. Lee, J. Grimes, A. Nanduri, M. Wagner

**C.05** Do Antidepressants Have An Impact In Seizure Frequency And Psychiatric Symptoms In Patients With Epilepsy?/R. Ribot, B. Ouyang, A. Kanner

**C.06** Preventing Depression In Epilepsy: Project UPLIFT/N. Thompson, A. Patel, L. Selwa, C. Begley, R. Fraser, E. Johnson, S. Stoll

(selected for Goldberg Kaufman Honor\*)

**C.07** Long-Term Post-Operative Seizure Outcome After Resective Surgery For Epilepsy/V. Wasade, R. Tahir, L. Schultz, B. Smith, K. Elisevich, J. Schwalb, M. Spanaki

**C.08** Electroconvulsive Therapy Of Face And Place Specificity During Visual Naming/C. Conner, C. Kadipasaoglu, T. Pieters, N. Tandon

**C.09** Relative Risks Of Spontaneous Fetal Loss In Unintended Versus Intended Pregnancies In Women With Epilepsy: Interim Analysis Of The Epilepsy Birth Control Registry/A. Herzog, A. Davis, W. Hauser, K. Cahill, K. Fowler, A. Saporta, H. Mandle

\* **Goldberg Kaufman Honor** – Platform C.06 has been selected from all submitted abstracts in honor of Rebecca Goldberg Kaufman. The Rebecca Goldberg Kaufman Ethical Neuropsychiatry Award Fund: Raising the consciousness of the importance of psychiatry in epilepsy care.

➤ **Authors Present: Noon – 2:00 p.m.**  
 ➤ **Poster Walking Tours (see page 11 for details)**

## Translational Research Mechanisms

**3.001** Exploring The Strategies That Guide The Rebuilding Of Neural Networks After Injury/W. Swiercz, K. Lillis and K. Staley

**3.002** Effects Of Febrile Seizures And Experimental Traumatic Brain Injury In Infant Rats/L. Treiman, R. Perez, D. Schooley, J. McDorman, J. Tierney, D. Treiman and P. Adelson

**3.003** Functional Re-Wiring Of Hippocampal Neurons During Post-Traumatic Epileptogenesis/K. Lillis, W. Swiercz, M. Kramer, G. Zhao, J. Raymond, B. Bacskai and K. Staley

**3.004** The Receptor For Advanced Glycation End Products (RAGE) Is Overexpressed In Mesial Temporal Lobe Epilepsy (MTLE) And Contributes To Experimental Seizures And Epileptogenesis/A. Vezzani, V. Iori, M. Carli, R. Vertemara, T. Ravizza, E. Aronica and M. Maroso

**3.005** A Reorganized GABAergic Circuit In A Model Of Epilepsy: Evidence From CRE-Dependent Labeling In A Somatostatin-CRE Mouse/Z. Peng, C. Huang, Y. Cetina, N. Zhang and C. Houser

**3.006** Is The Loss Of Astrocytic Glutamate Reuptake In The Developing Cortex Epileptogenic?/C. Dulla, L. Andresen, A. Taylor, E. Hanson, M. Freeman and D. Cantu

**3.007** P75 Neurotrophin Receptor Modulation And JAK/STAT Inhibition: Role In The Progression Of Epilepsy In The Pilocarpine Rat Model/H. Grabenstatter, Y. CruzDelAngel, J. Carlsen, T. Yang, A. White, F. Longo, S. Russek and A. Brooks-Kayal

**3.008** Formation And Regulation Of Heteromeric HCN Channels In Live Cells: Insights From TIRF/FRET Imaging/Y. Noam, L. Regev, A. Koh, N. Hoshi and T. Baram

**3.009** Activation Of Mitogen-Activated Protein Kinases And Elevated Phosphorylation Signaling In Human Hypothalamic Hamartoma/Y. Huang, S. Semaan, Q. Liu, Y. Chang and J. Wu

**3.010** Selective Deletion Of PTEN From Hippocampal Granule Cells Produces Focal Hippocampal Seizures/I. Rolle, R. Pun, K. Holland and S. Danzer

**3.011** An Epilepsy-Causing Mutation In SCN1A Causes Gain-Of-Function In GABAergic Interneurons/E. Velazquez, A. Escayg and A. Goldin

**3.012** Environmental Enrichment Has Anti-Epileptogenic Effects In Acquired And Genetic Models Of Epilepsy/N. Jones, M. Yang, G. Dezsi, M. Salzberg and T. O'Brien

**3.013** Reduced Cortical GABA-A Receptor Endocytosis In A Mouse Model Of Absence Epilepsy/M. Gallagher and C. Zhou

**3.014** Epileptogenesis In TSC: Contribution From GABA<sub>A</sub> Receptor Mediated Excitation?/H. Sun, J. Goto, B. Kosaras, P. Klein, D. Kwiatkowski and F. Jensen

**3.015** Seizures In Mice Overexpressing The Calcium Channel Receptor Alpha2-Delta1/L. Faria, I. Parada, Z. Lou, B. Barres and D. Prince

**3.016** Closed-Loop Optogenetic Control Of Spontaneous Seizures/C. Armstrong, E. Krook-Magnuson, M. Oijala and I. Soltesz

**3.017** Effect Of 532 NM Low-Power Laser Irradiation On The Murine Hippocampal Pyramidal Cells: Examination By Patch Clamp Technique/K. Tsuchiya, A. Kobayashi, N. Kuwahara, K. Tsuchida, H. Tegushi, T. Tachibana, H. Kawai and S. Kogure

**3.018** Hypothermia Alters GABA-A Receptor Kinetic Properties To Enhance Postsynaptic Inhibition And To Modify Drug Actions/D. Naylor

**3.019** Involvement Of Neuronal Phosphotyrosine Signal Adaptor N-SHC In Kainic Acid-Induced Epileptiform Activity/S. Baba

**3.020** Rapamycin Has Paradoxical Effects On S6 Phosphorylation In Rats With And Without Seizures/L. Zeng, J. Dong, M. Wong and L. Chen

**3.021** Progressive Anticonvulsant Resistance During Post-Traumatic Epileptogenesis In Vitro/V. Dzhal, Y. Berdichevsky, Y. Saponjian, M. Mail and K. Staley

**3.022** Unexpected Neuroprotective Effects Of Reactive Oxygen Species In The Central Nervous System: The Role Of The Neurotrophin Receptor, TRKB/Y. Huang and J. McNamara

**3.023** ERK And MTOR Crosstalk And Its Effect On Neuronal Morphology In Vitro/V. Patil, J. Swann and A. Anderson

**3.024** Seizure Occurrence With Antipsychotic Drug Treatment May Be Related To Inhibition Of Outward K<sup>+</sup> Currents – Electrophysiological And Computational Studies/C. French

**3.025** Altered Inhibition And Network Activity In The Hippocampus In The Theiler's Virus Encephalitis Model Of Epilepsy/R. Smeal, P. West, E. Dahle, R. Fujinami, H. White and K. Wilcox

**3.026** Dentate Gyrus-Projecting Ca3 Neurons In The Seizure-Prone Naked Mole-Rat/M. Zions, X. Geoffroy and D. McCloskey

**3.027** GABA<sub>A</sub> Receptor Mutant Mice With Absence Epilepsy Display Loss Of Inhibitory Tonic Currents, Increased Cortical Excitability, And Decreased Thalamic Bursting/K. Mangan, S. Petrou, S. Johnson and M. Jones

**3.028** Impact Of The CNTF-Derived Peptide Cintrofin On Neurogenesis And Behavioral Alterations In The BLA-Kindling Model/J. Salvamoser, M. Hadamitzky, E. Bock, V. Berezin and H. Potschka

**3.029** Tyrosine Phosphorylation Of Voltage-Gated Sodium Channel  $\beta 1$  Regulates Neurite Outgrowth/J. Calhoun and L. Isom

**3.030** Periventricular Nodular Heterotopia C-FOS Activation In Organotypic Hippocampal Slice Cultures/E. Doisy, J. Wenzel, D. Nguyen and P. Schwartzkroin

**3.031** TRPC3-Mediated Hyperexcitability And Epileptiform Activity In Experimental Cortical Dysplasia/F. Zhou and S. Roper

**3.032** Dysregulation Of Voltage-Gated Ion Channel Expression In A Mouse Model Of Cortical Dysplasia/L. Nguyen, A. Brewster and A. Anderson

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- 3.309** The Accurate Diagnosis And The Clinical Outcomes Of Nonepileptic Paroxysmal Events In Pediatric Patients/Y. Yoon Young, K. Hyo Jung, K. Heung Dong, L. Joon Soo, L. Young Mock and K. Hoon-Chul
- 3.310** Receptive And Expressive Language Functioning In Bilingual And Monolingual Pediatric Epilepsy Patients/G. Mucci, A. Hanratty, M. Connolly, A. Martinez, M. Zupanc and J. Lin

- 3.311** Significant Impact Of Behavioral Problems On Quality Of Life In Hispanic Urban Children With Epilepsy/A. Partikian, A. Sandoval, L. Hoang and S. Stewart

### Genetics

#### Human Studies

- 3.312** Myotonia In Brain: "Skeletal" Chloride Channel CLC-1 Linked To Idiopathic Generalized Epilepsy With Focal Myotonia/T. Klassen, T. Chen, J. Reed, M. Kole, A. Goldman, C. Marini, R. Guerrini and J. Noebels
- 3.313** Chromosomal Microarray Is High Yield For Identifying Copy Number Variants In Epilepsy Patients/H. Olson, J. Avallone, Y. Shen, B. Wu and A. Poduri
- 3.314** Evidence For A Shared Genetic Susceptibility To Migraine And Epilepsy In The Epilepsy Phenome/Genome Project/M. Winawer, R. Connors and The EPGP Investigators
- 3.315** Biallelic Deletion Of The NRXN1 Gene Causing Autism, Developmental Delay And Epilepsy In Fraternal Twins/J. Imitola, C. Anderson, K. Carvalho, A. Legido and D. Khurana
- 3.316** Dravet Syndrome: Effect Of Different SCN1A Mutations In Seizure Control And Gait In Adults/D. Andrade, J. Rilstone, F. Coelho and B. Minassian
- 3.317** Copy Number Variation Analysis In Patients With SCN1A-Related Epilepsies/C. Hartmann, S. von Spiczak, A. Suls, S. Weckhuysen, G. Buyse, C. Vilain, P. Van Bogaert, P. De Jonghe, H. Muhle, U. Stephani, I. Helbig and H. Mefford
- 3.318** Novel Phenotypic Presentations Of Epilepsy Gene Mutations Uncovered Using Multiple Gene Sequencing/M. Ream, E. Davis, M. McDonald, N. Katsanis and M. Mikati
- 3.319** Somatic And Germline Mutations In AKT3 Cause Epileptic Cortical Malformations/A. Poduri, G. Evrony, X. Cai, P. Elhosary, R. Beroukhi, M. Lehtinen, L. Hills, E. Heinzen, A. Hill, R. Hill, B. Barry, B. Bourgeois, J. Riviello, E. Vining, B. Carson, A. Barkovich, P. Black, K. Ligon and C. Walsh
- 3.320** Identification Of Abnormal MicroRNA Gene Regulation In Mesial Temporal Sclerosis/D. Dogini, C. Souza, C. Yassuda, H. Tedeschi, E. Oliveira, C. Maurer-Morelli, F. Cendes and I. Lopes-Cendes

#### Animal Studies

- 3.321** Long-Term mTOR Hyperactivation Leads To Social Behavior And Learning And Memory Deficits/E. Arbuckle, G. Smith, J. Morrison, C. Floruta, O. Okonkwo and J. Lugo
- 3.322** Multiple Molecular Mechanisms For A Single GABA<sub>A</sub> Mutation In Epilepsy/T. Kim, A. Phillips, J. Low, S. Berkovic, B. Luscher, S. Petrou and C. Reid

**3.323** In Vivo Analysis Of Candidate Modifier Genes For An Epilepsy Modifier Locus On Mouse Chromosome 11/N. Hawkins and J. Kearney

**3.324** Molecular Regulation Of An Epilepsy Modifier Gene/B. Jorge and J. Kearney

**3.325** Temporal Transcript Profile Of Interleukin-1 Beta Gene In Immature And Adult Zebrafish Brain After Seizure/P. Barbalho, F. Pinto, R. Mangolin and C. Maurer-Morelli

**3.326** Do Different Genetic Rat Models Of Epilepsy Share Similar Molecular Mechanisms?/A. Matos, V. Pascoal, D. Nascimento, S. Martins, C. Rocha, M. Chamma, C. Maurer-Morelli, A. Martins, A. Valle, A. Godard and I. Lopes-Cendes

### Neuropathology Of Epilepsy Human Studies

**3.327** Surgical Pathology Of Intractable Nonlesional Focal Epilepsies: Which Boat Are We Missing?/A. Alexopoulos, I. Wang, Z. Jaisani, Z. Ying, I. Najm and R. Prayson

**3.328** Increased Number Of mTOR Positive Neurons In Resected Cortex Is A Predictor Of Seizure-Free Surgical Outcome In Young Patients With Focal Cortical Dysplasia/L. Miles, M. Miles, H. Greiner, F. Mangano, P. Horn, J. Leach, K. Lee and T. DeGrauw

**3.329**

**WITHDRAWN**

**3.330** Abnormal Subsurface Cisterns In Small Neurons Of Human Epileptic Hypothalamic Hamartoma: An Ultrastructural Study/J. Beggs, J. Wu, S. Coons and J. Kerrigan

**3.331** Expression Of HMGB1 And Toll-Like Receptors In The Hippocampus Of Cases Of Human Intractable Temporal Lobe Epilepsy/M. Nakajima, H. Sugano, T. Higo, Y. Iimura, H. Nakanishi and H. Arai

**3.332** The Interplay Between Kynurenine Pathway Enzymes And The Drug Resistance-Associated Major Vault Protein In Tuberous Sclerosis Complex: A Report Of 25 Surgical Cases/C. Eduardo Batista, A. Chugani, E. Asano, D. Cukovic, S. Sood, A. Dombkowski and D. Chugani

**3.333** Granule Cell Dispersion Is Associated With Memory Impairment In Right Mesial Temporal Lobe Epilepsy/R. Neves, I. Tudesco, A. Jardim, L. Caboclo, C. Lancellotti, T. Marinho, M. Marinho, R. Centeno, A. Hamad, E. Cavalheiro, C. Scorza and E. Yacubian

**3.334** Probability For Auras Correlates With Impaired Chloride Regulation In Human Epileptogenic Neurons/R. Deisz, T. Lehmann, P. Horn and C. Dehnicke

**3.335** Neuropathology In Prolonged Refractory Status Epilepticus/M. Pulicken, S. Reynolds, J. Szaflarski, L. Hirsch and R. Kilbride

**3.336** Malformation Of Cortical Development Associated With Early Onset Of Medically Intractable Epilepsy In Sturge-Weber Syndrome/A. Pinto, L. Chen, S. Prabhu, H. Lidov, A. Poduri, M. Sahin and M. Takeoka

**3.337** Synchronous Firing In Two Populations Of Neurons In Human Epileptic Hypothalamic Hamartomas/P. Steinmetz, S. Wait, G. Lekovic, H. Rekate and J. Kerrigan

**3.338** Detection Of Human Herpesvirus-7 In 305 Patients With Intractable Epilepsy/J. Li, C. Huang and D. Zhou

**3.339** Presentation, Diagnosis And Treatment Of Bilateral Rasmussen's Encephalitis In A 12 Year Old Female/K. Peariso, S. Standridge, B. Hallinan, J. Leach, L. Miles, F. Mangano and H. Greiner

**3.340** Small And Large Neurons From Human Epileptic Hypothalamic Hamartoma: Golgi Analysis Of Surgically-Resected Tissue/J. Kerrigan, A. Parsons, K. Simeone, J. Wu, J. Beggs and S. Coons

### Animal Studies

**3.341** Inflammatory And Neuroplastic Changes In The Hippocampus 24 Hours After Lateral Fluid Percussion Injury/L. Shapiro, M. Ruch, S. Mukherjee and S. Zeitouni

**3.342** Methamphetamine Only Induces Neuronal Necrosis In Mice With Electrophysiological Seizure Discharges/D. Fujikawa, E. Pais and E. Aviles Jr.

**3.343** Glycemic Modulation Aggravates Status Epilepticus-Induced Hippocampal Damage In Excitotoxin-Resistant Mice/P. Elyse Schauwecker

**3.344** Cross-Sectional Study To Evaluate The Role Of Brain Inflammation In The Disease Ontogenesis And Progression Of Temporal Lobe Epilepsy/H. Amhaoul, J. Hamaide, K. Szewczyk, K. Van Den Eynde, E. Geerts, D. Van Dam, P. De Deyn, I. Pintelon, S. Staelens, S. Kumar-Singh and S. Dedeurwaerdere

**3.345** Quantification Of Heterotopic Neurons In Baboons With Generalized Interictal Epileptic Discharges/C. Phelix and C. Szabo

**3.346** TRPC6 Expression Changes In A Mouse Model Of Temporal Lobe Epilepsy/I. Ferando, M. Kelley and I. Mody

**3.347** Contribution Of Enhanced Innate Immune Receptor Signaling To Early Dentate Excitability After Concussive Brain Injury/Y. Li, A. Korgaonkar, J. Wang, E. Townes-Anderson, S. Elkabes and V. Santhakumar

**3.348** Neuronal Degeneration Induced By Status Epilepticus In Septal Nuclei Of Immature Rats/R. Druga, P. Mares and H. Kubova

**3.349** Neuronal Migration Arrest In Juvenile Myoclonic Epilepsy K-O Mice/J. Machado-Salas, M. Tanaka, M. AvilaCosta, J. Espinosa, K. Yamakawa and A. Delgado-Escueta

### Epidemiology

**3.350** Clinical Factors Associated With Seizure Remission In Adults With Idiopathic Generalized Epilepsy/X. Liu, J. Dykeman, Y. Aghakhani, M. Lowerison, N. Jette, N. Pillay, P. Federico, W. Murphy,

A. Hanson, B. Klassen and S. Wiebe  
**3.351** Factors Associated With Seizure Remission In Adult Idiopathic Generalized Epilepsy: A Systematic Review/M. Lowerison, J. Dykeman, K. Fiest, Y. Aghakhani, S. Wiebe and X. Liu

**3.352** Predictors Of Five-Year Remission In New-Onset Non-Syndromic Focal Epilepsy/U. Aguglia, S. Gasparini, E. Ferlazzo, A. Labate, L. Mumoli, V. Cianci, M. Latella, A. Gambardella and E. Beghi

**3.353** Are There Racial Differences In Perceptions Of Epilepsy Care?/C. Waked, D. Loring, R. Bautista and K. Meador

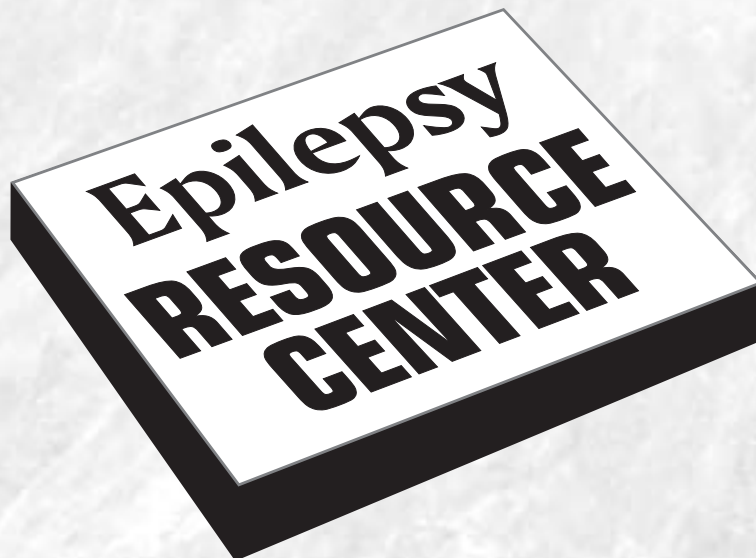
**3.354** Prevalence Of Non-Epileptic Events In Children With And Without Epilepsy Admitted To A Level 4 Epilepsy Center/A. Hernandez, L. Bailey, C. Johnson, M. Perry and S. Malik

**3.355** New Onset Afebrile Seizures: Frequency Of Serum Electrolytes And Glucose Abnormalities In Children/D. Frances Depositario-Cabacar, T. Chang, H. Burton and W. Gaillard

**3.356** Clinical And EEG Findings In Idiopathic (Genetic) Generalized Epilepsies: Are There Any Distinctive Features To Distinguish Syndromes?/A. Akbar Asadi-Pooya, M. Emami and M. Sperling

**3.357** Prevalence Of Drug Resistant Epilepsy In A Canadian Referral Center/L. Hernandez Ronquillo, J. Tellez Zenteno, S. Buckley and R. Sahagun

**3.358** The Role Of Parental Consanguinity In Epilepsy: Updates From Epilepsy Registry/F. Babbain, M. Velmurugan and N. Al Otaibi



## Stop by the EPILEPSY RESOURCE CENTER at the Entrance of the Exhibit Hall!

Expanded this year, many of the participants will be offering **mini-workshops** dedicated to the education, awareness and research for people with epilepsy worldwide. All participants of AES including exhibitors are invited to attend the mini-workshops. The schedule will be posted daily outside the Center.

The **Epilepsy Resource Center** is a comprehensive one-stop resource for patients, researchers and clinicians specializing in the area of epilepsy.

### 2012 Epilepsy Resource Center — Participants —

- American Board of Clinical Neurophysiology, Inc. (ABCN)
- American Clinical MEG Society (ACMEGS)
- American Epilepsy Society
- ASET - The Neurodiagnostic Society
- Citizens United for Research in Epilepsy
- DClamp Software and IEEG Portal
- Dravet Syndrome Foundation
- Department of Veterans Affairs, Epilepsy Centers of Excellence
- Epilepsy Foundation
- Epilepsy Phenome/Genome Project
- Epilepsy Therapy Project
- HHV-6 Foundation
- Intractable Childhood Epilepsy Alliance ICE
- LGS (Lennox-Gastaut Syndrome) Foundation
- SeizureTracker.com
- SUDEP Aware
- The American Board of Registration of EEG and EP Technologies (ABRET)
- The Anita Kaufmann Foundation
- The Charlie Foundation
- Tuberous Sclerosis Alliance

*and more...*

# TUESDAY December 4, 2012

www.AESNET.org

**7:00 a.m. – 8:30 a.m.**

## ➤ Special Interest Group Meetings

*Location listed under each session*

### Children's Hour – The Role of Inflammation in Epilepsy

**Convention Center – Room 7, Upper Level**

**Coordinators:** Mary B. Connolly, M.D., FRCP(C), Lieven Lagae, M.D., Ph.D.

**Speakers:** Annamaria Vezzani, Ph.D., Rima Nabhout, M.D., Ph.D., Sean J. Pittock, M.D.

There is increasing evidence of the importance of inflammation in epilepsy, also in different childhood epilepsy syndromes. In this symposium, we will first focus on the fundamental inflammatory pathways, explaining their possible role in epilepsy. In the next step, a review of the clinical evidence of inflammatory processes in childhood epilepsy will be given. Finally, we will review the diagnosis and current anti-inflammatory treatment options in some childhood epilepsy syndromes.

Supported by Questcor Pharmaceuticals, Inc.

### Frontal Lobe Epilepsy – The Effects of Seizures and AEDs on Frontal Lobe Function

**Convention Center – Room 11, Upper Level**

**Coordinator:** Fernando Cendes, M.D., Ph.D.

**Speakers:** Kimford J. Meador, M.D., Christoph Helmstaedter, Ph.D., Matthias Koepp, M.D., Ph.D.

We will examine recent data about the effects of seizures and AEDs on frontal lobe function and dysfunction both in generalized and localization-related epilepsies, and the relationships with quality of life and long-term outcome for cognition.

### Temporal Lobe Club – Epilepsy Networks – Resting State fMRI Perspectives

**Convention Center – Room 8, Upper Level**

**Coordinator:** John M. Stern, M.D.

**Speakers:** John S. Duncan, D.M., Helmut Laufs, M.D., Zulfi Haneef, M.D., Graeme D. Jackson, M.D.

Epilepsy produces behavioral and cognitive changes that persist between seizures and may not be related to seizure occurrence. This has been investigated historically with psychological and psychiatric approaches. Current functional imaging techniques provide means to further the understanding of these aspects of epilepsy with a brain anatomy-based approach. The imaging results also may provide new insights into the anatomic networks underpinning forms of epilepsy, irrespective of seizures. The session will explore the results of resting state imaging of epilepsy with either focal-onset or generalized-onset seizures. Throughout the session, attention will be given to how the results may lead to new understanding of epilepsy localization, both during and between seizures.

Supported by Sunovion Pharmaceuticals, Inc.

### Tuberous Sclerosis – Presurgical Epilepsy Evaluation and Utilization of Conventional and New Technologies

**Convention Center – Room 10, Upper Level**

**Coordinators:** Elizabeth A. Thiele, M.D., Ph.D., Martina Bebin, M.D.

**Speakers:** Michael Duchowny, M.D., Jeffrey Blount, M.D.

The TSC SIG this year will focus on TSC epilepsy surgery and the implementation of multimodalities in presurgical planning. Dr. Michael Duchowny from Miami Children's will discuss the presurgical epilepsy

evaluation for TSC patients and the application and implementation of the various diagnostic tests in the surgical planning (MRI, PET, MEG, SPECT, EEG). Dr. Jeffrey Blount, a pediatric neurosurgeon from Children's Hospital of Alabama, will discuss the epilepsy surgical approach for TSC patients. A third speaker will discuss the significance of new EEG data acquisition techniques (i.e., HFOs) in seizure localization and surgical mapping and resection of tissue.

Supported by Lundbeck

### Tumor-Induced Epilepsy

**Convention Center – Room 9, Upper Level**

**Coordinators:** Jeffrey M. Politsky, M.D., FRCP(C), Theodore H. Schwartz, M.D.

**Speakers:** Jeffrey Politsky, M.D., FRCP(C), Jeffrey Loeb, M.D., Ph.D., Edward Chang, M.D., Jorge Burneo, M.D., M.S.P.H., Harald W. Sontheimer, Ph.D.

The focus of the 2012 Tumor-Induced Epilepsy SIG will be how to conduct meaningful and ethical research to advance our understanding of the field and our ability to care for brain tumor patients (with and without seizures). The 2012 SIG will include discussions on the following and related topics: anti-seizure drug trials; effects of various treatment modalities on tumor growth, recurrence, and epileptogenesis; ways to utilize resected tissue (e.g., established and new brain tissue banks); relationship of tumor development to neuronal network function (including epileptogenesis, functional and dysfunctional reorganization, and cognitive function); functional mapping and neuroimaging.

### Practice Management Course

**Convention Center – Room 3, Upper Level**

**Coordinator:** Gregory L. Barkley, M.D.

**Speakers:** Gregory L. Barkley, M.D. and Jeffrey Buchhalter, M.D., Ph.D.

This course will give an annual update on ICD and CPT coding changes; discussion of what the election results mean for medical practice in 2013; and discussion regarding the likelihood of a fix to the SGR problem.

**8:30 a.m. – 10:00 a.m.**

## Scientific Symposium: Stereotactic Electroencephalography (sEEG) in the Pre-surgical Investigation of Refractory Focal Epilepsy (1.5 CME Credits)

**Convention Center – Ballroom 6C, Upper Level**

### Overview

A significant proportion of patients with refractory focal epilepsy who are being evaluated for resective surgery require invasive evaluations with subdural or depth electrode studies in order to better delineate the most likely epileptogenic zone. In most parts of the world that have the expertise and infrastructure to carry out intracranial electrode studies, the preferred method is subdural grid insertion with or without limited, non-stereotactic depth electrodes. A handful of centers in Europe and North America employ the use of stereotactically implanted, multiple-depth electrodes (stereotactic electroencephalography or sEEG), which have both advantages and potential limitations. Many centers have noted an increasing complexity of surgical cases presenting for presurgical evaluations, for example, patients who are MRI lesion negative, or who have dual or multiple epileptogenic pathologies. Such patients may be studied best using sEEG. This symposium will address the rationale, technology, advantages, risks and outcomes of sEEG usage in intractable focal epilepsy.

TUESDAY

## Learning Objectives

- ▶ Recognize the usefulness of sEEG as an invasive evaluation technique for defining the epileptogenic zone in select patients who are candidates for epilepsy surgery and develop appropriate capacity to perform such studies
- ▶ Recognize the usefulness of sEEG as an invasive evaluation technique for defining eloquent cortex in select patients who are candidates for epilepsy surgery and develop the capacity for such studies.

## Target Audience

Advanced (see page 107 for details)

## Program

Co-Chairs: Hans O. Lüders, M.D., Ph.D. and Philippe Kahane, M.D., Ph.D.

- 8:30 p.m. **Introduction and Overview**  
Hans O. Lüders, M.D., Ph.D.
- 8:35 p.m. **Stereo-EEG Methodology: The European Approach**  
Giorgio LoRusso, M.D.
- 8:50 p.m. **Stereo-EEG Methodology: The North American Approach**  
Jonathan P. Miller, M.D.
- 9:05 p.m. **Depth Electrodes vs. Stereo-EEG vs. Subdural Electrodes: Relative Advantages and Disadvantages**  
Jorge A. Gonzalez-Martinez, M.D.
- 9:20 p.m. **Mapping the Epileptogenic Zone with Stereo-EEG**  
Philippe Kahane, M.D., Ph.D.
- 9:35 p.m. **Mapping the Eloquent Cortex with Stereo-EEG**  
Samden Lhatoo, M.D.
- 9:50 p.m. **Round Table Discussion**  
Hans Lüders, M.D., Ph.D., Moderator

## Credit Designation

The American Epilepsy Society designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Nursing Credit

Nurses may claim up to 1.5 contact hours for this session.

## Pharmacy Credit

ACPE Universal Activity Number (UAN) is 0052-9999-12-2325-L04-P and provides 1.5 contact hours.

## ABPN Core Competencies

The American Board of Psychiatry and Neurology has reviewed the Scientific Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge

**8:30 a.m. – 10:00 p.m.**

**North American Commission Symposium:  
Epilepsy Classification:  
Hot Controversies in 2012**  
(1.5 CME Credits)

**Convention Center – Ballroom 6A, Upper Level**

*Spanish translation  
available*

## Overview

Classification of the epilepsies is a dynamic concept that continues to undergo reevaluation, especially in light of advances in structural and functional neuro-imaging, genetics and neuro-immunology. This symposium, sponsored by the International League Against Epilepsy, will focus on the

newly updated organization of the epilepsies, exploring the emerging concept of diagnostic specificity and how this relates to clinical practice. Controversies that have arisen regarding the specific aspects of classification, namely structural, genetic and immune, will be presented.

## Learning Objectives

- ▶ Utilize the greater diagnostic specificity provided by the revised classification in managing patients and in doing research
- ▶ Utilize newly described genetic and immunologic testing in order to provide greater specificity in diagnosing epilepsy and in managing patients
- ▶ Utilize the revised classification to improve diagnostic specificity and coding accuracy for clinical epilepsy practice.

## Target Audience

Basic, Intermediate and Advanced (see page 107 for details)

## Program

Co-Chairs: Sheryl Haut, M.D., M.S. and Ingrid E. Scheffer, M.B.B.S., Ph.D.

- 8:30 a.m. **Introduction and Overview**  
Sheryl Haut, M.D., M.S.
- 8:35 a.m. **Update on the New Organization: Where Have the Modifications Taken Us?**  
Ingrid E. Scheffer, M.B.B.S., Ph.D.
- 8:45 a.m. **Diagnostic Specificity: Applying This Concept to Every Patient**  
J. Helen Cross, M.B.Ch.B., Ph.D., FRCP, FRCPh
- 9:00 a.m. **Controversies**  
**Genetic: How Do I Tell the Patient?**  
Sameer Zuberi, M.B.Ch.B., FRCP, FRCPh
- 9:10 a.m. **Structural: Genetic or Acquired?**  
James Barkovich, M.D.
- 9:25 a.m. **Immune: Which Patients Should Be Tested?**  
Christian Bien, M.D.
- Coding: Will This Make a Difference to My Practice?**  
Donna C. Bergen, M.D.
- 9:55 a.m. **Conclusions**  
Ingrid E. Scheffer, M.B.B.S., Ph.D.

## Credit Designation

The American Epilepsy Society designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## Nursing Credit

Nurses may claim up to 1.5 contact hours for this session.

## Pharmacy Credit

ACPE Universal Activity Number (UAN) is 0052-9999-12-2326-L04-P and provides 1.5 contact hours.

## ABPN Core Competencies

The American Board of Psychiatry and Neurology has reviewed the North American Commission Symposium and has approved this program as part of a comprehensive lifelong learning program, which is mandated by the ABMS as a necessary component of maintenance of certification.

Core Competencies: Medical Knowledge, System-Based Practice and Practice-Based Learning and Improvement

*separate registration is required*

**10:00 a.m. – 11:30 a.m. and 11:45 a.m. – 1:15 p.m.**

**Skills Workshops Session (Non-credit)**

*Each workshop will run during both times*

*Location listed under each session*

**Basic EEG in Epilepsy: Fundamentals and Interpretation**

**Convention Center – Room 4, Upper Level**

Moderator: Greg Cascino, M.D.

The routine EEG recording remains essential in the care and management of individuals with seizures and suspected epilepsy. EEG findings may be of prognostic importance and be used to assess the efficacy of treatment. Use of appropriate EEG methodology and recognition of artifact and benign variant patterns are essential for satisfactory clinical studies. This workshop will review basic methodologies of EEG for the evaluation and treatment of pediatric and adult patients with seizure disorders. This will include use of appropriate EEG techniques and fundamentals of EEG recordings. Recognition of benign variant alterations and ictal-interictal epileptogenic discharges will be addressed. The presentations will also discuss the importance of EEG to identify characteristics of specific epilepsies and epileptic syndromes.

**Intracranial Electrode Studies: How Do You Choose a Technique for Optimum Localization?**

**Convention Center – Room 5A, Upper Level**

Moderator: Dennis Spencer, M.D.

Over the past thirty years, resection for medically intractable epilepsy has become a standard treatment option. However, in many instances successful surgery is not possible without defining the potential respective volume by intracranial electrophysiology. This workshop will look at three centers with different solutions to intracranial studies. Common problematic cases will be presented and each of the three surgeons will provide a rationale for their solution to a standard study.

**Neuroradiology: Optimal Use of Neuroimaging in Diagnosing and Treating Epilepsy**

**Convention Center – Room 5B, Upper Level**

Moderator: Michael Sperling, M.D.

Neuroimaging is an essential tool in the diagnosis and treatment of epilepsy. This workshop will review the techniques used to diagnose epilepsy, emphasizing both basic MRI customized for epilepsy and advanced neuroimaging techniques. We will review a rational approach to the use of neuroimaging, highlight specific techniques that enhance diagnostic ability, along with newer fMRI and other functional imaging methods. Interpretation of scans and various findings will be reviewed in this practical session.

**Essentials of the Epilepsy Monitoring Unit: Basics for Setting up Video EEG and Related Services**

**Convention Center – Room 8, Upper Level**

Moderator: R. Edward Hogan, M.D.

Technological advances have enhanced our capabilities for advanced neurodiagnostic testing for epilepsy, enabling acquisition of video-EEG and ictal SPECT studies for clinical diagnostic purposes. This skills workshop will review the basic indications and guidelines for establishing and maintaining an epilepsy monitoring unit, as well as basic safety issues in the EMU. The discussion will include practical information for set up and maintenance of video-EEG equipment as well as issues in acquisition and processing of ictal / interictal SPECT studies.

**Genetics: The Usefulness of Genetics In Patient Care**

**Convention Center – Room 9, Upper Level**

Moderator: Christina Gurnett, M.D., Ph.D.

Knowledge of genetics is becoming increasingly important for the diagnosis and treatment of patients with epilepsy. In this skills workshop, we will discuss the following questions: Do you need to test for HLA genetic variants before starting carbamazepine or phenytoin? What is the role of chromosomal microarray analysis in idiopathic generalized epilepsies or in pediatric epileptic encephalopathies? What are the merits of single gene testing vs. gene panels vs. comprehensive genetic testing (i.e., exomes) for patients with epilepsy? How do you interpret the results of genetic testing?

**Pediatric Epilepsy Surgery: Candidate Selection For What Outcome?**

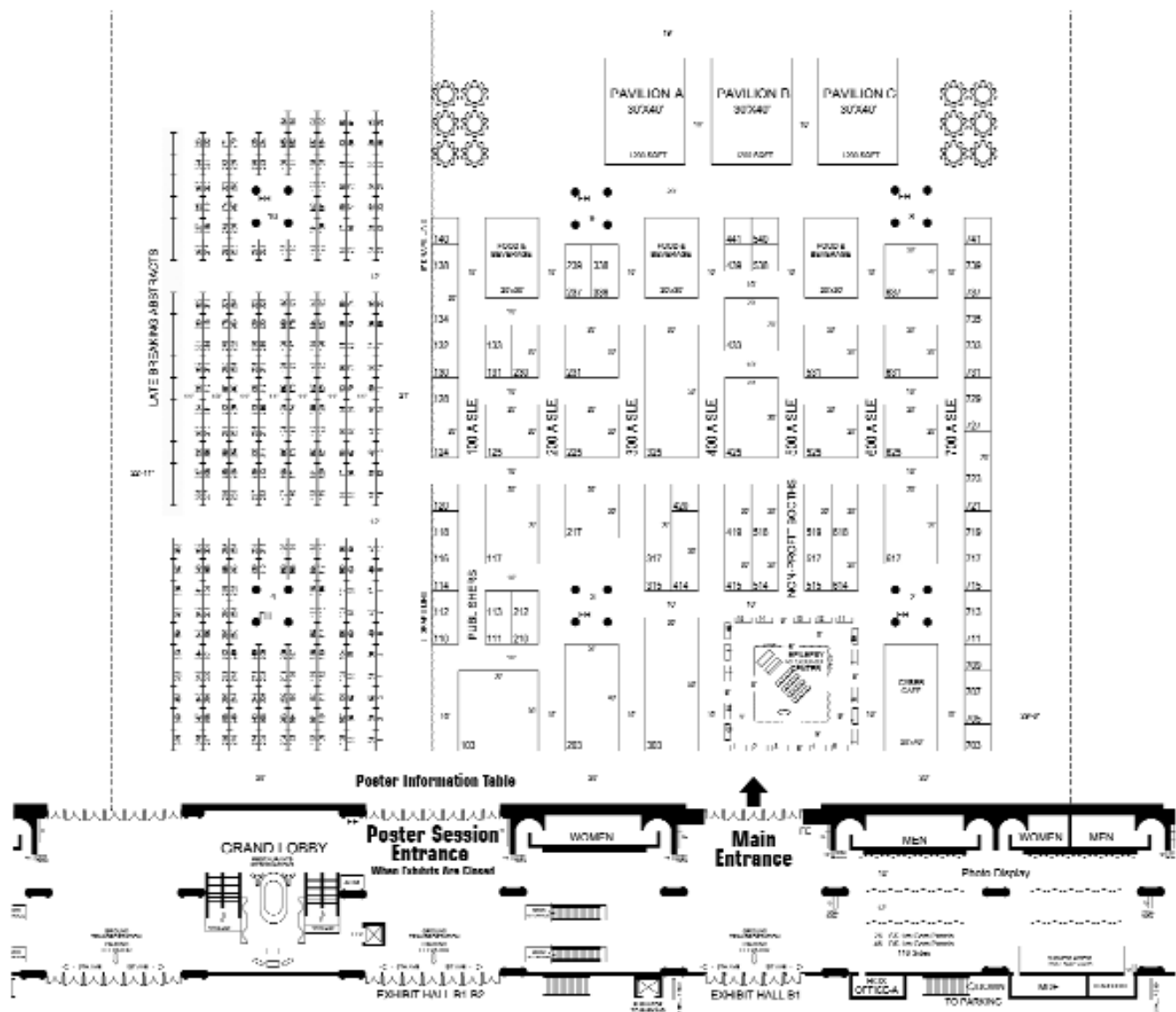
**Convention Center – Room 10, Upper Level**

Moderator: Gary Mathern, M.D.

The selection of candidates and anticipated outcomes for pediatric epilepsy surgery have evolved considerably over the past decade. This session is designed to address how the selection of pediatric epilepsy surgery patients is often different compared with older patients. This includes the finding that many children with localized lesions may show generalized semiology and/or EEG changes, and how developmental outcomes need to be included in the risk-benefit analysis. Speakers from three centers will present case studies and discuss additional cases from the audience.



# EXHIBITOR FLOOR PLAN



**Poster Walking Tours** begin at the **Poster Information table**

## Exhibit Hall Hours:

Saturday, December 1 ..... 11:45 a.m. - 6:00 p.m.  
 Sunday, December 2 ..... 10:00 a.m. - 4:00 p.m.  
 Monday, December 3 ..... 10:00 a.m. - 3:00 p.m.

# EXHIBITOR LOCATIONS

Ad-Tech Medical Instrument Corp.....	Booth #317	GeneDx .....	Booth #132
AED Pregnancy Registry.....	Booth #441	GlaxoSmithKline .....	Booth #425, 723
*American Board of Clinical Neurophysiology, Inc. (ABCN) .....	Table #20	Grass Technologies .....	Booth #433
*The American Board of Registration of EEG and EP Technologies (ABRET) .....	Table #1	*HHV-6 Foundation .....	Table #19
*American Clinical MEG Society (ACMEGS) .....	Table #16	HRA Healthcare Research & Analytics .....	Booth #116
*American Epilepsy Society.....	Table #7	ILAE / IBE Congress Secretariat.....	Booth #519
Analyze Direct.....	Booth 715	Integra LifeSciences .....	Booth #210
The Anita Kaufmann Foundation.....	Table #3	*Intractable Childhood Epilepsy Alliance.....	Table #11
*ASET – The Neurodiagnostic Society .....	Table #8	John Libbey EUROTEXT .....	Booth #111
Athena Diagnostics, Inc. ....	Booth #538	LGS (Lennox-Gastaut Syndrome) Foundation.....	Table #4
BIOPAC Systems, Inc. ....	Booth #133	Lifelines Neurodiagnostic Systems, LLC.....	Booth #721
Blackrock NeuroMed.....	Booth #419	Lippincott Williams & Wilkins.....	Booth #707
Cadwell Laboratories, Inc. ....	Booth #531	Lundbeck US.....	Booth #325, 336
CareFusion.....	Booth #217	Multi Channel Systems .....	Booth #114
*The Charlie Foundation .....	Table #12	National Association of Epilepsy Centers.....	Booth #517
Child Neurology Foundation (CNF) .....	Booth #420	National Institute of Neurological Disorders & Stroke (NINDS).....	Booth #711
*Citizens United for Research in Epilepsy (CURE) .	Table #15	Natus Medical Incorporated .....	Booth #225
Clever Sys, Inc. ....	Booth #138	Neuralynx Inc. ....	Booth #124
Compumedics USA, Inc. ....	Booth #525	Nihon Kohden America, Inc. ....	Booth #231
Cortech Solutions, Inc. ....	Booth #705	Optima Neuroscience, Inc. ....	Booth #128
Cyberonics, Inc.....	Booth #617	Oxford University Press.....	Booth #112
DClamp Software and IEEG-Portal.....	Table #9	Persyst Development Corporation .....	Booth #731
*Demos Medical Publishing.....	Booth #113	Pinnacle Technology, Inc.....	Booth #120
Department of Veterans Affairs, Epilepsy Centers of Excellence.....	Table #2	PMT Corporation .....	Booth #415
*DigiTrace EEG Services .....	Booth #315	Questcor Pharmaceuticals, Inc.....	Booth #212, 414
DIXI MEDICAL .....	Booth #118	RhythmLink International.....	Booth #518
*Dravet Syndrome Foundation.....	Table #14	Ripple LLC .....	Booth #134
Eisai, Inc. ....	Booth #125, 303	*SeizureTracker.com.....	Table #5
Electrical Geodesics, Inc.....	Booth #131, 230	Smart Monitor Corp. ....	Booth #237
ELEKTA Oy.....	Booth #117	*SUDEP Aware.....	Table #13
Elsevier .....	Booth #703	Sunovion Pharmaceuticals, Inc. ....	Booth #637
emka TECHNOLOGIES Inc.....	Booth #239	Supernus Pharmaceuticals, Inc. ....	Booth #203
Emory Genetics Laboratory.....	Booth #727	Transgenomic, Inc.....	Booth #338
Epilepsy Foundation.....	Booth #514, Table #17	Triangle BioSystems, Inc. ....	Booth #130
Epilepsy Life Links .....	Booth #540	*Tuberous Sclerosis Alliance .....	Table #6
*Epilepsy Phenome/Genome Project.....	Table #10	UCB, Inc. ....	Booth #103
*Epilepsy Therapy Project .....	Table #18	Upsher-Smith Laboratories, Inc. ....	Booth #515, 614
EUROIMMUN US.....	Booth #439	Visualase, Inc. ....	Booth #618
Everidis Health Sciences.....	Booth #729	Wiley-Blackwell.....	Booth #110

\*Please see Epilepsy Resource Center participants on page 70.

# EXHIBITORS

## Exhibit Schedule

**Saturday, December 1:** 11:45 a.m.-6:00 p.m.  
Lunch: 11:45 a.m.-12:45 p.m.  
Reception: 4:30 p.m.-6:00 p.m.  
Prize Drawing: 5:00 p.m., Epilepsy Resource Center

**Sunday, December 2:** 10:00 a.m. – 4:00 p.m.  
Lunch: Noon-1:00 p.m.  
Coffee Break: 3:00 p.m.-3:30 p.m.  
Prize Drawing: 3:15 p.m., Epilepsy Resource Center

**Monday, December 3:** 10:00 a.m.-3:00 p.m.  
Lunch: Noon-1:30 p.m.  
Coffee Break: 2:30 p.m.-3:00 p.m.  
Prize Drawing & Grand Prize Drawing: 2:45 p.m., Epilepsy Resource Center

### Ad-Tech Medical Instrument Corp

Booth #317  
1901 William St  
Racine, WI 53404  
Phone: 262-634-1555  
Toll Free: 800-776-1555  
Fax: 262-634-5668  
Email: lt@adtechmedical.com  
Website: www.adtechmedical.com  
Contact: Ms. Lisa Theama

For over 25 years, Epilepsy Centers have made Ad-Tech their choice for invasive electrodes for brain mapping and epilepsy monitoring. We offer a large variety of electrodes and accessories to meet you and your patients needs. Visit our booth to discover why Ad-Tech is your best choice.

### AED Pregnancy Registry

Booth #441  
121 Innerbelt Rd - Ste 220  
Massachusetts General Hospital  
Somerville, MA 02143  
Phone: 617-724-9550  
Toll Free: 888-233-2334  
Fax: 617-726-1911  
Email: crsmith1@partners.org  
Website: www.aedpregnancyregistry.org  
Contact: Ms. Caitlin Smith

The AED Pregnancy Registry is dedicated to determine the safety of antiepileptic drugs that can be taken by women during pregnancy to treat disorders such as epilepsy, mood disorder, and chronic pain. The primary goal is to determine the frequency of major malformations in the infants exposed during pregnancy to AEDs. Please visit our booth for our latest information.

### American Board of Clinical Neurophysiology, Inc. (ABCN)

Table #20  
2509 W Iles Ave - Ste 102  
Springfield, IL 62704  
Phone: 217-726-7980  
Fax: 217-726-7989  
Email: abcn@att.net  
Website: www.abcn.org  
Contact: Ms. Janice Walbert  
The American Board of Clinical Neurophysiology (ABCN) has a 65-year history of promoting excellence in Clinical Neurophysiology and offers examinations with added competency in Epilepsy Monitoring or Neurophysiologic Intraoperative Monitoring. A Generalist Track is also available. Stop by the booth for exam outlines and Practice Exam order forms.

### The American Board of Registration of EEG and EP Technologies (ABRET)

Table #1  
2509 W Iles Ave - Ste 102  
Springfield, IL 62704  
Phone: 217-726-7980  
Fax: 217-726-7989  
Email: abreteo@att.net  
Website: www.abret.org  
Contact: Ms. Janice Walbert

The American Board of Registration of Electroencephalographic and Evoked Potential Technologists (ABRET) is the credentialing board for Neurodiagnostic Technologists (EEG, EP, NIOM, LTM) and offers laboratory accreditation programs, LAB-EEG, LAB-NIOM, and LAB-LTM. Stop by our booth for assistance recruiting technologists and to learn about laboratory accreditation.

### American Clinical MEG Society (ACMEGS)

Table #16  
One Regency Drive P.O. Box 30  
Bloomfield, CT 06002  
Phone: 860-243-3977  
Fax: 860-286-0787  
Email: hburns@ssmgt.com  
Website: www.acmegs.org  
Contact: Haley Burns

ACMEGS is a non-profit professional medical association that represents clinical MEG centers in America. ACMEGS sets national standards for MEG use and advocates for individuals who would benefit from MEG through the education of medical providers, policymakers and regulators about the recommended standards of care. Our goal is to make MEG accessible to all patients.

### American Epilepsy Society

Table #7  
342 N Main St  
West Hartford, CT 06117  
Phone: 860-586-7505  
Fax: 860-586-7550  
E-mail: info@aesnet.org  
Contact: Ms. Kathy Hucks

The American Epilepsy Society promotes research and education for professionals dedicated to the prevention, treatment and cure of epilepsy. Stop by the Epilepsy Resource Center for information on membership publications and research funding.

### Analyze Direct

Booth #715  
7380 W 161st St  
Overland Park, KS 66085  
Phone: 913-338-2527  
Fax: 913-338-2554  
Email: stuart@analyzedirect.com  
Website: www.analyzedirect.com  
Contact: Mr. Stuart Jackson

AnalyzeSISCOM is a research application that uses a combination of SPECT and MRI to assess regional activation in the brain during epileptic seizure. Previously only available as part of the Analyze visualization and analysis software suite, a highly improved stand-alone SISCOM will be demonstrated at AES 2012.

### The Anita Kaufmann Foundation

Table #3  
1786 Lilbet Rd  
Teaneck, NJ 07666  
Phone: 201-655-0420  
Toll Free: 866-596-4973  
Fax: 866-303-3219  
Email: debra@akfus.org  
Website: www.akfus.org  
Contact: Ms. Debra Josephs

Our sole mission is to educate the public not to fear epilepsy and seizures. We are the global sponsors of PURPLE DAY, the largest grassroots epilepsy awareness initiative in the world. We provide seizure first aid training and material worldwide. We have just introduced a program to help US Veterans with traumatic brain injury with the VA's Epilepsy Centers of Excellence.

### ASET – The Neurodiagnostic Society

Table #8  
402 E Bannister Rd - Ste A  
Kansas City, MO 64131  
Phone: 816-931-1120  
Fax: 816-931-1145  
Email: sarah@aset.org  
Website: www.aset.org  
Contact: Ms. Sarah Ecker

ASET – The Neurodiagnostic Society advances the neurodiagnostic profession by providing education and advocacy, creating greater awareness of the profession, and establishing standards and best practices to ensure quality patient care. ASET provides its members practical guidance and helps them stay abreast of the latest advances in the field.

# EXHIBITORS

## Athena Diagnostics, Inc.

Booth #538  
377 Plantation St  
Worcester, MA 01605  
Phone: 508-756-2886  
Toll Free: 800-394-4493  
Fax: 508-753-5601  
Email:  
melissa.s.hodgson@athenadiagnostics.com  
Website: www.athenadiagnostics.com  
Contact: Ms. Melissa Hodgson

Athena Diagnostics offers the most comprehensive testing services for epileptic seizure disorders. Identifying mutations in causative genes means more information to accurately pinpoint the diagnosis. Select from over 25 epilepsy genetic tests for individual genes or complete evaluation panels.

## BIOPAC Systems, Inc.

Booth #133  
42 Aero Camino  
Goleta, CA 93117  
Phone: 805-685-0066  
Fax: 805-685-0067  
Email: frontdesk@biopac.com  
Website: www.biopac.com  
Contact: Ms. Margaret Burke

BIOPAC offers complete systems for life science research and education — human, animal, or in vivo studies. Powerful software & automated analysis plus industry-standard data acquisition amplifiers, transducers & electrodes.

## Blackrock NeuroMed

Booth #419  
675 Arapeen Dr - Ste 105  
Salt Lake City, UT 84108  
Phone: 801-692-7353  
Fax: 877-623-6027  
Email: sryan@blackrockneuromed.com  
Website: www.blackrockneuromed.com  
Contact: Ms. Shanna Ryan

Blackrock NeuroMed's Cervello EEG/LTM systems provide advanced EEG monitoring technology including remote monitoring capabilities, Bluetooth connectivity and flexible integration for advanced research studies. Furthermore, we provide a comprehensive service package with start to finish integration and comprehensive IT support. Visit our booth or www.blackrockneuromed.com.

## Cadwell Laboratories, Inc.

Booth #531  
909 N Kellogg St  
Kennewick, WA 99336  
Phone: 509-735-6481  
Toll Free: 800-245-3001  
Fax: 509-783-6503  
Email: lorik@cadwell.com  
Website: www.cadwell.com  
Contact: Ms. Lori Kaufman

Cadwell Laboratories has EEG systems specifically designed for the EMU – our new Ambulatory EEG with Q-Video Mobile revolutionizes the field of long-term monitoring by moving the patient into their own

environment. Our patent-pending Q-Video Mobile Camera allows video capture of the patient anywhere they are, allowing you to see what triggers episodes in the real world.

## CareFusion

Booth #217  
PO Box 44994  
Madison, WI  
Phone: 608-829-8500  
Toll Free: 800-356-0007  
Fax: 608-869-8737  
Email: julie.phillips@carefusion.com  
Website: www.carefusion.com  
Contact: Ms. Julie Phillips

## The Charlie Foundation

Table #12  
1325 Victoria Circle S  
Elm Grove, WI 53122  
Phone: 262-271-3479  
Fax: 262-754-1369  
Email: bkania@chw.org  
Website: www.charliefoundation.org  
Contact: Ms. Beth Zupec

The Charlie Foundation exists to educate the public about ketogenic diet therapies for the treatment of epilepsy and to train healthcare professionals in the implementation and management of these regimens. We collaborate with other epilepsy non-profit organizations to disseminate information and promote diet therapies worldwide.

## Child Neurology Foundation (CNF)

Booth #420  
2000 W 98th St  
Bloomington, MN 55431  
Phone: 651-645-4466  
Fax: 651-881-6276  
Email: jennifer.wright704@gmail.com  
Website: www.childneurologyfoundation.org  
Contact: Ms. Jennifer Wright

## Citizens United for Research in Epilepsy (CURE)

Table #15  
223 W. Erie St - Suite 2SW  
Chicago, IL 60654  
Phone: 312-255-1801  
Email: julie@cureepilepsy.org  
Website: www.cureepilepsy.org  
Contact: Julie Milder

Citizens United for Research in Epilepsy is a nonprofit organization dedicated to finding a cure for epilepsy by raising funds for research and by increasing awareness of the prevalence and devastation of this disease.

## Clever Sys, Inc.

Booth #138  
11425 Isaac Newton Square - Ste 202  
Reston, VA 20190  
Phone: 703-787-6946  
Fax: 703-787-8567  
Email: nzhang@cleversysinc.com  
Website: www.cleversysinc.com  
Contact: Ms. Naili Zhang

Clever Sys Inc. is a bioinformatics software company, with patented Behavior Recognition Technology for automated animal behavioral research. In addition to our software packages we offer behavioral research equipment such as mazes, operant chambers, and environments that are optimized for video analysis. We now offer CRO services for behavioral studies.

## Compumedics USA, Inc.

Booth #525  
6605 W WT Harris Blvd - Ste F  
Charlotte, NC 28269  
Phone: 704-749-3200  
Toll Free: 877-717-3975  
Fax: 704-749-3299  
Email: kathy.caplan@compumedicsusa.com  
Website: www.compumedics.com.au  
Contact: Ms. Kathy Caplan

Compumedics USA, Inc. provides solutions for epilepsy monitoring. NEUVO LTM and Grael EEG Systems with CURRY-SCAN 7 Neuroimaging Suite meet requirements for routine and ambulatory recordings as well as LTM / Neuro-ICU monitoring. Compumedics addresses ultra-high density and extended frequency-range recordings for HFO, source localization and source imaging. SEE MORE! DO MORE!

## Cortech Solutions, Inc.

Booth #705  
1409 Audubon Blvd - Ste B1  
Wilmington, NC 28403  
Phone: 910-362-1143  
Fax: 910-362-1147  
Email: blattimore@cortechsolutions.com  
Website: www.cortechsolutions.com  
Contact: Ms. Brenda Lattimore

EEG / ERP and source modeling are just the start! Our systems incorporate HR, HRV, EMG, GSR, EOG, respiration, eye tracking and more. All the most advanced labs are already using our systems except perhaps yours.

## Cyberonics, Inc.

Booth #617  
100 Cyberonics Blvd  
Houston, TX 77058  
Phone: 281-228-7356  
Fax: 281-853-2686  
Email: renee.adams@cyberonics.com  
Website: www.cyberonics.com  
Contact: Ms. Renee Adams

Cyberonics, Inc. is a leader in the neurostimulation market and continues to demonstrate this commitment to physicians and their patients by providing innovative and effective medical device solutions for epilepsy. VNS Therapy® is the only FDA-approved device for the treatment of refractory epilepsy, with more than 70,000 patients implanted worldwide.

# EXHIBITORS

## **DClamp Software and IEEG-Portal**

Table #9

114 16th St #2600

Charlestown, MA 02129

Phone: 617-643-0362

Fax: 617-643-0141

Email: Staley.Kevin@mgh.harvard.edu

Contact: Kevin Staley

Shared resources for experimental EEG recording, storage, and analysis. Come by to see the latest open source software and other resources to facilitate quantitative measurements of seizures, spikes, and epilepsy. DClamp Software is funded by AES, International Epilepsy Electrophysiology (IEEG) Portal funded by the NINDS.

## **Demos Medical Publishing**

Booth #113

11 W 42nd St - 15th Fl

New York, NY 10036

Phone: 212-683-0072

Toll Free: 800-532-8663

Fax: 212-941-7842

Email: tom@demoshhealth.com

Website: www.demosmedpub.com

Contact: Mr. Thomas Hastings

Demos Medical is a publishing leader in clinical neurology and related disciplines. Visit us in Booth 113 to preview our list of premier print titles and exciting new digital products including Pediatric EEG DVD, Neurology Video Textbook, Alternative Therapies for Epilepsy, Handbook of ICU EEG Monitoring, Ketogenic Diets, and more.

## **Department of Veterans Affairs, Epilepsy Centers of Excellence**

Table #2

4150 Clement St (127E)

San Francisco, CA 94121

Phone: 415-379-5599

Fax: 415-379-5666

Email: ryan.rieger@va.gov

Website: www.epilepsy.va.gov

Contact: Mr. Ryan Rieger

The Department of Veterans Affairs (VA) founded the Epilepsy Centers of Excellence (ECoE), establishing 16 sites linked to form four regional centers. The ECoE seek to provide high quality clinical care to veterans with epilepsy with state-of-the-art diagnostic and therapeutic service and to promote outreach, education, and research efforts for both patients and providers.

## **DigiTrace EEG Services**

Booth #315

200 Corporate Pl - Ste 5B

Peabody, MA 01960

Phone: 978-536-7400

Toll Free: 800-334-5085

Fax: 978-535-9778

Email: stuthill@sleepmedinc.com

Website: www.sleepmedinc.com

Contact: Mr. Stuart Tuthill

DigiTrace EEG products and services are used by dozens of comprehensive epilepsy centers throughout the U.S. There are also over

40 company testing locations in 20 major U.S. metropolitan areas where physicians can refer their patients for ambulatory EEG testing. Together, these facilities provide more than 25,000 days of ambulatory EEG monitoring each year.

## **DIXI MEDICAL**

Booth #118

4 chemin de Palente

25000 BESANCON France

Phone: +33 3 81 88 98 90

Fax: +33 3 81 88 9899

Email: secretariat@diximicrotechniques.com

Website: www.diximedical.com

Contact: Mr. Jose Moya

Mr. Jose Moya, sales manager with over 30 years partnership with clinicians and Researchers for the development of DIXI MEDICAL electrodes and accessories for the surgical treatment of epilepsy, is the proficient person for responding to any query and providing appropriate devices to neurosurgeons' requirements. He is eager to welcome you at booth #118.

## **Dravet Syndrome Foundation**

Table #14

11 Nancy Dr

Monroe, CT 06468

Phone: 203-880-9456

Email: maryanne.m@dravetfoundation.org

Website: www.dravetfoundation.org

Contact: Ms. Mary Anne Meskis

Dravet Syndrome Foundation is a nonprofit organization whose mission is to aggressively raise research funds for Dravet Syndrome and related ion channel epilepsies; to increase awareness of these catastrophic conditions; and to provide support to affected individuals and families.

## **Eisai, Inc.**

Booth #125, 303

100 Tice Blvd

Woodcliff Lake, NJ 07677

Phone: 201-746-2527

Fax: 201-746-3196

Email: shirley\_hunt@eisai.com

Website: www.eisai.com/US

Contact: Ms. Shirley Hunt

Eisai Inc. is the U.S. pharmaceutical operation of Eisai Co., Ltd., a research-based human health care (HHC) company that discovers, develops and markets products throughout the world. Headquartered in Woodcliff Lake, New Jersey, Eisai's key areas of commercial focus are neurology and oncology. For more information, please visit [www.eisai.com/US](http://www.eisai.com/US).

## **Electrical Geodesics, Inc.**

Booth #131, 230

1600 Millrace Drive - Ste 200

Eugene, OR 97403

Phone: 541-687-7962

Fax: 541-687-7963

Email: conferences@egi.com

Website: www.egi.com

Contact: Ms. Dee Dee Nunes

EGL brings next-generation clinical EEG systems, tools, and workflows to hospitals

and clinics worldwide. EEG systems feature EGL's Geodesic Sensor Net for rapid application and unprecedented comfort. Your choice of routine EEG systems or dense array systems for source estimation. Visit EGL's booth to see this in action!

## **ELEKTA Oy**

Booth #117

Siltasaarekatu 18-20

00530 Helsinki, Finland

Phone: 358-975-6240-22

Fax: 358-975-6240-11

Email: riitta.pietila@elekta.com

Website: www.elekta.com

Contact: Ms. Riitta Pietilä

## **Elsevier**

Booth #703

1600 John F Kennedy Blvd - Ste 1800

Four Penn Center

Philadelphia, PA 19103

Phone: 215-239-3491

Toll Free: 800-523-4069

Fax: 215-239-3494

Email: j.francis@elsevier.com

Website: www.elsevier.com

Contact: Mr. Jeffrey Francis

Elsevier is a leading publisher of health science publications, advancing medicine by delivering superior reference information and decision support tools to doctors, nurses, health practitioners and students. With an extensive media spectrum — print, online and handheld, we are able to supply the information you need in the most convenient format.

## **emka TECHNOLOGIES Inc.**

Booth #239

307 Annandale Rd - Ste 203

Falls Church, VA 22042

Phone: 703-237-9001

Fax: 703-237-9006

Email: emkatech@emkatech.com

Website: www.emkatech.com

Contact: Ms. Virginie Brechet

rodentPACK, a tetherless epilepsy monitoring system, offer the advantages of implantable telemetry at the cost of a tether-based setup. This wireless head-mounted device measures EEG, EMG, ECG, and activity from up to 40 single or group housed subjects. Optional software features sleep scoring, seizure detection, GLP capabilities, and synchronized video.

## **Emory Genetics Laboratory**

Booth #727

2165 N Decatur Rd

Decatur, GA 30033

Phone: 404-778-8499

Fax: 404-778-8559

Email: kellianne.martin@emory.edu

Website: www.geneticslab.emory.edu

Contact: Ms. Kelli Martin

Emory Genetics Laboratory (EGL) is a worldwide leader in clinical genetic testing. EGL's biochemical, cytogenetic, and molecular laboratories provide

integrated and comprehensive testing for neurologically-related genetic disorders. EGL offers an epilepsy next-generation sequencing panel featuring more than 125 genes associated with the disorder.

## **Epilepsy Foundation**

Booth #514, Table 17  
8301 Professional Pl E  
Landover, MD 20785  
Phone: 301-459-3700  
Fax: 301-918-2103  
Email: [gjones@efa.org](mailto:gjones@efa.org)  
Website: [www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)  
Contact: Ms. Gigi Jones

## **Epilepsy Life Links**

Booth #540  
333 Westchester Ave - Ste 104  
White Plains, NY 10604  
Phone: 914-428-9213  
Fax: 914-428-9282  
Email: [glee@epilepsygroup.com](mailto:glee@epilepsygroup.com)  
Website: [www.epilepsygroup.com](http://www.epilepsygroup.com)  
Contact: Ms. Gladys Lee

Epilepsy Life Links provides a comprehensive array of supports and opportunities for persons with epilepsy, including free educational programs for patients and healthcare providers taught by our epilepsy specialists, support groups for adults in both English and Spanish, wellness activities, social media, and participation in local and national epilepsy fundraisers.

## **Epilepsy Phenome / Genome Project**

Table #10  
3243 Sterling Ave  
Alameda, CA 94501  
Phone: 415-519-8962  
Email: [info@epgp.org](mailto:info@epgp.org)  
Website: [www.epgp.org](http://www.epgp.org)  
Contact: Kristen Schardein

## **Epilepsy Therapy Project**

Table #19  
10 N Pendleton St - Upper Level  
PO Box 742  
Middleburg, VA 20118  
Phone: 540-687-8077  
Fax: 540-687-8066  
Email: [kim@epilepsytherapyproject.org](mailto:kim@epilepsytherapyproject.org)  
Website: [www.epilepsy.com](http://www.epilepsy.com)  
Contact: Ms. Kim Macher

Epilepsy Therapy Project (ETP), sponsor of [epilepsy.com](http://epilepsy.com), is a 501(c)(3) non-profit organization whose mission is to accelerate new therapies for people with epilepsy and seizures. Founded by parents and doctors, ETP supports the commercialization of new therapies through direct grants and investments in promising academic and commercial projects.

## **EUROIMMUN US**

Booth #439  
1100 The American Rd  
Morris Plains, NJ 07950  
Phone: 973-656-1000  
Toll Free: 800-913-2022  
Fax: 973-656-1098  
Email: [l.popelka@euroimmun.us](mailto:l.popelka@euroimmun.us)  
Website: [www.euroimmunus.com](http://www.euroimmunus.com)  
Contact: Mrs. Lauren Popelka

EUROIMMUN produces reagents for medical laboratory diagnostics. In the foreground are test systems for the determination of various antibodies in patient serum in the diagnosis of autoimmune diseases, infectious diseases and allergies. Indirect immunofluorescence, microplate ELISA, various blot techniques and all molecular biology techniques.

## **Everidis Health Sciences**

Booth #729  
2900 Brannon Ave  
St. Louis, MO 63139  
Phone: 877-776-0101  
Fax: 314-664-4639  
Email: [dwille@everidis.com](mailto:dwille@everidis.com)  
Website: [www.everidis.com](http://www.everidis.com)  
Contact: Ms. Donna Wille

Everidis is an innovative health sciences company focused on developing unique approaches to address nutritional and metabolic deficiencies. We strive to translate peer-reviewed research on health and nutrition into products that are safe, therapeutic and healthful. We are committed to improving patient quality of life.

## **GeneDx**

Booth #132  
207 Perry Parkway  
Gaithersburg, MD 20877  
Phone: 301-519-2100  
Toll Free: 800-229-5227  
Fax: 301-519-2892  
Email: [GeneDx@GeneDx.com](mailto:GeneDx@GeneDx.com)  
Website: [www.genedx.com](http://www.genedx.com)  
Contact: Ms. Marianne Sansing

GeneDx offers testing for more than 350 rare Mendelian disorders using DNA sequencing and deletion/duplication analysis of the associated gene(s), and offers oligonucleotide microarray-based testing and next-generation sequencing based panels for inherited cardiac disorders, mitochondrial disorders, and neurodevelopmental disorders. Visit [www.GeneDx.com](http://www.GeneDx.com) to learn more.

## **GlaxoSmithKline**

Booth #425, 723  
7545 Hartman Industrial Way  
Austell, GA 30168  
Phone: 404-921-5173  
Toll Free: 866-475-8222  
Email: [bbright@czarnowski.com](mailto:bbright@czarnowski.com)  
Website: [www.gsk.com](http://www.gsk.com)  
Contact: Mr. Barak Bright

GlaxoSmithKline is a leading research-based pharmaceutical company with

a powerful combination of skills to discover and deliver innovative medicines. We offer a number of program resources to support effective health management strategies and improve patient care. Please visit our exhibit to learn more about our products and resources.

## **Grass Technologies**

Booth #433  
600 E Greenwich Ave  
West Warwick, RI 02893  
Phone: 401-828-4000  
Toll Free: 877-472-7779  
Fax: 401-822-2430  
Email: [tpollard@astromed.com](mailto:tpollard@astromed.com)  
Website: [www.grasstechnologies.com](http://www.grasstechnologies.com)  
Contact: Ms. Tina Pollard

Grass Technologies offers a wide range of instrumentation for PSG, EEG, LTM, Neuromonitoring — from lab based to ambulatory recorders — at affordable prices. Systems feature the world renowned accuracy, dependability and performance of Grass amplifiers, and powerful software. We also offer the new S12X Cortical Stimulator.

## **HHV-6 Foundation**

Table #19  
1253 Coast Village Rd - Ste 105  
Santa Barbara, CA 93108  
Phone: 805-969-1174  
Fax: 805-565-8731  
Email: [jill\\_chase@hhv-6foundation.org](mailto:jill_chase@hhv-6foundation.org)  
Website: [www.hhv-6foundation.org](http://www.hhv-6foundation.org)  
Contact: Ms. Jill Chase

The HHV-6 Foundation is a non-profit institution that encourages further discovery and scientific exchange between investigators by maintaining a repository of reagents to facilitate research, holding conferences for scientific and clinical researchers, and offering pilot grants for promising research projects focusing on the underappreciated viruses HHV-6A and HHV-6B.

## **HRA Healthcare Research & Analytics**

Booth #116  
400 Lanidex Plaza  
Parsippany, NJ 07054  
Phone: 973-240-1204  
Fax: 973-240-1220  
Email: [knielsen@hraresearch.com](mailto:knielsen@hraresearch.com)  
Website: [www.hraresearch.com](http://www.hraresearch.com)  
Contact: Kathy Nielsen

Our team of experienced interviewers will be distributing carefully developed questionnaires. We'll be gathering the answers to vital marketing and clinical questions—answers that can affect the introduction of new products or the continuation of existing healthcare products and services.

# EXHIBITORS

## **ILAE / IBE Congress Secretariat**

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Dublin, 18 Ireland  
Phone: 353-1-2056720  
Fax: 353-1-2056156  
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Website: www.epilepsycongress.org  
Contact: Ms. Kathryn Hodgson Neill

The ILAE is the world's preeminent association of physicians and other health professionals. Its mission is quality of care for those with epilepsy and other related seizure disorders. IBE, an international organization, aims to improve the quality of life of all with epilepsy, their families and caretakers. IBE develops and supports national epilepsy organizations worldwide.

## **Integra LifeSciences**

Booth #210  
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Integra LifeSciences, a world leader in medical devices, is dedicated to limiting uncertainty for surgeons, so they can concentrate on providing the best patient care. Integra offers a vast portfolio of implants, devices, instruments and systems used in neurosurgery and neuro critical care.

## **Intractable Childhood Epilepsy Alliance**

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## **John Libbey EUROTTEXT**

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Website: www.jle.com  
Contact: Mr. Gilles Cahn

John Libbey *EUROTTEXT* is the publisher of both world-renowned specialists and new authors in epilepsy. Through the journal *Epileptic Disorders*, its state-of-the-art website and moreover through book series like Current problems in Epilepsy, Progress in Epileptic Disorders, Topics in Epilepsy, Mariani Foundation Paediatric Neurology, etc, it provides a first class knowledge.

## **LGS (Lennox-Gastaut Syndrome) Foundation**

Table #4  
PO Box 6948  
New York, NY 10150  
Phone: 718-374-3800  
Email: christina@lgsfoundation.org  
Website: www.lgsfoundation.org  
Contact: Ms. Christina San Inocencio

The LGS Foundation is a non-profit organization dedicated to providing information about Lennox-Gastaut Syndrome while raising funds to pursue research, services, and programs for individuals living with LGS, and their families.

## **Lifelines Neurodiagnostic Systems, LLC**

Booth #721  
611 Riggan Rd  
Troy, IL 62294  
Phone: 618-667-6445  
Fax: 618-667-1982  
Email: simon@lifelinesneuro.com  
Website: www.lifelinesneuro.com  
Contact: Mr. Simon Griffin

## **Lippincott Williams & Wilkins**

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Website: www.lww.com  
Contact: Mr. Gary White

Lippincott Williams & Wilkins publishes medical books and journals.

## **Lundbeck US**

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Website: www.lundbeckus.com  
Contact: Ms. Margaret Trempe

Headquartered in Deerfield, Illinois, with a portfolio specialty central nervous system (CNS) therapies and a robust pipeline of promising CNS compounds, Lundbeck is committed to providing innovative therapies that fulfill unmet medical needs of people with CNS disorders, including rare diseases, for which few, if any, effective treatments are available.

## **Multi Channel Systems**

Booth #114  
Aspenhastrasse 21  
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Phone: 631-393-6401  
Fax: 631-393-6407  
Email: margaret@alascience.com  
Website: www.multichannelsystems.com  
Contact: Ms. Margaret Badon

Multi Channel Systems develops precision scientific measuring instrumentation and equipment for research groups and for the pharmaceutical industry, in the field of

electrophysiology. We provide solutions for extracellular recordings with microelectrode arrays in vitro and in vivo with the MEA-System and the ME-System as well as for electrical stimulation with the STG series.

## **National Association of Epilepsy Centers**

Booth #517  
600 Maryland Ave SW - Ste 835W  
Washington, DC 20024  
Phone: 202-484-1100  
Email: jgray@dc-crd.com  
Website: www.naec-epilepsy.org  
Contact: Ms. Johanna Gray

The National Association of Epilepsy Centers is a non-profit 501(c)(6) trade association with a membership of more than 175 specialized epilepsy centers in the United States. With the goal of no seizures and no side effects, NAEC strives to make high quality healthcare available and affordable for epilepsy patients across the country.

## **National Institute of Neurological Disorders & Stroke (NINDS)**

Booth #711  
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Bethesda, MD 20892  
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Toll Free: 800-352-9424  
Fax: 301-402-2186  
Email: frazzinn@ninds.nih.gov  
Website: www.ninds.nih.gov  
Contact: Ms. Natalie Frazin

The National Institute of Neurological Disorders and Stroke (NINDS) supports basic, translational, and patient-oriented research on epilepsy prevention, diagnosis and treatment, including mechanisms underlying seizures and epileptogenesis, gene discovery and targeted therapeutics, epidemiology, psychosocial and behavioral consequences, and development of new therapies.

## **Natus Medical Incorporated**

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Website: www.natus.com  
Contact: Ms. Carol Stone

Natus Medical Incorporated, under the Xitek, Dantec, Bio-logic and Embla brands, designs, manufactures and distributes a wide range of neurology and sleep diagnostic systems and supplies. Natus Neurology product lines are designed to deliver the latest innovations in EEG, Epilepsy, ICU, Ambulatory, PSG, EMG and IOM.

## Neuralynx Inc.

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## Nihon Kohden America, Inc.

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Website: www.nkusa.com  
Contact: Ms. Jeannie Callahan

Nihon Kohden's Neurology product portfolio includes Epilepsy Monitoring, Electroencephalography, EEG & PSG Ambulatory Recording, Polysomnography, Wireless EEG & PSG, Out of Center Sleep Testing/ PSG, Electromyography, Evoked Potentials, Intra-operative and cEEG ICU monitoring.

## Optima Neuroscience, Inc.

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Phone: 352-371-8281  
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Website: www.optimaneuro.com  
Contact: Ms. Amanda Burks

Optima Neuroscience develops clinically useful software, systems and devices for the diagnosis and treatment of neurological disorders. The company's first product IdentEvent® EEG Review Software with Seizure Detection, allows clinicians to quickly identify seizure activity with accuracy and confidence.

## Oxford University Press

Booth #112  
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New York, NY 10016  
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Toll Free: 800-451-7556  
Fax: 212-726-6494  
Email: robin.hesselink@oup.com  
Website: www.oup.com/us  
Contact: Ms. Robin Hesselink

Featuring: *Engel Seizures and Epilepsy* 2nd ed.; Noebels et al. *Jasper's Basic Mechanisms of the Epilepsies*; Reuber/ Schachter *Borderland of Epilepsy Revisited*; Zeman et al. *Epilepsy and Memory*; Caplan/ Bursch *How Many More Questions?*; Powell/ Monteggia *The Autisms*; Coleman/Gillberg *The Autisms*; Bartsch *The Clinical Neurobiology of the Hippocampus*

## Persyst Development Corporation

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Website: www.persyst.com  
Contact: Ann M. Shambo

For more than twenty years Persyst has produced the most trusted and innovative EEG analysis products. Today Persyst is the world's leading supplier of seizure detection, spike detection, and quantitative analysis software to every leading EEG manufacturer for continuous EEG monitoring, LTM and ambulatory EEG.

## Pinnacle Technology, Inc.

Booth #120  
2721 Oregon St  
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Website: www.pinnacle.com  
Contact: Ms. Linda Lane

Pinnacle Technology provides preclinical seizure research tools. New this year is Sirenia® Seizure Pro, analysis software that finds, identifies, and marks seizure events. We have 3- and 4-channel EEG/EMG systems capable of adding biosensor channels to measure neurotransmitters including glutamate, glucose, lactate, and choline. Synchronized video recording also available.

## PMT Corporation

Booth #415  
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Chanhassen, MN 55317  
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Toll Free: 800-626-5463  
Fax: 952-470-0865  
Email: info@pmtcorp.com  
Website: www.pmtcorp.com  
Contact: Ms. Teri Dawson

PMT Corporation's commitment to innovative products and customer satisfaction has made PMT a leader in epilepsy monitoring. PMT utilizes the finest quality materials in the manufacturing process of their Cortac Cortical Surface Electrodes and Depthalonn Depth Electrodes. PMT's nationwide direct sales force is available 24 hours a day.

## Questcor Pharmaceuticals, Inc.

Booth #212, 414  
26118 Research Rd  
Hayward, CA 94545  
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Fax: 510-400-0799  
Website: www.questcor.com  
Contact: Ms. Maha Hermes

Questcor Pharmaceuticals is focused on the treatment of patients with serious, difficult-to-treat autoimmune and inflammatory disorders. Questcor's lead product is HP Acthar® Gel (repository corticotropin injection), a naturally-derived formulation of adrenocorticotrophic hormone (ACTH) used in

a variety of disorders, including monotherapy treatment of infantile spasms.

## Rhythmlink International

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Email: arosinski@rhythmlink.com  
Website: www.rhythmlink.com  
Contact: Ms. Amanda Rosinski

Rhythmlink International designs, manufactures and distributes a variety of accessories for epilepsy monitoring, intraoperative neuromonitoring, electroencephalography, evoked potentials, polysomnography and intensive care units. Founded by neurodiagnostic technicians and engineers, Rhythmlink strives for continuous innovation and superior quality in all of its products.

## Ripple LLC

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## SeizureTracker.com

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Lorton, VA 22079  
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Fax: 703-339-8430  
Email: rob@seizuretracker.com  
Website: www.seizuretracker.com  
Contact: Mr. Robert Moss

SeizureTracker.com is dedicated to providing people living with epilepsy and their doctors with free comprehensive tools to help understand relationships between seizures and anti-epileptic treatments. The tools found at SeizureTracker.com allow patients to create personalized reports of logged seizures and treatments that can be easily shared with their medical team.

## Smart Monitor Corp.

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San Jose, CA 95119  
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Fax: 408-754-8629  
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Website: www.smart-monitor.com  
Contact: Ms. Sheri Becker

Smart Monitor is an innovative, San Jose, California company specializing in intelligent monitoring solutions for the healthcare and wellness markets. Our flagship product, the SmartWatch, is a patent-protected, intelligent wristwatch that continuously monitors movements, alerts upon the onset of excessive, repetitive motion and stores the data for later analysis.

# EXHIBITORS

## **SUDEP Aware**

Table #13  
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Toronto, ON M4K 1N2 Canada  
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Toll Free: 855-857-8337  
Email: tcjeffs@sudepaware.org  
Website: www.sudepaware.org  
Contact: Ms. Tamzin Jeffs

A not-for-profit dedicated to: raising awareness – understanding of Sudden Unexpected Death in Epilepsy (SUDEP) to find its cause(s) and prevention; providing a support line for families living with and bereaved by epilepsy; creating tools to aid SUDEP education and discussion; and assisting enhancement of SUDEP research. Visit table 13 to receive your USB of SUDEP info.

## **Sunovion Pharmaceuticals Inc.**

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Contact: Mr. Chris Fanale

Sunovion is a leading pharmaceutical company dedicated to discovering, developing and commercializing products that advance the science of medicine in the CNS and respiratory disease areas to improve the lives of patients and their families. Sunovion is a subsidiary of Daiichi Sankyo Sumitomo Pharma Co., Ltd. To learn more, visit [www.sunovion.com](http://www.sunovion.com).

## **Supernus Pharmaceuticals, Inc.**

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Rockville, MD 20850  
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Website: www.supernus.com  
Contact: Mr. Tilton Conner

Supernus is a specialty pharmaceutical company focused on the development and commercialization of products for the treatment of epilepsy and other central nervous system (CNS) disorders. For further information please contact Tilton Conner at (301) 838-2500 or [inquiries@supernus.com](mailto:inquiries@supernus.com).

## **Transgenomic, Inc.**

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Website: labs.transgenomic.com  
Contact: Ms. Becky Kreifels

Transgenomic, Inc. is a global biotechnology company advancing personalized medicine in cancer and inherited diseases through proprietary molecular technologies and world-class clinical and research services. Transgenomic's Clinical Laboratories division

specializes in molecular diagnostics for cardiology, neurology, mitochondrial disorders, and oncology.

## **Triangle BioSystems, Inc.**

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Website: www.trianglebiosystems.com

Triangle BioSystems is a developer of neurological research equipment for brain and nerve monitoring, recording and stimulation. This advanced neuro-technology hardware/software enables the acquisition of action potential signals (spikes) from individual brain cells, as well as low frequency field potential (LFP and EEG) signals in miniature tethered and wireless packages.

## **Tuberous Sclerosis Alliance**

Table #6  
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Silver Spring, MD 20910  
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Website: www.tsalliance.org  
Contact: Ms. Katie Smith

The Tuberous Sclerosis Alliance is the only national organization dedicated to finding a cure for tuberous sclerosis complex (TSC) while improving the lives of those affected. We work to stimulate and sponsor research; develop programs, services and resources; and increase awareness among professionals and the public.

## **UCB, Inc.**

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Email: crystal.friend@ucb.com  
Website: www.ucb.com  
Contact: Ms. Betsy Andrews

At UCB, we have a passionate, long-term commitment to discovering and developing innovative medicines that transform the lives of people living with severe immunological diseases and central nervous system disorders. With 8,500 employees in 40 countries, we invest 24% of revenue in cutting-edge scientific research to meet unmet patient needs.

## **Upsher-Smith Laboratories, Inc.**

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Contact: Ms. Becky Bouley

Upsher-Smith is a privately held, U.S.-based company devoted to improving health and advancing wellness since 1919. It demonstrates commitment to meeting the healthcare needs of its customers through developing, producing and marketing products. In addition to generics, Upsher-Smith's branded businesses focus on women's health, dermatology and CNS therapeutic areas.

## **Visualase, Inc.**

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Contact: Mr. Andre Marquette

The Visualase Thermal Therapy System is an MRI-guided, minimally invasive laser ablation system, allows monitoring of the ablation in real time. The system is FDA-cleared for the ablation of soft tissue including use in neurosurgical procedures (see [Visualaseinc.com](http://Visualaseinc.com) for complete indication). Several US centers have performed >65 epileptogenic foci procedures.

## **Wiley-Blackwell**

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## A

- Abbott, D. B.07, 1.199  
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# 2013

## AMERICAN EPILEPSY SOCIETY

### 67<sup>TH</sup> ANNUAL MEETING

## WASHINGTON, D.C.

### WASHINGTON CONVENTION CENTER

**December 6 - December 10**

#### MEETING HIGHLIGHTS

- CME Symposia and Lectures
- Platform Sessions
- Poster Sessions
- Commercial Exhibits
- Special Interest Group Meetings
- Skills Workshops

### Future Annual Meeting Dates

2014

**Seattle, WA**

Washington State Convention Center  
December 5 - 9

2015

**Philadelphia, PA**

Pennsylvania Convention Center  
December 4 - 8

2016

**Houston, TX**

George R. Brown Convention Center  
December 2 - 6

2017

**Washington, D.C.**

Washington Convention Center  
December 1 - 5

2018

**New Orleans, LA**

Ernest N. Morial Convention Center  
November 30 - December 4

## **Leader Level**

***Special thanks to...***

# **UCB, Inc.**

*for supporting:*

- Exhibit
- Scientific Exhibit
- Program Book Ad
- Educational Grant – Annual Course and Epilepsy Specialist Symposium
- AES Fellows
- PAME Conference
- Annual Meeting App



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- Nurse Awards
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- Lunch in Exhibit Hall (Saturday)
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- SIGs (2)
- PAME Conference
- Exhibit Hall Reception
- Poster Session Breakfast (Monday)
- Exhibit Hall Coffee Break (Sunday)
- Program Book Ad



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### Epilepsy Foundation

- Exhibit

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- Exhibit

### Ripple LLC

- Exhibit

### Neurolynx, Inc

- Exhibit

## AES 66th Annual Meeting

The American Epilepsy Society (AES) is one of 108 Chapters of the International League Against Epilepsy (ILAE). The Annual Meeting of the American Epilepsy Society is the largest meeting and exhibition in the world of those who share the common scientific and clinical interests of epilepsy and clinical neurophysiology. Each year 4,000+ attendees gather who are dedicated to improving the quality of life for those afflicted with epilepsy. This meeting will be the top forum to examine common concerns and to gain insight from leading authorities.

## Mission Statement

The American Epilepsy Society promotes research and education for professionals dedicated to the prevention, treatment and cure of epilepsy.

## Target Audience

**Basic:** Those new to epilepsy treatment or whose background is limited, e.g., students, residents, general physicians, general neurologists and neurosurgeons, other professionals in epilepsy care, administrators.

**Intermediate:** Epilepsy fellows, epileptologists, epilepsy neurosurgeons, "mid-level" providers with experience in epilepsy care (e.g., advanced practice nurses, nurses, physician assistants), neuropsychologists, psychiatrists, basic and translational researchers.

**Advanced:** Symposium will address highly technical or complex topics (e.g., neurophysiology, advanced imaging techniques, advanced treatment modalities, including surgery).

## Policy on Commercial Support and Conflict of Interest

The American Epilepsy Society maintains a policy on the use of commercial support, which ensures that all educational activities sponsored by the AES provide in-depth presentations that are fair, balanced, independent and scientifically rigorous. All faculty, planning committee members, editors, managers and other individuals who are in a position to control content are required to disclose any relevant relationships with any commercial interests related to the activity. The existence of these interests or relationships is not viewed as implying bias or decreasing the value of the presentations. All educational materials are reviewed for fair balance, scientific objectivity and levels of evidence. This information will also be made available through syllabus materials and faculty presentations.

## Disclosure of Unlabeled / Unapproved Uses

This educational program may include references to the use of products for indications not approved by the FDA. These discussions are noted on the faculty's disclosure forms as well as during their presentations. Opinions expressed with regard to unapproved uses of products are solely those of the faculty and are not endorsed by the American Epilepsy Society or any other manufacturers of pharmaceuticals.

## Abstracts

Abstracts from the 2012 Annual Meeting are available on the AES website and as an online supplement to *Epilepsy Currents*.

## Accreditation

The American Epilepsy Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to offer continuing medical education for physicians.

## Insurance, Liabilities

AES cannot be held responsible for any personal injury, loss, damage, accident to private property or additional expenses incurred as a result of delays or changes in air, rail, sea, road, or other services, strikes, sickness, weather, acts of terrorism and any other cause. All participants are encouraged to make their own arrangements for health and travel insurance.

## Credit Designation

**Physicians:** The American Epilepsy Society designates this live activity for a maximum of 34.75 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Physician Assistant:** AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit*<sup>™</sup> from organizations accredited by ACCME or a recognized state medical society. Physician assistants may receive a maximum of 34.75 hours of Category 1 credit for completing this program.

**Nurses:** EDUPRO Resources LLC is an approved provider of continuing nursing education by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation, Provider number P208-8/08-11.

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Nurses who participate in selected AES programs can receive up to 34.75 contact hours. To successfully complete the activities, nurses will be required to complete evaluations for each session attended and to access the Medical Education Evaluator to claim credit.

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**International Credits:** The American Medical Association has determined that non-U.S. licensed physicians who participate in this CME activity are eligible for *AMA PRA Category 1 Credit*<sup>™</sup>.

## Maintenance of Certification

To assist physicians with Maintenance of Certification (MOC) requirements, all AES Annual Meeting education programs have been approved as part of a comprehensive lifelong learning program, which is mandated by the American Board of Medical Specialties (ABMS) as a necessary component of Maintenance of Certification.

## CME / CE Certificates

The Medical Education Evaluator<sup>®</sup> is an online system that allows any attendee to self-manage the process of completing course evaluations, tracking credits and printing out the appropriate certificate for either *AMA PRA Category 1 Credits*<sup>™</sup>, CNE or ACPE pharmacy statement of credits.

Once you have accessed the Medical Education Evaluator<sup>®</sup> via the AES Website, you will be asked to enter your "myAES number" and password. The certificate(s) are saved to your personal account page, which is cumulative. You may print the certificate(s) in PDF format at any time.

To help support this process, attendees who want educational credits will be asked to pay:

Member Fees:	\$35 through January 18, 2013
	\$50 January 19 – February 28, 2013
Non-member Fees:	\$50 through January 18, 2013
	\$75 January 19 – February 28, 2013

**The online Evaluator will be left open through February 28, 2013, so you must complete the evaluations and credit tracking by that date.**

By completing this information online, attendees greatly assist the Council on Education and Annual Meeting Committee with important needs assessment data whereby the AES can further plan and address educational gaps to meet the needs of our learners.

A meeting attendance certificate will be available at the registration desk for international meeting attendees.

## Handouts

Handouts for the educational symposia will be available via the virtualTote bag.

For instructions: Please refer to the flyer provided in your meeting bag or go to the AES website for details.

Questions? Please contact virtualTotebag Support Desk – 410.402.1028, option 1 John Colban – 410.402.1062 Email: support@virtualtotebag.com



## Audience Response System

AES will be utilizing the Audience Response System (ARS) in all of the symposia. Faculty will have ARS questions throughout their presentations with multiple choice answers. To participate, you will use your cell phone to text your reply. When a question appears in a presentation, simply text your answer (a 5 or 6 digit code) to "22333." Standard text rates will apply. The ARS will allow for interactive audience participation as well as real time, immediate feedback to enhance the learning environment and ensure that we are meeting the learning objectives set forth by each symposium.

## Program Changes

AES cannot assume liability for any changes in the program due to external or unforeseen circumstances.

## Commercial Exhibits (page 75)

The Exhibit Hall is an integral part of the learning experience. Meeting participants will have an ideal opportunity to learn about the latest in pharmaceuticals, publications, scientific equipment, and technology relevant to the fields of epilepsy and neurophysiology. Please check the AES website for an updated listing of exhibiting companies and organizations. To ensure safety and security, no children, strollers, carriages, wheeled luggage or wheeled briefcases will be allowed in the Exhibit Hall during exhibit hours.

Saturday, December 1 .....	11:45 a.m. - 6:00 p.m.
Sunday, December 2 .....	10:00 a.m. - 4:00 p.m.
Monday, December 3 .....	10:00 a.m. - 3:00 p.m.

## Scientific Exhibits (page 29)

AES has adopted and approved guidelines for industry-sponsored scientific exhibits at the Annual Meeting. Scientific Exhibits differ from traditional poster presentations in that a broad range of material can be presented as a collection of topics, such as results of various clinical trials, or a thematic presentation of one aspect of drug development. Scientific Exhibits will be displayed Sunday, December 2 and Monday, December 3. An application to register for a Scientific Exhibit was e-mailed to interested companies in May. Reservations will be reviewed and accepted on a first come, first served basis until space is sold out. Send inquiries of interest to JoLynn Amsden at [jamsden@aesnet.org](mailto:jamsden@aesnet.org).

## Cyber Café (page 7)

### Convention Center – Hall B, Ground Floor

#### Open during Exhibit Hall hours

The Cyber Café will be available at the Convention Center with e-mail and Internet access. Check in with family members and colleagues, and conduct online research while attending the meeting. You will also be able to complete the course evaluations and obtain your CME certificate online.

## Language

The official language of the Annual Meeting is English. Simultaneous translation is available in the Annual Course and NAC Symposium.

## Photography and Recording of Programs

AES strictly prohibits all photography (flash, digital, or otherwise), audio and / or videotaping during the Annual Meeting. Equipment will be confiscated.

## Press Room

### Convention Center – Room 1A, Upper Level

AES offers meeting information and assistance for journalists reporting on epilepsy studies, educational presentations, and special reports at this meeting. The AES on-site Press Room staff works with journalists to develop stories, research facts and information, and connect with experts and presenters. The on-site Press Room is also available to sponsors and exhibitors for the display and distribution of relevant press releases and media kits. For more information, contact Peter Van Haverbeke 703-927-9639 or Natalie Judd 203-605-9515 [natalie@bigvoicecomm.com](mailto:natalie@bigvoicecomm.com).

Friday, November 30 .....	11:00 a.m. - 6:30 p.m.
Saturday, December 1 .....	7:30 a.m. - 6:30 p.m.
Sunday, December 2 .....	7:30 a.m. - 6:30 p.m.
Monday, December 3 .....	7:30 a.m. - 6:30 p.m.
Tuesday, December 4 .....	7:30 a.m. - 2:30 p.m.

A series of media briefings on the following topics will be held in the press room from Saturday, December 1 through Monday December 3. Details will be posted in room 336 at the San Diego Convention Center and in advance on the AES website Press Room after December 1.

- Pediatric Medications and Interventions
- Seizure Suppression by Brain Cooling and by Light
- Maternal Health
- Barriers to Optimal Care
- Significant Misunderstanding about Epilepsy Drug/Surgical Management
- Laser Surgery Less Invasive, More Precise in Early Reports
- New and Developing DBS Therapies in Epilepsy
- Conquering Depression in Epilepsy and Family Function
- From Rats to Men

## Hotel Information

### Early Departure Policy

Guests who check out of the hotel prior to their scheduled departure date will be charged a penalty of one night's room rate and tax.

### San Diego Marriott Marquis and Marina (Headquarters Hotel)

333 West Harbor Drive, San Diego, CA 92101  
Telephone: 619.234.1500

### Hilton San Diego Bayfront

One Park Boulevard, San Diego, CA 92101  
Telephone: 619.564.3333

### Manchester Grand Hyatt San Diego

One Market Place, San Diego, CA 92101  
Telephone: 619.232.1234

### Residence Inn Gaslamp San Diego

356 6th Avenue, San Diego, CA 92101  
Telephone: 619.487.1200

## Meeting Location

### San Diego Convention Center

111 West Harbor Drive, San Diego, CA 92101

## Business Centers

Two full-service business centers are available at the following locations:

**FedEx Office** (formerly FedEx Kinko's): The FedEx Office business service center is conveniently located in the Hall D lobby on the ground floor of the San Diego Convention Center. On-site services include shipping, mailing, faxing, and photocopying. Visit <https://printonline.fedexkinkos.com/> to place an order, or contact FedEx Office at the San Diego Convention Center by calling 619.525.5450.

**The UPS Store (#6200):** The UPS Store Business Center is located on the Lobby Level of the Marriott's south tower. Services include receiving shipments at the hotel, printing documents, or sending small or large packages. You may also submit documents online for printing and pick-up on-site. For details, please visit <http://www2.theupsstorelocal.com/6200/> or call 619.230.8940.

## No Smoking Policy

For the comfort and health of all attendees, smoking is not permitted at any AES functions. This includes educational sessions, meetings and all food functions. Both the Convention Center and the Marriott San Diego are smoke-free facilities. Also, smoking is not permitted in public buildings, restaurants or bars.

## Meeting Attire

AES promotes casual business attire for the duration of the Annual Meeting. Consider bringing a light jacket or sweater with you since meeting room temperatures and personal comfort levels vary.

## Information for International Travelers Consulates and Embassies

All international embassies from other countries to the United States are located in Washington, D.C. There are a number of international embassy branch offices, called consulates, located in Los Angeles, CA. If your country does not have a consulate in Los Angeles, CA, call directory information in Washington, D.C. (phone: 202.555.1212) for the number of your national embassy.

## Gratuities

Gratuities are not automatically added to the bill, except in some cases for large groups. Servers are usually given 15% to 20% of the bill. Taxi drivers usually receive 15% of the fare and door attendants, skycaps and porters are normally tipped \$1 per bag.

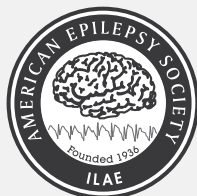
## Registration & Security

The American Epilepsy Society is committed to providing a secure meeting environment. A formal security plan is in place with the Security Department at the Convention Center. All meeting attendees will be required to produce government-issued photo identification prior to receiving their badge and registration materials. Appropriate badges must be worn at all times while in attendance at the meeting and are required for admittance to all meeting activities. Special security procedures are also in place for exhibition materials and all deliveries to the AES meeting.

## Contact Information

American Epilepsy Society  
342 North Main Street  
West Hartford, CT 06117-2507

Phone: 860.586.7505  
Meeting Fax: 860.586.7550  
E-mail: [info@aesnet.org](mailto:info@aesnet.org)  
Website: [www.AESNET.org](http://www.AESNET.org)



## Safety and Security Information

The following security measures have been designed to further enhance your personal and professional safety.

- Pick up any Convention Center house phone located in the facility and dial 5490 or 619.525.5490 from any other phone. In addition, there are phones located throughout the facility that will connect you directly to the security department. Uniformed Convention Center employees have radios and are ready to assist you. Advise the dispatcher of the exact location within the Convention Center.

We respectfully request that you do NOT call 911 directly.

- An EMT will be on duty in the Convention Center throughout the meeting.
- A government-issued photo identification is required to receive a badge and to replace a lost badge.
- Convention Center Security may randomly check packages and bags at the Convention Center entrances, meeting rooms and in the Exhibit Hall.
- You will be asked to always clearly display your name badge and to use only approved Convention Center entrances and exits.
- Appropriate badges will be required to enter all educational sessions, Poster Sessions, the Exhibit Hall and meetings. Due to safety and fire regulations, doors will be closed to all session rooms that fill to capacity.
- Throughout the meeting, you will notice security staff presence to monitor the safety of all participants.
- Do not leave unattended packages (i.e., briefcases, laptops, purses, etc.) in any area of the Convention Center or hotel.
- Please report any suspicious activity to security staff or to the AES registration desk staff.

## General Safety Tips

- Remove your badge once you leave the meeting facilities.
- Carry important telephone numbers with you.
- Do not display or carry large amounts of cash.
- Walk in groups, especially at night.
- Lock your hotel room door.
- Always verify hotel room repair or service calls.
- Do not disclose your room number to anyone.
- Never give your personal information (credit card, room number, etc.) over the phone; instead, go to the front desk if the hotel calls with questions.

## Speaker Ready Room and Photos

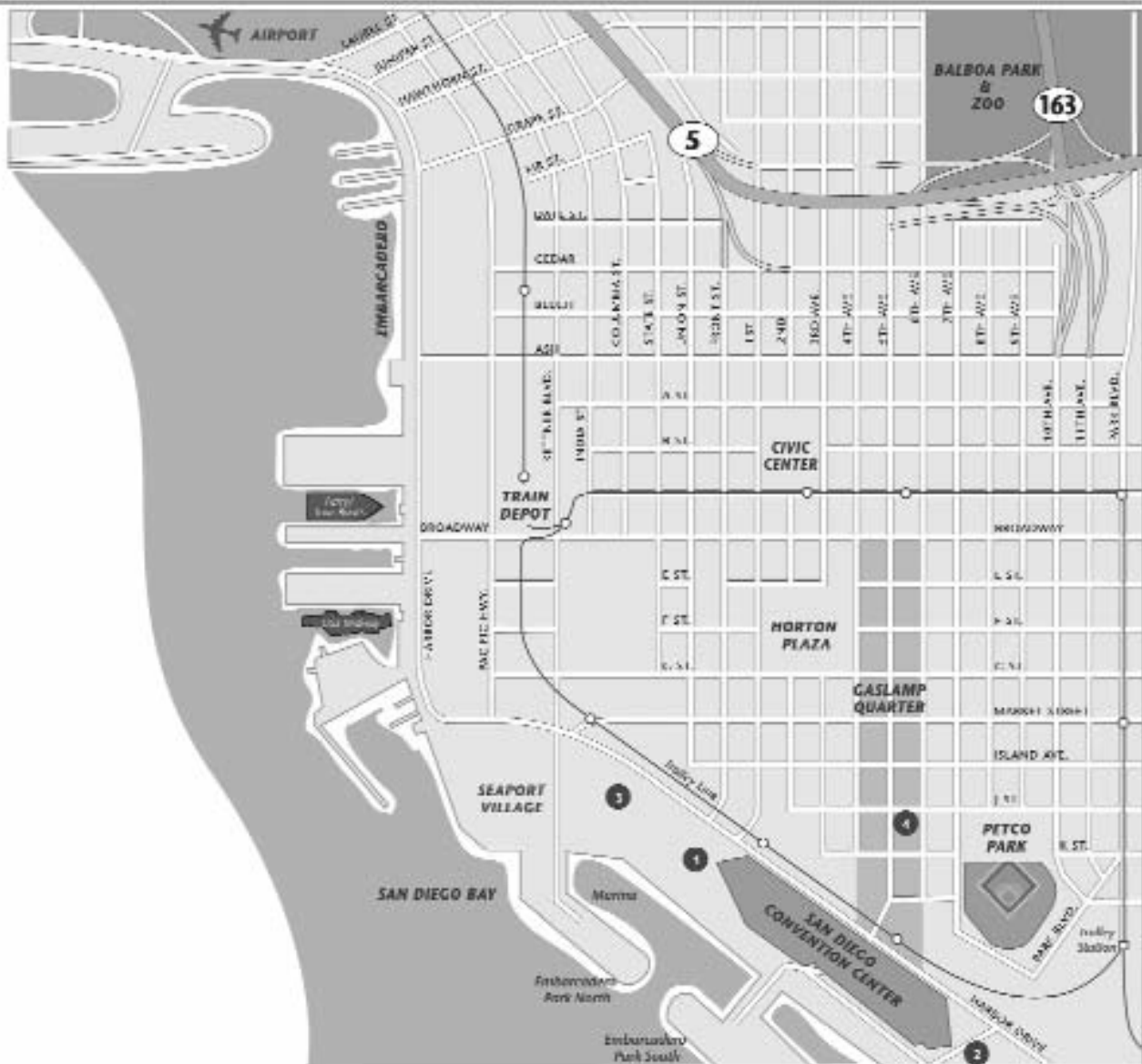
Location: Convention Center – Room 17A, Mezzanine Level

Speakers need to have photos taken for repurposing of symposia on the AES website. All faculty PowerPoint presentations have already been uploaded through the AES Faculty Development Room. All speakers must stop by to reconfirm their presentation with an audiovisual technician.

<b>Thursday, November 29</b> .....	<b>4:00 p.m. - 8:00 p.m.</b>
<b>Friday, November 30</b> .....	<b>8:00 a.m. - 6:00 p.m.</b>
<b>Saturday, December 1</b> .....	<b>8:00 a.m. - 6:00 p.m.</b>
<b>Sunday, December 2</b> .....	<b>8:00 a.m. - 6:00 p.m.</b>
<b>Monday, December 3</b> .....	<b>8:00 a.m. - 6:00 p.m.</b>
<b>Tuesday, December 4</b> .....	<b>8:00 a.m. - 11:00 a.m.</b>

# MAP OF SAN DIEGO

## American Epilepsy Society 2012 Annual Meeting



### Hotel

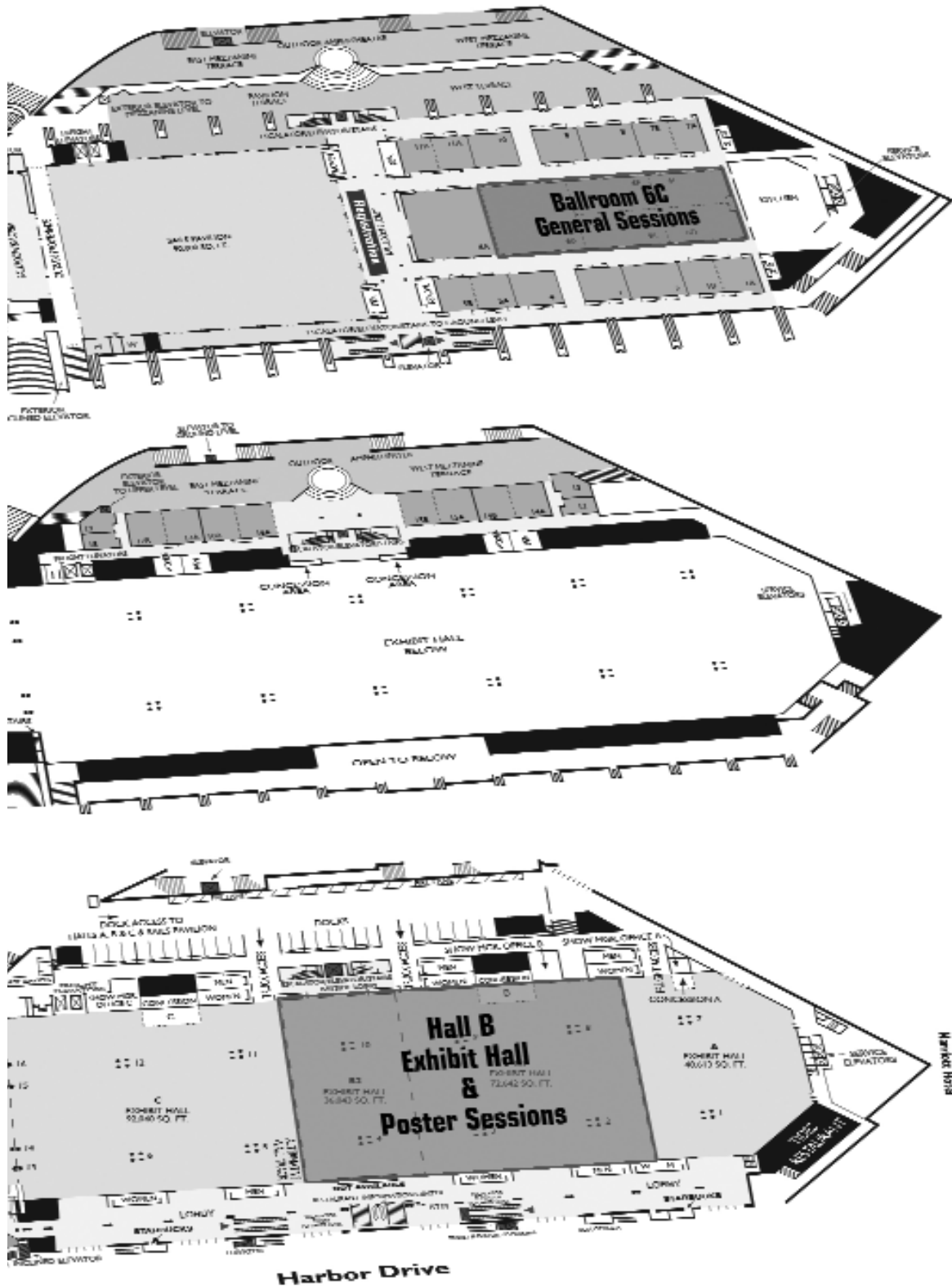
#### Downtown San Diego

- 1 San Diego Marriott Marquis & Marina
- 2 Hilton San Diego Bayfront Hotel
- 3 Manchester Grand Hyatt San Diego
- 4 Residence Inn San Diego Downtown/Gaslamp Quarter

Walking time (in minutes) from SUCC

1  
1  
6  
6

## SAN DIEGO CONVENTION CENTER



# MARRIOTT MARQUIS SAN DIEGO MARINA HOTEL

## Lobby Level

## MEETING SPACE 2012



## Level 1



## South Tower - Level 3



## South Tower - Level 4



333 WEST HARBOR DRIVE • SAN DIEGO, CALIFORNIA 92101-7700 • PHONE 619-234-1500

NOTES

[illegible]

**NOTES**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

IN THE MAJORITY OF PATIENTS AT 2 WEEKS<sup>1,2</sup>

## The power to stop infantile spasms



### Acthar is proven to stop infantile spasms and eliminate hypsarrhythmia

- Significantly higher response rate compared to prednisone in a randomized clinical trial<sup>1,2</sup>
- Proven effective in both cryptogenic and symptomatic cases<sup>2,3</sup>
- Comprehensive support and rapid access to Acthar through the Acthar Support & Access Program (A.S.A.P.), **888-435-2284**, and the Hospital Sample Vial Program

H.P. Acthar Gel is indicated as monotherapy for the treatment of infantile spasms in infants and children under 2 years of age.

### Important Safety Information

Acthar should never be given intravenously. It is contraindicated in patients with scleroderma, osteoporosis, systemic fungal infections, ocular herpes simplex, recent surgery, history of or the presence of a peptic ulcer, congestive heart failure, uncontrolled hypertension, primary adrenocortical insufficiency or adrenocortical hyperfunction or sensitivity to proteins of porcine origin. Acthar is contraindicated in children under 2 years of age with suspected congenital infections. Administration of live or live attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of Acthar.

The adverse effects that may occur with Acthar are related primarily to its steroidogenic effects and are similar to corticosteroids. There may be increased susceptibility to new infection and increased risk of reactivation of latent infections. Adrenal insufficiency may occur after abrupt withdrawal of the drug following prolonged therapy. Cushing's syndrome, elevated blood pressure, salt and water retention, and hypokalemia may be seen. Masking of symptoms of other underlying disease/disorders may occur. There is a risk of gastrointestinal perforation and bleeding with increased risk of perforation in patients with certain GI disorders. Onset or worsening of euphoria, insomnia, irritability (especially in infants), mood swings, personality changes, depression, and psychosis may occur. Caution should be used when prescribing Acthar to patients with diabetes or myasthenia gravis. Prolonged use may produce cataracts, ocular infections or glaucoma. Use in patients with hypothyroidism or liver cirrhosis may result in an enhanced effect. There may be negative effects on growth and physical development and decreases in bone density.

Specific adverse reactions reported in infantile spasms clinical trials in infants and children under 2 years of age included: infection, hypertension, irritability, Cushingoid symptoms, constipation, diarrhea, vomiting, pyrexia, weight gain, increased appetite, decreased appetite, nasal congestion, acne, rash, and cardiac hypertrophy. Convulsions were also reported, but these may actually be occurring because some IS patients progress to other forms of seizures and IS sometimes mask other seizures, which become visible once the clinical spasms from IS resolve. Other adverse reactions in adults and children over 2 years of age included: abdominal distension, anxiety, asthma, chest discomfort, congestive heart failure, dizziness, dyspnea, erythema, fatigue, flushing, headache, hyperhidrosis, hypersensitivity or allergic reactions, injection site pain, muscle weakness, palpitations, peripheral edema, tachycardia, and weakness.

This is a summary only. For a complete list of indications, contraindications, warnings, precautions, and potential adverse reactions associated with H.P. Acthar Gel, please refer to the full Prescribing Information. A Medication Guide is also available for patients and caregivers of patients with IS.

Please see Brief Summary of Prescribing Information on the following page and refer to [www.acthar.com](http://www.acthar.com).

**References:** 1. H.P. Acthar® Gel (repository corticotropin injection) prescribing information, Questcor Pharmaceuticals, Inc; June 2011. 2. Baram TZ, Mitchell WG, Tournay A, Snead OC III, Hanson RA, Horton EJ. High-dose corticotropin (ACTH) versus prednisone for infantile spasms: a prospective, randomized, blinded study. *Pediatrics*. 1996;97:375-379. 3. Data on file: RD-002-00. Questcor Pharmaceuticals, Inc.



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H.P. **Acthar**® GEL  
(repository corticotropin injection) 80 U/mL

**Brief Summary of Prescribing Information. For complete prescribing information (including Medication Guide), consult official package insert.** H.P. Acthar Gel (repository corticotropin injection) INJECTION, GEL for INTRAMUSCULAR / SUBCUTANEOUS use. **INDICATIONS AND USAGE** Infantile spasms: H.P. Acthar Gel (repository corticotropin injection) is indicated as monotherapy for the treatment of infantile spasms in infants and children under 2 years of age. Other indications include: the treatment of acute exacerbations of multiple sclerosis in adults and for inducing a diuresis or a remission of proteinuria in the nephrotic syndrome without uremia of the idiopathic type or that due to lupus erythematosus. H.P. Acthar Gel is also used for: rheumatic disorders, collagen diseases, dermatologic diseases, allergic states, ophthalmic diseases, and respiratory diseases. **CONTRAINDICATIONS** H.P. Acthar Gel is contraindicated for intravenous administration. H.P. Acthar Gel is contraindicated where congenital infections are suspected in infants. Administration of live or live attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of H.P. Acthar Gel. H.P. Acthar Gel is contraindicated in patients with scleroderma, osteoporosis, systemic fungal infections, ocular herpes simplex, recent surgery, history of or the presence of a peptic ulcer, congestive heart failure, uncontrolled hypertension, primary adrenocortical insufficiency, adrenocortical hyperfunction or sensitivity to proteins of porcine origin. **WARNINGS AND PRECAUTIONS** The adverse effects of H.P. Acthar Gel are related primarily to its steroidogenic effects. Not all of the adverse events described below have been seen after treatment with H.P. Acthar Gel, but might be expected to occur. [see *Adverse Reactions*]. **Infections** H.P. Acthar Gel may increase the risks related to infections with any pathogen, including viral, bacterial, fungal, protozoan or helminthic infections. Patients with latent tuberculosis or tuberculin reactivity should be observed closely, and if therapy is prolonged, chemoprophylaxis should be instituted. **Cushing's Syndrome and Adrenal Insufficiency Upon Withdrawal** Treatment with H.P. Acthar Gel can cause hypothalamic-pituitary-axis (HPA) suppression and Cushing's syndrome. These conditions should be monitored especially with chronic use. Suppression of the HPA may occur following prolonged therapy with the potential for adrenal insufficiency after withdrawal of the medication. Patients should be monitored for signs of insufficiency such as weakness, hyperpigmentation, weight loss, hypotension and abdominal pain. The symptoms of adrenal insufficiency in infants treated for infantile spasms can be difficult to identify. The symptoms are non-specific and may include anorexia, fatigue, lethargy, weakness, excessive weight loss, hypotension and abdominal pain. It is critical that parents and caregivers be made aware of the possibility of adrenal insufficiency when discontinuing H.P. Acthar Gel and should be instructed to observe for, and be able to recognize, these symptoms. [see *Information for Patients*] The recovery of the adrenal gland may take from days to months so patients should be protected from the stress (e.g., trauma or surgery) by the use of corticosteroids during the period of stress. The adrenal insufficiency may be minimized in adults and infants by tapering of the dose when discontinuing treatment. Signs or symptoms of Cushing's syndrome may occur during therapy but generally resolve after therapy is stopped. Patients should be monitored for these signs and symptoms such as deposition of adipose tissue in characteristic sites (e.g., moon face, truncal obesity), cutaneous striae, easy bruisability, decreased bone mineralization, weight gain, muscle weakness, hyperglycemia, and hypertension. **Elevated Blood Pressure, Salt and Water Retention and Hypokalemia** H.P. Acthar Gel can cause elevation of blood pressure, salt and water retention, and increased excretion of potassium and calcium. Dietary salt restriction and potassium supplementation may be necessary. Caution should be used in the treatment of patients with hypertension, congestive heart failure, or renal insufficiency. **Vaccination** Administration of live or live attenuated vaccines is contraindicated in patients receiving immunosuppressive doses of H.P. Acthar Gel. Killed or inactivated vaccines may be administered; however, the response to such vaccines can not be predicted. Other immunization procedures should be undertaken with caution in patients who are receiving H.P. Acthar Gel, especially when high doses are administered, because of the possible hazards of neurological complications and lack of antibody response. **Masking Symptoms of Other Diseases** H.P. Acthar Gel often acts by masking symptoms of other diseases/disorders without altering the course of the other disease/disorder. Patients should be monitored carefully during and for a period following discontinuation of therapy for signs of infection, abnormal cardiac function, hypertension, hyperglycemia, change in body weight and fecal blood loss. **Gastrointestinal Perforation and Bleeding** H.P. Acthar Gel can cause GI bleeding and gastric ulcer. There is also an increased risk for perforation in patients with certain gastrointestinal disorders. Signs of gastrointestinal perforation, such as peritoneal irritation, may be masked by the therapy. Use caution where there is the possibility of impending perforation, abscess or other pyogenic infections, diverticulitis, fresh intestinal anastomoses, and active or latent peptic ulcer. **Behavioral and Mood Disturbances** Use of H.P. Acthar Gel may be associated with central nervous system effects ranging from euphoria, insomnia, irritability (especially in infants), mood swings, personality changes, and severe depression, to frank psychotic manifestations. Also, existing emotional instability or psychotic tendencies may be aggravated. **Comorbid Diseases** Patients with a comorbid disease may have that disease worsened. Caution should be used when prescribing H.P. Acthar Gel in patients with diabetes and myasthenia gravis. **Ophthalmic Effects** Prolonged use of H.P. Acthar Gel may produce posterior subcapsular cataracts, glaucoma with possible damage to the optic nerves and may enhance the establishment of secondary ocular infections due to fungi and viruses. **Immunogenicity Potential** H.P. Acthar Gel is immunogenic. Limited available data suggest that a patient may develop antibodies to H.P. Acthar Gel after chronic administration and loss of endogenous ACTH and H.P. Acthar Gel activity. Prolonged administration of H.P. Acthar Gel may increase the risk of hypersensitivity reactions. Sensitivity to porcine protein should be considered before starting therapy and during the course of treatment should symptoms arise. **Use in Patients with Hypothyroidism or Liver Cirrhosis** There is an enhanced effect in patients with hypothyroidism and in those with cirrhosis of the liver. **Negative Effects on Growth and Physical Development** Long-term use of H.P. Acthar Gel may have negative effects on growth and physical development in children. Changes in appetite are seen with H.P. Acthar Gel therapy, with the effects becoming more frequent as the dose or treatment period increases. These effects are reversible once H.P. Acthar Gel therapy is stopped. Growth and physical development of pediatric patients on prolonged therapy should be carefully monitored. **Decrease in Bone Density** Decrease in bone formation and an increase in bone resorption both through an effect on calcium regulation (i.e., decreasing absorption and increasing excretion) and inhibition of osteoblast function may occur. These, together with a decrease in the protein matrix of the bone (secondary to an increase in protein catabolism) and reduced sex hormone production, may lead to inhibition of bone growth in children and adolescents and to the development of osteoporosis at any age. Special consideration should be given to patients at increased risk of osteoporosis (i.e., postmenopausal women) before initiating therapy, and bone density should be monitored in patients on long term therapy. **Use in Pregnancy** H.P. Acthar Gel has been shown to have an embryocidal effect. Apprise women of potential harm to the fetus. [see *Use in Specific Populations*] **ADVERSE REACTIONS** Please refer to *Adverse Reactions in Infants and Children Under 2 Years of Age* for consideration when treating patients with Infantile Spasms. The adverse reactions presented are primarily provided for consideration in use in adults and in children over 2 years of age, but these adverse reactions should also be considered when treating infants and children under 2 years of age. H.P. Acthar Gel causes the release of endogenous cortisol from the adrenal gland. Therefore all the adverse effects known to occur with elevated cortisol may occur with H.P. Acthar Gel administration as well. Common adverse reactions include fluid retention, alteration in glucose tolerance, elevation in blood pressure, behavioral and mood changes, increased appetite and weight gain. **Clinical Studies Experience** Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug, and may not reflect the rates observed in practice. **Adverse Reactions in Infants and Children Under 2 Years of Age** While the types of adverse reactions seen in infants and children under age 2 treated for infantile spasms are similar to those seen in older patients, their frequency and severity may be different due to the very young age of the infant, the underlying disorder, the duration of therapy and the dosage regimen. Below is a summary of adverse reactions specifically tabulated from source data derived from retrospective chart reviews and clinical trials in children under 2 years of age treated for infantile spasms. The number of patients in controlled trials at the recommended dose was too few to provide meaningful incidence rates or to permit a meaningful comparison to the control groups. **Incidence (%) of Treatment Emergent Adverse Events Occurring in ≥ 2% of H.P. Acthar Gel (repository corticotropin injection) Infants and Children under 2 years of age with the recommended 75 U/m<sup>2</sup> bid dose (n=122) vs the 150 U/m<sup>2</sup> qd dose (n=37)—System Organ Class:** *Cardiac disorders:* cardiac hypertrophy (3, 0); *Endocrine disorders:* Cushingoid (3, 22); *Gastrointestinal disorders:* constipation (0, 5), diarrhea (3, 14), vomiting (3, 5); *General disorders and administration site conditions:* irritability (7, 19), pyrexia (5, 8); *Infections and infestations:* infection\* (20, 46); *Investigations:* weight gain (1, 3); *Metabolism and nutrition disorders:* increased appetite (0, 5), decreased appetite (3, 3); *Nervous system disorders:* convulsion\* (12, 3); *Respiratory, thoracic and mediastinal disorders:* nasal congestion (1, 5); *Skin and subcutaneous tissue disorders:* acne (0, 14), rash (0, 8); *Vascular disorders:* hypertension (11, 19). \*Specific infections that occurred at ≥2% were candidiasis, otitis media, pneumonia and upper respiratory tract infections. \*In the treatment of Infantile Spasms, other types of seizures/convulsions may occur because some patients with infantile spasms progress to other forms of seizures (for example, Lennox-Gastaut Syndrome). Additionally the spasms sometimes mask other seizures and once the spasms resolve after treatment, the other seizures may become visible. These adverse reactions may also be seen in adults and children over 2 years of age when treated for other purposes and with different doses and regimens. **Postmarketing Experience** The following adverse reactions associated with the use of H.P. Acthar

Gel have been identified from postmarketing experience with H.P. Acthar Gel. Only adverse events that are not listed above as adverse events reported from retrospective chart reviews and non-sponsor conducted clinical trials and those not discussed elsewhere in labeling, are listed in this section. Because the adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to estimate their frequency or establish a causal relationship to use with H.P. Acthar Gel. Events are categorized by system organ class. Unless otherwise noted these adverse events have been reported in infants, children and adults. **Allergic Reactions** Allergic responses have presented as dizziness, nausea and shock (adults only). **Cardiovascular** Necrotizing angitis (adults only) and congestive heart failure. **Dermatologic** Skin thinning (adults only), facial erythema and increased sweating (adults only). **Endocrine** Decreased carbohydrate tolerance (infants only) and hirsutism. **Gastrointestinal** Pancreatitis (adults only), abdominal distention and ulcerative esophagitis. **Metabolic** Hypokalemic alkalosis (infants only). **Musculoskeletal** Muscle weakness and vertebral compression fractures (infants only). **Neurological** Headache (adults only), vertigo (adults only), subdural hematoma, intracranial hemorrhage (adults only), and reversible brain shrinkage (usually secondary to hypertension) (infants only). **Possible Additional Steroidogenic Effects** Based on steroidogenic effects of H.P. Acthar Gel certain adverse events may be expected due to the pharmacological effects of corticosteroids. The adverse events that may occur but have not been reported for H.P. Acthar Gel are: **Dermatologic** Impaired wound healing, abscess, petechiae and ecchymoses, and suppression of skin test reactions. **Endocrine** Menstrual irregularities. **Metabolic** Negative nitrogen balance due to protein catabolism. **Musculoskeletal** Loss of muscle mass and aseptic necrosis of femoral and humeral heads. **Neurological** Increased intracranial pressure with papilledema, (pseudo-tumor cerebri) usually after treatment, and subdural effusion. **Ophthalmic** Exophthalmos. **DRUG INTERACTIONS** Formal drug-drug interaction studies have not been performed. H.P. Acthar Gel may accentuate the electrolyte loss associated with diuretic therapy. **USE IN SPECIFIC POPULATIONS** **Pregnancy** Pregnancy Class C: H.P. Acthar Gel has been shown to have an embryocidal effect. There are no adequate and well-controlled studies in pregnant women. H.P. Acthar Gel should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nursing Mothers** It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from H.P. Acthar Gel, when treating a nursing mother, a decision should be made whether to discontinue nursing or to discontinue the drug, considering the risk and benefit to the mother. **Pediatric Use** H.P. Acthar Gel is indicated as monotherapy for the treatment of infantile spasms in infants and children less than 2 years of age. Both serious and other adverse reactions in this population are discussed in Warnings and Adverse Reactions in Infants and Children Under 2 Years of Age. The efficacy of H.P. Acthar Gel for the treatment of infantile spasms in infants and children less than 2 years of age was evaluated in a randomized, single blinded (video EEG interpreter blinded) clinical trial and an additional active control supportive trial. A responding patient was defined as having both complete cessation of spasms and elimination of hypsarrhythmia. Safety in the pediatric population for infantile spasms was evaluated by retrospective chart reviews and data from non-sponsor conducted clinical trials [see *Adverse Reactions*]. While the types of adverse reactions seen in infants and children under 2 years of age treated for infantile spasms are similar to those seen in older patients, their frequency and severity may be different due to the very young age of the infant, the underlying disorder, the duration of therapy and the dosage regimen. Effects on growth are of particular concern [see *Warnings and Precautions*]. Serious adverse reactions observed in adults may also occur in children [see *Warnings and Precautions*]. **OVERDOSAGE** While chronic exposure to H.P. Acthar Gel at high doses can be associated with a variety of potential serious adverse effects, it is not expected that a single high dose, or even several large doses, has the potential for serious adverse effects compared to a standard dose. There have been no reports of death or acute overdose symptoms from H.P. Acthar Gel in clinical studies or in the published literature. The intramuscular route of administration makes it unlikely that an inadvertent acute overdose will occur. The typical daily dose of H.P. Acthar Gel to treat an infant that has a BSA of 0.4 m<sup>2</sup> would be 60 U/day. Using the 1-cc syringe supplied with H.P. Acthar Gel, the maximum amount that can be injected is 80 U/injection, which is a well-tolerated single dose. **HOW SUPPLIED / STORAGE AND HANDLING** H.P. Acthar Gel (repository corticotropin injection) is supplied as 5 mL multi-dose vial (63004-7731-1) containing 80 USP Units per mL. H.P. Acthar Gel (repository corticotropin injection) should be warmed to room temperature before using. Do not over pressurize the vial prior to withdrawing the product. Store H.P. Acthar Gel (repository corticotropin injection) under refrigeration between 2°-8°C (36°-46°F). Product is stable for the period indicated on the label when stored under the conditions described. **PATIENT COUNSELING INFORMATION** Caretakers of patients with infantile spasms should be informed of the availability of a Medication Guide, and they should be instructed to read the Medication Guide prior to administering H.P. Acthar Gel. Patients should be instructed to take H.P. Acthar Gel only as prescribed. They should not stop treatment suddenly unless instructed by their physician to do so. Patients, their caregivers and families should be advised as to the importance of the need for careful monitoring while on and during titration from H.P. Acthar Gel treatment and the importance of not missing and scheduled doctor's appointments. Patients, their caregivers and families should be advised that if the patient develops an infection or fever they should contact their physician. They should be educated that a fever may not necessarily be present during infection. The patient should also try to limit contact with other people with infections to minimize the risk of infection while taking H.P. Acthar Gel. [see *Warnings and Precautions and Adverse Reactions*]. Patients, their caregivers and families should be advised that if the patient experiences an increase in blood pressure they should contact their physician. [see *Warnings and Precautions and Adverse Reactions*]. Patients, their caregivers and families should be advised that if the patient or the caregiver notices blood or a change in color of the patient's stool they should contact their physician. [see *Warnings and Precautions*]. Caregivers and families of infants and children treated with H.P. Acthar Gel should be informed that the patient may show signs of irritability and sleep disturbances. These effects are reversible once H.P. Acthar Gel therapy is stopped. [see *Warnings and Precautions and Adverse Reactions*]. Patients, their caregivers and families should be advised that changes in appetite, most often leading to weight gain, are seen with H.P. Acthar Gel therapy, becoming more frequent as the dose or treatment period increases. These effects are reversible once H.P. Acthar Gel therapy is stopped. [see *Warnings and Precautions and Adverse Reactions*]. Patients, their caregivers and families should be advised that the patient may be monitored for signs of adrenal insufficiency such as weakness, fatigue, lethargy, anorexia, weight loss, hypotension, abdominal pain or hyperpigmentation (adults only) after treatment has stopped. Since the recovery of the adrenal gland varies from days to months, patients may need to be protected from the stress of trauma or surgery by the use of corticosteroids during the period of stress. [see *Warnings and Precautions*]. Patients should be advised not to be vaccinated with live or live attenuated vaccines during treatment with H.P. Acthar Gel. Additionally, other immunization procedures in patients or in family members who will be in contact with the patient should be undertaken with caution while the patient is taking H.P. Acthar Gel. [see *Warnings and Precautions*]. Patients, their caregivers and families should be advised that prolonged use of H.P. Acthar Gel in children may result in Cushing's syndrome and associated adverse reactions, may inhibit skeletal growth, and may cause osteoporosis and decreased bone density. If prolonged use is necessary, H.P. Acthar Gel should be given intermittently along with careful observation. [see *Warnings and Precautions, and Adverse Reactions*]. Patients, their caregivers and families should be informed that H.P. Acthar Gel may mask symptoms of other diseases/disorders without altering the course of the other disease/disorder. The patient will need to be monitored carefully during and for a period following discontinuation of therapy for signs of infection, abnormal cardiac function, hypertension, hyperglycemia, change in body weight, and fecal blood loss. [see *Warnings and Precautions*]. In the treatment of Infantile Spasms, other types of seizures may occur because some patients with infantile spasms progress to other forms of seizures (for example, Lennox-Gastaut Syndrome). Additionally the spasms sometimes mask other seizures and once the spasms resolve after treatment with H.P. Acthar Gel, the other seizures may become visible. Parents and caregivers should inform their physician of any new onset of seizures so that appropriate management can then be instituted. [see *Adverse Reactions*].

H.P. Acthar® Gel (repository corticotropin injection)

Manufactured for Questcor Pharmaceuticals, Inc.



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- **Oracea®** (doxycycline, USP) Capsules
- **Sanctura XR®** (trospium chloride extended release tablets)

**References:** 1. *Advanced Drug Delivery Systems*. Rockville, MD: Supernus Pharmaceuticals, Inc. 2. U.S. Food and Drug Administration. <http://www.fda.gov/Drugs/default.htm>. Accessed August 29, 2012.

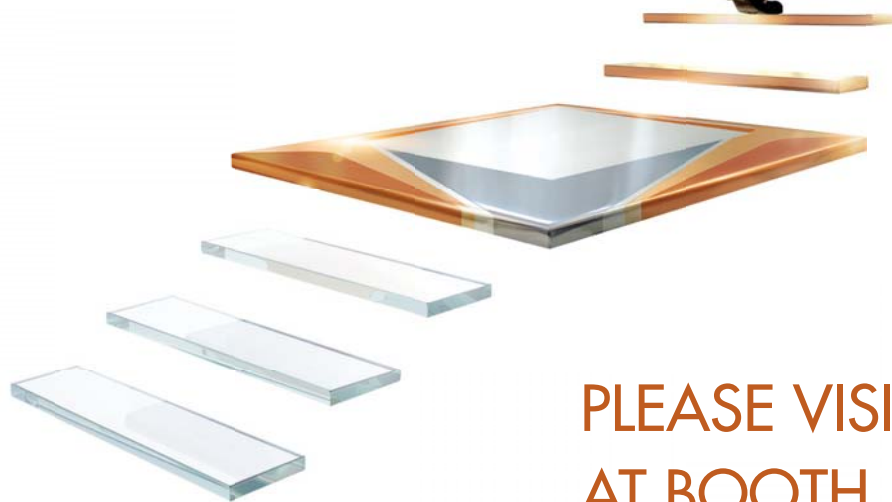
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