

**MINUTES**  
**COMMISSION ON ASIAN AND OCEANIAN AFFAIRS (CAOA)**  
**BUSINESS MEETING**

**Date:** Wednesday, 21<sup>st</sup> March 2012 at 1730-2030  
**Venue:** Hyatt Hotel, Manila, the Philippines  
**Present:** R Holmes (RH) Shichuo Li (SCL) D Gunawan (DG)  
W D'Souza (WD) P Kwan (PK) J Casanova-Gutierrez (J C-G)  
JJ Tsai (JJ) T Tanaka (TT) MM Mehndiratta (MMM)  
WP Lau (WL) SH Lim (SH) E Somerville (ES)  
VV Nadkarni (VV) S Kaneko (SK) CT Tan (CT)  
BI Lee (BL) J Dunne (JD)  
**Apologies:** **H Aziz**

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**AGENDA**

**1. Welcome**

BL welcomed those attending, and expressed our sincere thanks to the team that has organised the 9<sup>th</sup> AOEC in Manila, capably led by JC-G.

**2. CAO A Report**

BL presented his recent Commission report 2011 - *tabled*. The report outlines CAO A members and office bearers, our aims and missions, action plans and activities.

CAOA achievements were described, including:

- establishing the CAO A Website with appropriate links
- educational and training activities (educational meetings and teaching workshops, fellowships, the EEG Certification course, participation in the Epilepsy Summer School in China)
- Asian and Oceanian Epilepsy Congresses
- stimulation of clinical and translational research
- facilitation of the Global Campaign against Epilepsy
- the establishment of the Asian and Oceanian Outstanding Achievement Epilepsy Award (AOEA), to be bestowed for the second time at the opening ceremony, with a special Award dinner on 22 March 2012 honouring AEOA recipients from both 2010 and 2012.
- facilitating interactions and communications amongst chapters and commissions
- new chapter formation, Sri Lanka in September 2011, and in future Myanmar and Cambodia.

**3. ASEPA**

SH provided reports on ASEPA activities (*summary sheets tabled*), with previous and planned teaching courses, workshops, epilepsy fellowships, the EEG certification examination, and acquiring education information for posting on the CAO A website. SH indicated that since ASEPA and CAO A share Committee meetings, the arrangement of JD providing secretarial duties remains adequate.

*The ASEPA-ASNA EEG certification examination.*

The ASEPA-ASNA EEG certification examination commenced in 2005. Part I comprises 150 multiple-choice questions as a three-hour examination. Part II is oral examination with presentation of individual EEG examples for interpretation and assessment of the candidate's own EEG.

The number of candidates has increased substantially over the years, especially with the adoption of the EEG Certification Examination in China. For the part I examination, 263 of 419 have passed (62.7%). For the part II examination, 168 of 243 have passed (69.1%).

Arranging these examination has involved a lot of work, with examiners from many chapters all giving freely of their time. Overheads have been kept at a minimum, with the support of local chapters who have taken care of accommodation and transfer costs.

ASEPA funding has only been required for economy airfares for the examiners.

SL indicated that the ASEPA-ASNA EEG certification examination was well received in China, and is now connected to the National Examination Centre. Examination results will be officially recognised by the Chinese government. Part I, the MCQ examination, has been translated into Chinese and Part II, the oral examination, is held in Mandarin. ES thanked SH for creating the Certification Examination that provides a qualification that is recognised and is important in enhancing the quality of EEG.

BI, JD and the all CAOAs members acknowledged SH's great service in creating and leading this major educational initiative.

#### Proposed Activities for 2012-2013

SH outlined proposed activities for teaching courses and workshops 2012-2013 (*tabled*).

These comprise four categories:

- conferences/courses endorsed ASEPA
- ASEPA organised activities sponsored by pharmaceutical companies
- AOEC pre-congress workshops and didactic lectures
- ILAE-CAOA-ASEPA sponsored activities

#### *Meetings endorsed by ASEPA include:*

the Indian Epilepsy Society annual EEG course in New Delhi in August 11-12, 2012, and the Second CAEE Epilepsy Summer School in Chengdu, both to be held in August 13-18, 2012.

SCL indicated that these meetings will serve students from different regions, and with mainly with different teachers (BL will participate in both).

MMM that the annual Indian EEG course, the 7<sup>th</sup> this year, was successful and popular, and the possibilities of expanding the number of host centres and an EEG examination in India were being looked at. The EEG course in New Delhi/Chennai is based on clinical perspectives with the title, "EEG Workshop-Clinical Perspectives". EEGs are shown on computer, with interactions between the speakers and students via a local area network discussing the clinical picture, the role of EEG, EEG findings and clinical implications. This format works well and will be further enhanced.

The 2-day ANZAN style EEG course was held in Cochin in February 2012, and had 150 participants. CT indicated that this ANZAN-format EEG course, also held in Bangkok in 2011, would be arranged in Malaysia in 2012, accessible to Malaysian, Indonesian and

Singaporean students. A pharmaceutical company (OEP) will provide a small organising budget for this course, and Australian faculty airfares will be paid for by ANZAN.

*AOEC pre-congress workshops and didactic lectures*

For the 9<sup>th</sup> AOEC, pre-Congress workshops and five didactics lectures form part of the programme.

*Planned future ASEPA sponsored activities include:*

Workshops and teaching courses in China (epilepsy syndrome, status epilepticus) and Mongolia (general epileptology- programme directors Y Inoue and A Tovvudorj). ASEPA will support the Indian Epilepsy Winter School, Trivandrum, India 4-10 November 2012. The idea of the Indian Summer School commenced with the Indian Academy of Neurology as an educational theme for 2012, then with integral IES involvement as advised by CT and others. ASEPA will send three speakers, including BI, MM and WD. It may be optimal for the same speakers to then travel to the Sri Lankan workshop being held in Colombo immediately after the Summer School - *BL will coordinate this after speaking with the Sri Lankan organisers.*

There is a budget for a meeting in Dhaka, either in 2012 or 2013 - to be confirmed.

A meeting in Nepal is also planned.

The epilepsy surgery workshop planned for Bangkok, Thailand has been postponed to July 2013 since there is already a major epilepsy meeting held in Bangkok this year.

MMM asked whether ASEPA could provide support, possibly funding or faculty, for the annual courses arranged by the IES. CT indicated that planning at least a year ahead was best. SH indicated that we try to cover as many regions as possible, involving different people for different workshops and courses.

*Epilepsy Summer Schools*

BL asked what is the best way to assist in the Epilepsy Summer Schools, previously held in Australia, in China (2011) and now in India and China in 2012. BL asked whether organising guidelines were indicated.

SCL said that 80 students attended the successful 2011 Summer School in China, coming from China, Myanmar, Korea, Cambodia, India and neighbouring countries. The CAAE supports further summer schools in China, inviting regional participants, and SCL also fully supports the Indian Summer School and developing summer schools for our region in a consistent and incremental way.

There are pros and cons to moving host centres, given the support and infrastructure required. BL indicated that there is a need for further discussion on the way of developing Summer Schools.

SH indicated that ASEPA can support one summer school per year.

CT commented that the summer school has important logistic needs, involving 7-10 days of faculty time. 1-2 day regional workshops are more widely applicable and can be held in many places with fewer resources. Bigger centres such as China and India have the resources and economy of scale to host summer schools, with students attending from throughout the region, selected to attend and perhaps supported by their individual chapters.

JD agreed that significant advantages arise from the economy of scale provided by having summer schools in China and India and perhaps in southeast Asia with a country with the appropriate resources. DG said that that SE Asia had the resources required to host a summer school.

TT agreed that cost-effectiveness favoured ASEPA assisting summer schools with large student numbers and lower cost overheads. Students could be sponsored to attend these major meetings.

CT and TT indicated well organised summer schools occur elsewhere, including Europe and the Americas. These opportunities could be considered to some students, but they are costly meetings and scholarships are limited.

SCL said that the 2011 Epilepsy Summer School in China had higher costs than the Epilepsy Forum, but was particularly successful, especially targeting participants in the middle of their careers, enabling very active discussion and encouraging tomorrow's experts. Accordingly, after careful deliberation the CAAE decided to arrange another this year.

MM suggested that ASEPA support and assist with a summer school somewhere in Asia as described, perhaps every 1 to 2 years.

PK indicated that whilst some national chapters have the resources to host and organise summer schools, ASEPA does not.

SH confirmed that taking over and running one summer school would consume the entire ASEPA educational budget. ASEPA can provide support by contributing to development of the scientific programme, supplying speakers and promoting the event.

It was agreed that the summer school was very important to support, but that we cannot afford to take on its organisation. Rather ASEPA will support hosting chapters that have the infrastructure and resources.

#### Epilepsy fellowships

CT described the ongoing educational fellowships, two funded by the Japan Epilepsy Society, two by Japan Epilepsy Research Foundation, and two by ASEPA, most recently awarded to Bangladeshi trainees.

#### AOEC proceedings

CT indicated that AOEC proceedings were published last year, and 600 hardcopies were made at the cost of \$2700; 200 are to be distributed here in Manila.

The proceedings are also on the Neurology Asia website with open access and free download. This will continue with the 9<sup>th</sup> AOEC.

BL thanked CT for his hard work in obtaining manuscripts, editing and publishing the proceedings.

CT indicated that, as with the 8<sup>th</sup> AOEC in Melbourne, some 9<sup>th</sup> AOEC lectures will be recorded and uploaded for educational purposes. One pre-Congress workshop and all ASEPA didactics lectures will have slides and voice recording for uploading. Kathryn can then send a letter to all delegates informing them that these educational resources are available. This is an initiative that is slowly increasing.

## **4. CAO Budget 2012**

JJ (*budget tabled*) described this year's approved budget, and the need to plan next year's budget. Expense allocations are for: the business meeting, educational projects (proceedings, epilepsy fellowships, ASEPA teaching courses, EEG certification), Newsletter, research task force, GCAE, conference calls, website and the AOEA award.

The educational activities have included seven teaching courses, two EEG Certification examinations, the 6<sup>th</sup> joint AESC symposium and 9<sup>th</sup> AOEC proceedings. CT has already discussed the epilepsy fellowships.

### **5. Research Task Force**

PK presented the research task force report. A meeting was held in Taipei in July and PK has asked those attending to complete their reports and recommendations. This will form a document on research priorities for our region that will be focus driven in the following areas: tackling the causes, consequences and treatment of epilepsy. Once collated, the report will be circulated to all chapters for comment, revised and hopefully completed by the end of the year. The aim is publication in *Epilepsia*, probably the grey matter section.

### **6. Information committee**

SK said that the Information Committee would meet tomorrow.

#### Website

He requested that CAO A website should be promoted. The status of the current website has improved.

The name of the website was discussed last year, and will be further discussed at the Information Committee meeting. We will also need to determine whether to emigrate to a new site under the ILAE.

#### Newsletter

The newsletter is to be published this year. BL indicated the newsletter was most important in order to inform members of what is happening in the region.

#### Website Content and Processes

ASEPA-endorsed activities should automatically placed on the website, including information on the role ASEPA was playing in the scientific and educational programmes.

SK asked opinions about determining what other information to place on the website; for example he had been approached about a forthcoming epilepsy workshop in Mumbai, but MM confirmed that as yet the IES hasn't been informed about this workshop.

After discussion it was agreed that, *with respect to other epilepsy-related activities, the local chapter should be contacted and determine the relevance of placing information the CAO A website.*

In addition, regional noticeboards could be provided, in particular for chapters without their own websites.

### **7. GCAE taskforce**

#### Activity and goals

ES indicated that not a lot had occurred since the AOEC Meeting in Melbourne.

The AOEC Meeting in Melbourne had been an excellent forum for gathering information regarding the activities, initiatives and programs, including diverse and creative strategies relevant to local situations. Many initiatives were not necessarily endorsed by or associated with local chapters, but nonetheless were worthwhile. We should not monopolise attempts to try and reduce the treatment gap.

The main taskforce challenge is to define its role. Its most useful function will probably be to provide a means for describing and communicating regional activities.

E-mail requests for information about local projects had been answered with only two replies. ES indicated that passive communication and inviting people to communicate with each other is not enough. He asked all present to provide suggestions to formulate a more active process to promote participation.

ES hoped that the CAO website may allow for more effective communication, acting as a portal for information rather than simply an archive.

There is a Global Campaign Website, but not yet a way to interact via this site, and this can be improved.

The global campaign is having a key stakeholders meeting and related presentations at the AOEC on Friday.

ES indicated he will try to encourage more effective regional communication and website development, and these goals do not require a big budget. Many possibilities for projects exist, but developing projects would require significant funding.

RH indicated the difference between the global campaign in global outreach, and that outside of the CAO/ASEPA that applications for Global Campaign funding can be made.

#### Timor Leste

CT acknowledged ES and his great work for epilepsy education and care in Timor Leste.

#### Laos

ES and BL described how the CAO continues to support training in Laos, directed by CT. Sanofi mainly funds the Laos project, with the goals of education and sustainability. BL mentioned that CAO allocated \$5000 a year, but only a small proportion of this has been spent. CT indicated there are only two neurologists in Laos, and he has identified a third to train in neurology. ASEPA/JES funds will be used for this.

CT thanked the JES for their generous support for the project. TT indicated that the JES requires a short summary about the project, and CT will provide this.

BL asked about the planned outcomes. CT has agreed to train around five neurologists, and then this should provide Laos with an adequate foundation from which to build further in a self-sustainable way. CT described the difficulties in finding people to be trained. Laos has only 10 graduates in internal medicine per year, and for subspecialisation most are attracted to cardiology.

### **8. Epilepsy Outstanding Achievement Award.**

JD described how the Award application process has been amended and refined, including the addition of potential for advocacy of candidates by the nominating chapter when required.

This year, unlike in 2010, all Award nominees received strong support, with only one vote separating the 4th-5th-6th ranked nominees. This happened in combination with several other concerns that are both significant and exceptional, so the CAO

membership agreed that in these exceptional circumstances we should bestow 6 Awards for 2012.

From this year's experience, the AOEA rules will be further amended to emphasise that the Award process is not a chapter election - nominations from each chapter are assessed on their own merits by the CAO members, and voting endorsements from non-related chapters are not a part of the assessment process.

### **9. 9<sup>th</sup> AOEC, Manila, 22<sup>nd</sup> - 25<sup>th</sup> May 2012**

RH indicated that the total budget for registrations was \$220,000, the primary goal being to have a meeting of the highest quality and educational value rather than focus on achieving a financial surplus.

Over 1076 delegates have registered, currently 422 from the Philippines, 123 from India, 73 from China, 67 from Indonesia, 61 from South Korea, 44 from Vietnam, 43 from Japan, 34 from Australia, 33 from Singapore and 30 from Taiwan. 35 exhibitors are also registered. Therefore, current finances predict a surplus.

RH thanked the host country for hosting what will be an excellent AOEC, indicating that substantial savings were made because of the generous assistance of the Filipino Tourist Board in reducing the costs of faculty accommodation.

### **10. 10<sup>th</sup> AOEC, 2014**

RH and BL have sought expressions of interest from all chapters, with positive responses from India, Hong Kong and Singapore. Following consultation with CAO/IBE, Hong Kong and Singapore were shortlisted given that India has previously hosted the AOEC. RH indicated that both Hong Kong and Singapore have excellent venues, infrastructure and general support. The dates of the meeting are to be determined.

It is of note that Hong Kong will be the host for the 14<sup>th</sup> Asian and Oceanian Congress of Neurology in 2014.

PK (Hong Kong) and SH (Singapore) exempted themselves from voting, and a majority of CAO members favour Singapore as the venue for the 10<sup>th</sup> AOEC.

### **11. Proposal for International Epilepsy Day**

Mike Glynn, President of the IBE, contacted SCL and proposed an International Epilepsy Day to be held on 28 June of each year. SCL indicated there are many epilepsy days, but as yet no single World or Asian-Oceanian regional epilepsy day. In Europe, Epilepsy Day is May 18th, and in the USA, Purple Day is March 26.

SCL described the success of the International Epilepsy Caring Day, held in China since 2007. Activities in China involved 36 sites, including posters and media campaigns promoting annual educational themes. The 2011 theme related to saying no to false advertisement (~ treatment) and for 2012 the theme will be stand-up for epilepsy. CT has assisted with the appropriate translation into Chinese characters.

Many countries in our region are positive about a shared epilepsy day.

BL indicated his support for a regional Epilepsy Day.

CT described the potential importance and stronger influence of an International/World Epilepsy Day in raising awareness.

JC-G described the success of the national awareness week held in the Philippines, approved by presidential decree.

MM said that India has celebrated Epilepsy Day on 17 November since 1990.

TT said Taiwan currently celebrates an epilepsy month.

RH felt that a World Epilepsy Day an important initiative, but given the already well-established specific national awareness days and fundraising efforts, suggested perhaps being supportive of these local days and events with a gradual move to a World Epilepsy Day.

SCL, CT and JD indicated that a world epilepsy day and local epilepsy days were not mutually exclusive.

BL and SCL agreed that surveying the views of each chapter was worthwhile.

ES indicated that the IBE chapter should drive this initiative. BL agreed, but felt that in countries with little IBE activity that the ILAE Chapter could take the initiative.

TT and SCL said that the ILAE/IBE are discussing this issue, and it will be further advanced at the International Epilepsy Congress in Montreal next year.

RH will ensure this is on the agenda of the joint ILAE/IBE meeting

*All agree that a world epilepsy day would have a powerful and positive influence, acknowledging that different countries will continue to opt for different days for cultural, historic and climatic reasons.*

## **12. Tadokoro Prize**

SK indicated that Dr Tadokoro wished to have the prize rebadged rather than to continue to be named after him.

CT described Dr Tadokoro's generous support of the ILAE/CAOA, and the Prize was commenced in 2004 and was named to honour him.

All agreed that there was no need to change the tradition of the Tadokoro Prize unless it was Dr Tadokoro's expressed wish that another name be used, and then we should respect his wishes.

SH suggested the ASEPA Prize as a possible alternative name, and he will obtain budget information.

SK and TT will obtain Dr Tadokoro's written instructions to guide us.

Meeting ended, and dinner held

*Recorded by John Dunne, Secretary, CAO*

*Vetted by Byung-In Lee, Chairman, CAO*