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### From The Information Officer



The International League continues to grow and thrive, and the reports in this issue are good evidence of the dynamic growth. This year is the year of the Regional Congress: Asia and Oceania in Xiamen, China; Europe in Berlin, Germany; Latin America in Montevideo, Uruguay; and North America in Seattle, Washington in the US. The experience in Xiamen and the expectations for the other sites indicate that the meetings are attracting more participants than ever before. Although one is always pleased by growth as a sign of progress for a subject that is near and dear to all of us, as several of the articles show, the meetings and their growth provide a fertile incubator for the exchange of ideas, the creation of transnational collaborations and the recruiting of young scientists and clinicians to the field. And that is the true sign of a vibrant and thriving field, a promising sign as the League approaches its 100th birthday next year. In addition to the articles about the continued growth in our meetings and the diverse topics that an epilepsy meeting brings forward, there are additional articles about how this growth of interest in epilepsy on the international level is having spinoffs that benefit patients around the world: the development of an Asian EEG certification examination, the facilitation of sharing clinical expertise through use of the internet to bring epilepsy surgery to Tunisia and the utilization of media publicity to show patients that there is a treatment for their epilepsy in Nepal. These articles are all examples of how the ingenuity of our colleagues, enhanced by modern technology and the sense of an international epilepsy community, brings benefits to our patients.

These developments are all signs of the progress that has been made in our first 100 years. This growth has been encouraged by the League's leadership as well as the initiatives of many of our members. As we approach our Centenary, we also approach a symbolic change in leadership with the elections of the new Executive Committee members this year, an Executive Committee that will lead our League into its second century. The first election is for the new president, with the first vote deadline 15 July this year. The remainder of the officers will be elected later. In this issue we have statements from each of the three presidential candidates: Martin Brodie, Esper Cavalheiro and Solomon Moshé. Each has a history of long and dedicated service to the epilepsy movement, and each has a unique background and perspective. Please read their messages in this issue of *Epigraph* as well as the more complete statements and the curricula vitae that are on the League's Web site ([www.ilae.org](http://www.ilae.org)). In addition, a number of chapters have posed questions to the candidates, and the questions and answers are also on the Web site. Most importantly, make sure that your chapter votes. The instructions for voting, although sent to the chapters, are also included on the Web site as well as in Giuliano Avanzini's (Chair of the Election Commission) article about the election. Because we have made such tremendous progress in the first 100 years, we want to be sure that the momentum is maintained on all fronts (education, research and administration). Please stay active. Please be sure that your chapter votes.

Edward H. Bertram  
Information Officer

## European Congress on Epileptology 2008, Berlin



### The challenge of epileptology in the next decade: Unraveling the molecular mechanisms of epilepsy — developing targeted therapeutic approaches

The upcoming 8th European Congress on Epileptology in Berlin will be the meeting-point of epileptologists from 20 to 25 September this year. The scientific program covers all aspects of epileptology, clinical and experimental, from issues of comprehensive care and medical practice via outpatient management to the latest of scientific developments. Expecting to attract nearly 5,000 professionals and boasting more than 150 speakers, the Congress, hosted by both the German and the Israeli Chapters of the International League Against Epilepsy, revitalizes the concept of engendering communication and exchange of ideas among researchers and clinicians across the continent and beyond, and emphasizes this message by joining — for the first time — two League member societies to co-host a joint congress.

Improving quality of life of patients with epilepsy — this has been and is the overall goal of all epileptologists. This is also a guiding theme of the Congress in Berlin — hence all scientific sessions are designed to reflect this; even those with purely basic science content pick up clinically motivated problems. The Chair's Symposium of the Congress "Epilepsy as a Disease and a Model" clearly reflects this approach in an exemplary manner: It spans from discussing latest developments in channel function, addressing network properties to EEG mapping, to focus identification and developing new AEDs.

What are the challenges to be met in epileptology during the next decade? Despite major achievements in therapeutic efforts, both conservative and surgical, for a number of patients current therapy options are still not optimal. Starting with serendipitous drug discovery, AED development in the past decade has increasingly become mechanism-oriented, with rather successful introductions of new AEDs. To optimize treatment, we now have to go beyond this. We are starting to recognize that genetic background will not only determine the predisposition to certain syndromes, but that it is likely influencing progression and outcome in idiopathic, and also acquired epilepsies, as well as the response to drugs — therefore demanding individualized diagnosis and treatment. Consequently, not only have major research efforts such as the EU-funded EPICURE program taken up this lead, but also two main topics of the symposia of the Congress address these issues; i.e. "Pharmacogenetics and Pharmacogenomics" and "Predicting the response to AEDs". Looking at new developments regarding pathomechanisms of epilepsy, the standard hypothesis — an imbalance of excitation and inhibition — seems to be oversimplified and needs to be revisited. Issues such as non-synaptic and extrasynaptic transmitter actions, paradoxical, excitatory actions of otherwise inhibitory activity, rewiring of neuronal circuits and, not last, a fresh look at immune processes are now coming into focus — new pathophysiological aspects which open entirely new avenues for drug development and therapeutic interventions. Not surprisingly, the other two major topics of the Congress are devoted to these issues: "Immune Processes in Epilepsy: Basic and Clinical Issues" and "Synaptopathies in Epilepsy".

Apart from the main topics and the Chair's Symposium, 41 Discussion Groups, Teaching Sessions and Workshops await the participants, with topics covering Drug Therapy, Adult Epileptology, Pediatric Epileptology, Neuroimaging and Neurophysiology, Psychiatric and Social Issues and Basic Sciences — making every effort to highlight the most relevant issues in these areas. With its wide scope, this mixture is bound to be attractive to basic scientists, researchers and clinicians in the field.

For those who might have missed the educational aspect so far: Not only do the Teaching Sessions address this very important aspect, but also a whole Academy Day has been organized on Saturday, 20th September, for those attendees from German-speaking areas. The German League will hold its traditional teaching courses as a prelude to the Congress (<http://www.akmcongress.com/academyday/menue.html>).

Of course, apart from the Congress, Berlin has plenty to offer — for opera and museum lovers, flea-market strollers and night owls alike. We hope you feel inspired and we would like to extend a very warm and cordial welcome to all of you who would like to join us.

Rüdiger Köhling, Miri Neufeld, Michel Baulac (International Organizing Committee)  
Christian Elger, Meir Bialer (Scientific Committee)

### President's Message



Prof Peter Wolf

### Focus on Neurocysticercosis

When the Commission on Epilepsy Care recently met in Xiamen, it was decided to establish a Task Force on Neurocysticercosis (NCC) because there is reason in the coming period to focus on this condition.

NCC is one of the most common causes of epilepsy in large parts of the developing world, particularly in Central and Latin America, Africa and parts of South East Asia. It is prevalent wherever pigs are raised in unsatisfactorily hygienic conditions. In South East Africa where pig raising is getting increasingly popular and the risks are largely unknown in the villages, there is a dramatic increase of tapeworm infection and NCC. Poverty and ignorance are perhaps the most important factors in this epidemic.

On the other hand, NCC is an almost ideal target for concerted action involving both ILAE and IBE. Such action needs to involve education of the population at risk about the relation of tapeworm, cysticerci and epilepsy, improvement of hygiene and meat inspection, and various aspects of prevention, diagnosis, medical and neurosurgical treatment.

There are several reasons besides the increase of NCC, why it seems to be the right time for the ILAE to address this key topic of epilepsy care in the developing world:

**Experience:** Within our organization we have experience with successful actions against NCC especially in Latin America (e.g. Peru, Riberao Preto/Brazil).

**Present action:** As part of the new, promising cooperation of our North American and Latin American Commissions, an ambitious NCC project on the island of Hispaniola (Dominican Republic and Haiti) is about to start.

**African developments:** As it was already said in the last issue of *Epigraph*, Africa is now getting our increased attention. The region is an obvious candidate for new Global Campaign projects. One or several of these could address NCC. We are about to establish contacts and join forces with other organizations who are addressing this and other relevant epilepsy-related issues in sub-saharan Africa. As I am writing this message, I look forward to a brainstorming meeting on 27 June in Copenhagen where ongoing and possible new projects in Tanzania will be discussed, with input from parasitologists who are involved in African actions against NCC. The topic also came up when our lusophone group met in Maputo in May to hold a trainer course and an educational course for the health care personnel who deal with epilepsy in Mozambique on the primary level. A national ILAE chapter was founded, and the group will gather again in March 2009 in Cabo Verde which should result in the establishment of another local Chapter and, hopefully, a local project for the eradication of NCC in this small nation of islands.

It seems very much worth our efforts to take action in this matter. Whoever in our Chapters is interested and willing to join this initiative is kindly invited to contact the Co-Chair of our Epilepsy Care Commission, Prof Giuliano Avanzini, or myself.

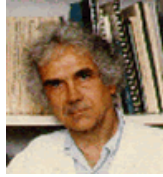
Apart from talking about NCC, I wish to take the opportunity to thank our friends from Asia and Oceania for a very well organized, very successful Congress in Xiamen, which was a remarkable première for the hosts, our young Chinese Chapter. The Congress gave witness of the continuous commitment of an excellent leadership, of good neighborhood and the involvement of a highly promising young generation of clinical and basic researchers in the region. Please note also the Congress report in this issue of *Epigraph*.

And please don't forget to actively participate in the processes of election of our next Executive Committee which has begun.

With my very best wishes,

Peter Wolf  
ILAE President

### About the election process for the ILAE President



Prof Giuliano Avanzini

### Update on the election process

The election of the governing body that oversees a scientific society should be regulated in an open and democratic manner. The election procedure for the officers of the Society is specified in detail in our Constitution, and the Election Committee constituted by Giuliano Avanzini (Chair), Natalio Fejerman, Yoshi Mayanagi, Roger Porter and Simon Shorvon is following these rules strictly. Particular care has been devoted to maintaining the secrecy of the voting and the transparency of the procedure at the same time. To meet the goals of secrecy and transparency in the election process, the League has engaged a notary office to which Chapters should send the ballots directly. This new step has been adopted to avoid any risk of information leaking or potential inappropriate influence. The information relevant to the election process has been sent to all ILAE Chapters and is being disseminated through all the available channels.

According to the **ILAE Constitution**, 18 months before the end of the current term the Election Committee identifies the potential candidates to ILAE Presidency. Out of 30 people who have served in the ILAE Executive Committee (EC) for no more than two terms three candidates declared their willingness to serve as ILAE President, and their names, short CVs and letters of intent have been circulated among the chapters. Additional statements from each of the candidates are also found in this edition of *Epigraph*.

Recently some chapters expressed their interest in addressing to the candidates specific questions on matters that had not been completely clarified by the initial letters of intent and that might be relevant to their voting decisions. We considered this as an interesting means to contribute in forming an informed opinion within the electorate. In order to make it as efficient as possible in such a short time, we set up a system that would allow the voters to address their questions simultaneously to the three candidates and the candidates to answer the questions in "real time". Moreover questions and responses would be made accessible to all ILAE members by posting them on the Web site. For the same reason that prompted us to manage the vote through a notary office, we wanted to avoid any intermediary between the candidates and the people addressing the questions.

I would like to thank the Information Officer Ed Bertram, the editorial assistant Cheryl-Ann Tubby and Webmaster Sean Coyne for creating an easy system by which the questions sent to the address [election@ilae.org](mailto:election@ilae.org) go simultaneously to the Web site and to the candidates who send their responses directly to the Web site. I am sure that this opportunity has contributed to giving our associates the feeling of belonging to a fully democratic society. More information on the election process is available on the ILAE Web site ([www.ilae.org](http://www.ilae.org)).

Please remember that the deadline for receiving the votes for President is **15 July**, and no votes will be accepted by the notary after this date. If no one candidate receives more than fifty percent of the votes, the Election Committee will then submit to the Chapters through the League Headquarters the names of the two candidates who received the highest number of votes for a further ballot. By 15 November 2008 the results of the presidential election will be announced, and requests for nominations for the remaining four officers will be distributed.

As a reminder, Chapter votes on the ballot form must be sent to the notary, Mr. Arthur L. Herold by one of the following means

By e-mail: [aherold@wc-b.com](mailto:aherold@wc-b.com)

By FAX: +1-202-835-0243

or by regular mail:  
 Attorney Arthur L. Herold  
 ILAE Elections Notary  
 Webster, Chamberlain & Bean  
 1747 Pennsylvania Avenue, NW, Suite 1000  
 Washington, D.C. 20006 USA

We look forward to receiving votes from all our Chapters so that every ILAE member will feel fully represented by the resulting Executive Committee.

Giuliano Avanzini  
 Chair of the Election Committee

**2008 Presidential Candidates**



**Martin J. Brodie**

Professor of Medicine and Clinical Pharmacology at the University of Glasgow in Scotland and Director of the Epilepsy Unit in the Western Infirmary

My epilepsy "career" began in 1982 when I set up the Epilepsy Unit at the Western Infirmary in Glasgow, which abuts Glasgow University campus in the busy west end of the city. It became apparent to me very early on that refractory epilepsy was not just about seizures, but was a pervasive disorder that had a major impact on the lives of sufferers and their friends and families. This encouraged me to become involved in basic and clinical research, relating, in particular, to the pharmacological management and natural history of treated epilepsy. Toward the end of the decade I began to organize educational meetings in Glasgow. This latter activity culminated in my hosting Epilepsy Europe in 1992, which attracted more than 2,000 delegates and led directly to my recruitment by then president, Ted Reynolds, into the work of the International League Against Epilepsy.

In 1993 I was appointed by Ted as Secretary and subsequently in 1997 by Pete Engel as Chair of the newly-created Commission of European Affairs and so became increasingly involved in developing the now very successful European Epilepsy Congresses. With Peter Wolf and Giuliano Avanzini, I helped at that time to set up the European Epilepsy Academy (EUREPA), which now provides the template for other regional academies. When I was first elected to the Executive Committee, I was given the task of progressing the agendas of the Asian and Oceanian, Latin American and Eastern Mediterranean regions. The last three years as Treasurer have been particularly rewarding, as they have allowed me to understand better the structure and function of the League, and have led to my making many new friends around the world.

I strongly endorse the current goals of the Executive Committee in prioritizing education, epilepsy care and translational research, which would be given similar support under my leadership. In addition, new programs will be identified across all our regions. The League is not about individuals, but about teams and teamwork. We need to involve people from every chapter in our increasingly ambitious global program. Chapters will also be given the opportunity of making practical suggestions aimed at improving the efficiency of our organization.

I am currently putting together a fundraising campaign which, I believe, is essential for the continuing success of ILAE's world-wide mission. This will be linked to a four-year strategic plan worked out in partnership with our Commissions and Chapters. A Task Force will be assembled with members from all regions to consider methods of raising money from philanthropists, companies and foundations. A portfolio of educational, training, clinical and social programs will be put together that are suitable for funding perhaps with a commercial or charitable partner. There is much to do and together we have the potential to make great strides in the next executive term. I hope that you will help me to fulfill my vision for the League as we enter its second successful century.



**Esper Abrão Cavalheiro**

Professor of Experimental Neurology, the Universidade Federal de São Paulo, Brazil

**Research and scholarly interests**

All aspects of epilepsy with special emphasis on experimental models and translational application Epilepsy Education in less economically developed areas — Social aspects of the epilepsies

**Most Important National and International Service**

- Establishment of the Brazilian Association of Epilepsy, the lay Brazilian branch of the IBE (1987)
  - Dean for Graduate Students at the Universidade Federal de São Paulo, Brazil (1992- 1999)
  - Secretary for the Ministry of Science and Technology from Brazil (1999-2001)
  - President of the Brazilian National Research Council (CNPq) (2001-2003)
  - Chair of the ILAE Neurobiology Commission (2001-2005)
  - IBE Secretary General (2001-2005)
  - Member of the ILAE Educational Commission (2005 - present)

- Life/Health Sciences Advisor for the Presidency of the Brazilian Center for Strategic Studies (2006 to present)

#### Most Important International Awards

- Michael Foundation Award, Germany, 1987
- Milken Family Foundation – AES Award – 1997
- Ambassador for Epilepsy – ILAE/IBE, 1999

#### Publications

More than 200 publications in peer-reviewed journals on different aspects of epilepsy and neurosciences.

#### Administrative experience and organizational initiatives

- Professor of Experimental Neurology and Dean for Graduate Students at the Universidade Federal de São Paulo (1992-1999)
- Advisor for the Ministry of Science and Technology of Brazil (1999-2001)
- President of the National Council for Scientific and Technological Development (CNPq), the national agency to support science, technology and innovation in Brazil (2001-2003)
- Secretary General of the IBE and ex-officio member of the ILAE Executive Committee (2001-2005)
- Chair of the ILAE Neurobiology Commission (2001-2005)
- Chair of the Educational sub-Commission on Neurobiology (2005-present)
- Organization of LASSE, the Latin American Summer Schools on Epilepsy since 2007
- Permanent Secretary of the Latin American Epilepsy Academy ALADE since 2007

#### Future Plans for the ILAE

Having served as University Professor for more than twenty years, a governmental institution of research and technology for eight; the IBE and the ILAE Neurobiology Commission for seven; having built up a renowned and intensely publishing research group in a developing country; using the widespread national and international scientific and political network this has given me: what difference could these experiences make if you gave me the noble task of ILAE President?

My initiative LASSE, followed by ALADE, demonstrated that it is possible to change the epileptological profile of an entire region with one well-focused initiative. Together with the experiences of our European and Asian regions to establish sustainable development, we should be able soon to make a difference for still underserved regions/subregions like Africa. I also have experience in finding external support for such endeavors.

Research programs are the key factor for a region's development, and here I have much experience to offer.

My vision is a truly global community of epileptology. I know that epileptologists in the more advanced countries are willing to help the colleagues in the developing world, and I will frequently ask for their generous support.



**Solomon L. Moshé**

Vice Chairman of Neurology, Director of Child Neurology

The beginning of the League's second century offers us unprecedented opportunities to improve epilepsy care worldwide through a coordinated program of education, research and the development of centers of excellence in countries where they do not now exist. This is why I am seeking the Presidency of the International League Against Epilepsy. With the right leadership developing the necessary support structures, we can build on the successes of our first 100 years to create a world in which epilepsy is no longer a burden on anyone.

I have been an epileptologist for over 30 years taking care of children and adults. My research interests have focused on understanding the mechanisms underlying epilepsy and its consequences as a function of age and gender. I have had the great fortune to mentor young clinical and basic neuroscientists from all over the world during their formative years. Many of these talented

individuals have returned to their home countries and are now valuable international colleagues.

One of the important lessons that I have learned through my career as a clinician, researcher-educator and leader of a number of professional organizations is the importance of setting goals. Having goals focuses our efforts and reminds us of what we are trying to achieve. After numerous discussions with many fellow ILAE chapter members, here are the major goals I hope to accomplish if elected President.

**Goal A:** To improve the representation and input from members, Chapters, and Regional Commissions in the pursuit of the ILAE mission to "*achieve a world in which no person's life is limited by epilepsy*".

**Goal B:** To increase the opportunity for all professionals involved in the care of persons with epilepsy to become ILAE members, and to have access to the latest medical information and research news.

**Goal C:** To improve collaborative international education, training, and research to distribute state-of-the-art knowledge and disseminate medical resources and new treatments that improve the quality of life for all persons with epilepsy regardless of gender, age, or place of birth.

**Goal D:** To identify, mentor and develop the next generation of leaders, who should reflect the global constituency of the ILAE.

**Goal E:** To modernize League operations by applying state-of-the-art management methods and capitalizing on the newest information technologies to speed and simplify collaborations, communication and information exchange among the League, our Chapters, Regional Organizations and especially with IBE, our partner in the delivery of epilepsy care and services.

Reaching these great goals requires time and patience, and is best achieved if all of us, from large and small Chapters, work together. If elected, I look forward to partnering with you to move forward our League's mission. I am very excited by the prospects for improved epilepsy care for all world citizens in the years to come. I hope you share this excitement and will allow me start the League towards its goals during its second century by electing me the next President.

#### Michael Prize 2009

The Michael Prize is an international award in epilepsy which reflects a body of work. Awarded by a jury of peers, the Prize emphasizes the importance of carrying out laboratory research that can be translated into the care for patients. It is awarded biennially and is designed to recognize younger scientists (up to 45 years of age). The Michael Prize, supported by Belgian pharmaceutical company UCB, carries with it a monetary award of EUR 15,000. Nominations and applications for the 2009 Michael Prize are based on manuscripts or publications which have appeared in 2007/2008 (in either English or German). Each nomination should include the CV of the nominated investigator along with the relevant manuscripts or publications. Submissions should be sent, before 31 December 2008, to: Stiftung Michael, Muenzkamp 5, D-22339 Hamburg, Germany. Further information is available at: [stiftungmichael@t-online.de](mailto:stiftungmichael@t-online.de) or <http://www.stiftungmichael.de>.

#### Morris-Coole Prize 2008



The Morris-Coole Prize is an ILAE award that is given annually in recognition of an outstanding research paper published in *Epilepsia* the previous year on any field of epilepsy research, either clinical or basic. The prize was established through the generosity of Christopher and Sandra Morris-Coole with the intention of stimulating excellence in epilepsy research as well as rewarding young researchers for outstanding contributions to the field. Award winners receive 10,000 euros and present the Morris-Coole lecture at a major epilepsy meeting (at the International Epilepsy Congress during the years it is held).

Papers are nominated to the selection committee by the associate editors of *Epilepsia* from among the papers that were published in the journal the previous year. Last year's Prize winner was chosen from among 14 nominations that were deemed deserving of special recognition by the associate editors. The associate editors are currently identifying likely manuscripts for the 2008 award. The winner will be announced at the ECE in September in Berlin.

#### Origin and Development of Asian Oceanian Epilepsy Congresses (AOECs)



Prof Shichuo Li, Co-Chair  
International Organizing  
Committee



Prof Shih-Hui Lim, Chairman  
of the Commission on Asian  
and Oceania Affairs (CAOA)



Prof CT Tan, Chairman  
Asian Epilepsy Academy

The 7th Asian and Oceanian Epilepsy Congress recently came to a successful close in Xiamen, China. It's success, viewed by the number of participants and the broad international representation in all aspects of the meeting is a testament to the growing interest in epilepsy in this region. To give a perspective of how far the epilepsy movement has come in the Asian Oceanian region and how important these Congresses are for improving regional standards and enhancing interest in the field, we would like to provide some perspective on the development of these congresses that got their start less than 20 years ago and how it culminated in the meeting in Xiamen.

#### **1st to 6th AOEC**

In 1991, six epileptologists from Asia were invited by Prof Masakazu Seino to participate in the 25th Annual Meeting of the Japanese Epilepsy Society held in Shizuoka, Japan. It was during this occasion that an ILAE-oriented medical professional organization, the Asian Oceanian Epilepsy Organization (AOEO) was formed. Prof Seino was elected as the first Chair.

The main aim of AOEO was to bring together professionals interested in epilepsy from Asian and Oceanian countries to advance and disseminate the knowledge concerning epilepsy in this region. It was felt that such an aim could be achieved by organizing epilepsy congresses periodically. To facilitate participation and improve attendance, AOEO planned to hold these congresses back-to-back with regional neurological meetings.

The dream of AOEO founders came through five years later when the Inaugural Asian Oceanian Epilepsy Congress was held in 1996, in Seoul, Korea, immediately after the four yearly Asian Oceanian Congress of Neurology. Dr Byung-In Lee was the Congress President. National delegates from ILAE Chapters (at that time only four such Chapters existed: Australia, Indonesia, India and Japan) as well as non-Chapter countries/regions were represented at AOEC. Solely organized by the local epilepsy organizations, the Congress lasted two days, with the scientific program largely medically oriented.

From the second AOEC onwards, all Congresses became stand-alone meetings which lasted three to four days. This was because delegates felt that there was too much scientific knowledge to be shared in two days and these Congresses could serve as Continuing Medical Education (CME) programs, especially for those who could not attend international epilepsy congresses or other neurological meetings.

It was during the first AOEC that an IBE-oriented organization was proposed. This organization, initially called "Asian and Oceanian Bureau for Epilepsy" but eventually renamed as the Asian Oceanian Epilepsy Association (AOEA), was formally established at the second AOEC held in Taiwan in 1998. Dr Chong-Cheul Park was the first President. The inaugural one-day AOEPA program was introduced at the second AOEC and such program became a permanent event in subsequent AOECs. The AOEC name was retained, though it was actually a "Congress of the AOEO and AOEPA".

Selection of host countries for subsequent AOECs was mainly made by AOEO and endorsed by AOEPA when both organizations hold joint business meetings at AOEC. Organization of AOECs was also the responsibility of ILAE (and the IBE) chapter of the host countries. Any profit was kept by the host ILAE Chapter which also bore the potential financial loss. Representatives from Asian Oceanian countries/regions were invited as members of scientific committee and/or speakers. The third AOEC was held in New Delhi, India in 2000 and the fourth AOEC was in Karuizawa, Japan in 2002.

The Commission on Asian and Oceanian Affairs (CAOA) was formally established by the ILAE in 1996. Over the subsequent five to ten years, more and more non-Chapter countries and regions formed ILAE Chapters which came under CAOAA. CAOAA took over the roles and functions of AOEO but has the added advantage of receiving financial support from ILAE. As such, AOEO's role gradually diminished. CAOAA took charge of selecting AOEC's host, which were subsequently endorsed by AOEO and AOEPA. Together with its educational sub-commission, the Asian Epilepsy Academy (ASEPA), CAOAA planned the scientific program. This was the case for the fifth AOEC held in Bangkok,



Thailand in 2004 and the sixth AOEC in Kuala Lumpur, Malaysia in 2006. The one-day People with Epilepsy (PWE) program continued to be planned by AOEA.

With the appointment of the International Director of Meetings (IDM) and congress secretariat, the planning and execution of administrative and logistic matters of AOECs were no longer the responsibility of the host Chapters. The IDM office took charge of the overall organization of AOEC from 2004's AOEC, liaising with CAOAA and local ILAE & IBE Chapters.

With the formation in 2006 of the two IBE-Regional Executive Committees (RECs) for Western-Pacific and South & East Asia regions, the decision of AOEC host countries became a joint decision of CAOAA and two RECs. Together with the two IBE's Vice Presidents, AOEA and RECs jointly planned the PWE's program.

#### **7th AOEC**

The just completed 7th AOEC was held in Xiamen, China, from the 15th to the 18th of May 2008. It was attended by 1,800+ delegates, the largest number of all AOECs. It was felt that if not for of the devastating earthquake in Sichuan, China, the attendance would have been significantly higher. The Congress also received the highest number of abstracts, and it accepted 445. There were 73 regional and eight non-regional speakers. Ms Kathryn Hodgson was the main person from the IDM office to provide all the important secretariat support.

The format for the Scientific program was altered slightly from the previous AOECs. It followed the format for the International Epilepsy Congress, with a balance of medical, social and basic science topics. The Scientific program included a Chairman's Symposium (on stigma), four Main and four Post-Main Sessions (epilepsy surgery, pediatric epileptology, epilepsy & co-morbidities, and genetics), a Highlight Session, eight Parallel Sessions, the Inaugural Masakazu Seino Memorial Lecture, six ASEPA Didactic Lectures, a Chinese Language Session, five Satellite Symposia and 15 Platform Sessions. Basic science and translational research were emphasized at this AOEC, which included a pre-AOEC teaching course on Translational Research. There were four Tadokoro's Awards, given to the two best oral free paper presentations and two poster presentations. In the one-day PWE program, a special session on "Renaming" of Chinese word for Epilepsy was held. There was very active discussion with participation of medical professionals from countries which use Chinese words.

Below were some of the comments made by Dr Peter Wolf, President of ILAE, to members of CAOAA and ASEPA: "My most pleasant encounter in Xiamen was with the young generation of future epileptologists from the region. They are highly talented, eager to do research, and committed to contribute to reaching new horizons. It is fantastic that you could get such excellent young people interested in our field. What more can we do together to keep them on board and give them optimal conditions to further develop their talent? They need international contacts and exposure and occasions to meet both peers and seniors on an international level. They need more residential courses like the one conducted in San Servolo. ASEPA could look into conducting similar courses in Asia. Networking for research is another approach. I had the impression that many groups are now working separately but could perhaps make more progress if they cooperated. This should be of particular interest for the CAOAA's Research Task Force."

#### **Future AOECs**

It has been decided that the 8th AOEC will be held in Australia and the 9th AOEC in the Philippines. With the strong support and enthusiasm of medical and non-medical professionals involved in the care of epilepsy patients, AOECs will remain as the major epilepsy congress in this region. These Congresses will continue to provide CME to practicing clinicians and to serve as a platform for young researchers to showcase their research efforts and exchange research ideas.

Shih-Hui Lim, Shichuo Li and Chong-Tin Tan

#### **EEG Certification Examination**



**Working to Raise Professional Standards:  
The EEG Certification Examination in the Asian and  
Oceanian Region**

**Shih-Hui LIM**, Chair  
ASEPA-ASNA EEG Certification Examination Board

Epilepsy is an electro-clinical syndrome. Competency in interpretation and reporting of EEG is extremely important for the accurate diagnosis and optimal management of patients with seizures and epilepsy. As such, competency-based training followed by competency-based assessment and certification are equally important in ensuring the minimal standard of EEG usage is reached.

There was no national or regional EEG certification examination in many Asian countries in the 1990s and early 2000s. The International Federation of Clinical Neurophysiology (IFCN) has not initiated such examination in Asia while the American Board of Clinical Neurophysiology (ABCN) only accepts candidates trained in accredited centers in North America.

In 2003, I was the President of the ASEAN Neurological Association (ASNA; ASEAN = Association of South East Asia Nations, total 10 countries) as well as an active member of the Asian Epilepsy Academy (ASEPA), the educational sub-commission of the Commission on Asian Oceanian Affairs of ILAE. There were several requests from neurologists of Southeast Asian countries to conduct either EEG training or certification, so as to improve the standard of EEG practice in their countries.

It was judged to be easier to standardize EEG certification in Asia than to standardize EEG training in different countries. The decision was made in 2004 for ASEPA and ASNA to conduct jointly an EEG certification examination, not only to certify neurologists but also EEG technologists in Asia. We named the examination as "ASEPA-ASNA EEG Certification Examination". The examination format from the American Board of Clinical Neurophysiology was adopted but simplified so that the examination could certify those who have met the "minimal" standards for the practice of routine EEG.

To be certified as a qualified Electroencephalographer, candidates have to pass both Part 1 and 2 of the Examination. Part 1 is the written examination in multiple choice question format in English, testing the knowledge of EEG instrumentation, normal and abnormal EEGs. Candidates have to answer 150 multiple choice questions in three hours. Part 2 is the oral examination, testing the skills of routine EEG recording, reporting and interpretation. The oral examination is also conducted in English, by a panel of Examiners who are either ABCN-certified EEGers and/or have extensive experience in using routine and long-term EEG monitoring. Dr Akio Ikeda from Japan and Dr Andrew Bleasel from Australia have been instrumental in setting up and running this EEG Certification Examination.

To date, 55 candidates from Hong Kong, Indonesia, India, Japan, Malaysia, Singapore, Thailand and Vietnam have taken the Part 1 examination, conducted during ASNA Conventions (in Jakarta, Indonesia 2005 and Cha Am, Thailand 2007), Asian Oceanian Epilepsy Congresses (AOEC in Kuala Lumpur, Malaysia 2006 and Xiamen, China 2008) and the International Epilepsy Congress (Singapore 2007). The passing rate was approximately 60 percent. Fifteen candidates have taken the Part 2 examination, conducted during AOECs (Kuala Lumpur, Malaysia 2006 and Xiamen, China 2008) and IEC (Singapore 2007) and 14 have been certified as qualified Electroencephalographer (one candidate retook the part 2). Of these, three were EEG technologists.

One of the candidates made the following comment: "I'm glad that I have passed the Part 1 examination, though the mark was so unsatisfying. It forces me to learn more". We believe that ASEPA-ASNA EEG Certification Examination will elevate the overall standard of EEG practice in this part of the world.

### **Epilepsy Surgery Program — The Tunisian Experience**

#### **An example of Tunisian, French and Mediterranean cooperation**



Amel MRABET  
Neurophysiologist  
Professor in Neurology  
Chief, Neurological department  
Neurosurgery  
Charles Nicolle Hospital  
Tunis, Tunisia



Hela MRABET KHIARI  
Neurologist, Assistant Professor  
Neurological Department  
Charles Nicolle Hospital  
Tunis, Tunisia



Dominique Parain,  
Francois Proust, Professor  
Charles Nicolle Hospital  
Rouen, France

Also, Nejib HATTAB, Professor in Neurosurgery, Chief of the Neurosurgery department, Fattouma Bourguiba Hospital, Monastir, Tunisia

One means of spreading expanded treatment options for epilepsy patients is the development of collaborative efforts among epileptologists of different countries. Epilepsy patients in Tunisia have benefited from such a collaboration which has brought epilepsy surgery to their country. Neurologists Amel Mrabet and Hela Khiari of Tunis and neurosurgeon Nejib Hattab of Monastir worked with neurologist Dominique Parain and neurosurgeon François Proust of Rouen to introduce epilepsy surgery to Tunisia. The collaboration between Tunisian and Rouanese neurologists and neurosurgeons began in 2002 in the framework of friendship and common scientific interests. We had the same goals: treating patients with intractable epilepsy, improving their quality of life by controlling seizures through a guided surgical treatment of the epileptogenic zone. From the onset, we have decided to create twin affiliations between the different departments in Tunis, Monastir and Rouen using internet technology. We have established a multidisciplinary team composed of neurologists trained in epileptology, neurophysiologists, neuropsychologists, neuroradiologists, and neurosurgeons. Thereafter we started the pre-surgical evaluation for intractable epilepsy. The first patients selected for surgical treatment were those with a mesial temporal epilepsy secondary to a hippocampal sclerosis.

In 2006, the first patients underwent a presurgical evaluation in the neurological department of Charles Nicolle hospital, Tunis. This included a continuous video-EEG monitoring lasting seven days with registration of at least three typical complex seizures. The electro-clinical and radiological findings were then discussed between the teams through the EUMEDCONNECT project. Using the real-time, high speed EUMEDCONNECT backbone network, a fast access transfer of the video EEG recordings from Tunis to Rouen was made. After reviewing all the documents, surgery was performed on those patients with clinico-radiological concordance. To date, six patients have undergone anterior temporal lobectomy in the neurosurgical department of Monastir University Hospital by Dr Nejib Hattab and Dr François Proust. The surgery procedure consisted of a resection of the tip of the temporal lobe, of the entorhinal cortex, of the hippocampus, amygdala and parahippocampal gyrus, under microscopic magnification, using ultrasonic aspirator. Our results are excellent with an Engel grade I for all patients. After surgery, the first operated patient spoke about her experience with those who were waiting for the operation. She encouraged them, saying *the hope offered by surgery is impressive. This changes an entire life. Living without seizures for me was a dream, a dream that came true finally.*

After surgery patients began a new life: some of them get married, others had plastic surgery to correct an ear deformity and others resumed their teaching activities. Our early success has helped improve the quality of life for these Tunisian patients, and it is evidence of the progress that can be achieved through cooperation across national lines.

#### Report from Nepal



#### The Importance of Getting The Word Out: Experience from A Free Epilepsy Camp in Kathmandu

Dr Nandita Bajaj

In countries without a long history of organized epilepsy care, one of the main hurdles to getting proper treatment to people who need it is for the patients to realize that they may have epilepsy and that help is available.

In Nepal a recently organized epilepsy camp sought to solve some of these problems with two goals in mind. The first was to assess the magnitude of the disorder in the general public, and the second was to increase awareness among the public regarding epilepsy and the availability of medical treatment.

The camp was organized at Siddhartha Hospital in Kathmandu from 16-20th March 2008 and was conducted during working days so that we could use the hospital staff and facilities without incurring extra expenses. Publicity, which started 10 days in advance of the camp was perhaps the most crucial factor for its eventual success. The public relations office and marketing department of the hospital helped in pamphlet design and distribution and in putting up banners. Three of the regular



patients of the epilepsy clinic helped by airing free of cost, hour-long interviews of Dr Nandita Bajaj over two weekends and by frequently announcing information of the camp in popular FM Radio channels owned by them. With the help of epilepsy patients, friends and relatives, information was circulated to school associations, Lions and Rotary clubs, NGOs and rehabilitation centers for handicapped children. Banners were put up, and pamphlets were distributed at public places like hospitals, medical stores, community halls, temples and markets. Information was also sent via email to medical associations, UN offices, corporate offices, and schools.

Pharmaceutical companies supplied free antiepileptic drugs, pamphlets and banners. The hospital management was requested to give special discounts for diagnostic tests. Outpatient staff of the hospital helped manage the appointments and the running of the camp. Dr Nandita Bajaj was assisted by six medical officers who have been working with her in the epilepsy clinic for the past 18 months. EEG technicians volunteered to put in extra hours of work for the large number of EEG recordings. One hundred and seventeen patients were seen in the camp over the five days. The number was much greater than expected. We found that banners and FM radio were the most effective publicity tools, as 88 of the 117 patients found the camp by these two methods. Pamphlets and recommendations by old patients accounted for another 25 of the visits. Although most patients came from the Kathmandu Valley, twelve came from considerable distance and had learned of the camp through relatives from the Valley or from radio.



Many patients came because they had concluded that their symptoms could be epileptic in nature after hearing the description of various types of seizures, especially absence and complex partial seizures, in the radio interviews. The majority of the patients turned out to be genuine cases of epilepsy. Fifty-two of the patients went through all the investigations, particularly EEG, and treatment could be started at first follow-up visit. Only seven patients were diagnosed with non-epileptic paroxysmal events of which five were psychogenic events, one syncope and one suspected autism.

For those already being treated, the most frequently prescribed antiepileptic medication was carbamazepine. Ninety percent had been to traditional faith healers either as first-line management (mostly patients of rural origin) or upon failure of medical treatment.

The experience with this epilepsy camp shows that in countries like Nepal, there are many patients with epilepsy who can benefit from treatment and counseling. Unfortunately many are unaware of the epileptic nature of their illness as most patients associate epilepsy with generalized tonic clonic seizures only. Even among those who know that they have epilepsy, the majority do not know that treatment is possible. Our experience in Nepal shows the value of a campaign through the media to heighten awareness of the nature of epilepsy and the availability of effective treatment.

Dr Nandita Bajaj  
 Consultant Pediatrician &  
 In Charge: Epilepsy Clinic  
 Siddharth Hospital Ltd.  
 Balaju ring road chowk  
 P.O. BOX 1958  
 Kathmandu  
 Nepal  
 E-mail: [nandita@wlink.com.np](mailto:nandita@wlink.com.np)

#### Report on First NAR Congress on Epilepsy, Montego Bay Jamaica



#### First North American Regional Caribbean Congress of Epilepsy

Clinicians from the English speaking Caribbean, Latin America, North America and Europe gathered at the First North American Regional Caribbean Congress of Epilepsy, which took place in Montego Bay, Jamaica from May 30-31, 2008. The event was a truly collaborative endeavor involving the North American Regional (NAR) Commission of the International League Against Epilepsy (ILAE), the Jamaican League Against Epilepsy (JLAE), the Jamaican Epilepsy Association (JEA), the American Epilepsy Society (AES), and The Canadian League Against Epilepsy (CLAE), as well as the international corporations Novartis and Bank of Nova Scotia.

Under the leadership of Dr Amza Ali (President of the ILAE, NAR Commission Member) and Dr. Robert Fisher (NAR Commission Member), co-chairs of the congress, this inaugural and well attended event marks a new chapter in the development of academic activities focusing on epilepsy in the English speaking Caribbean region.

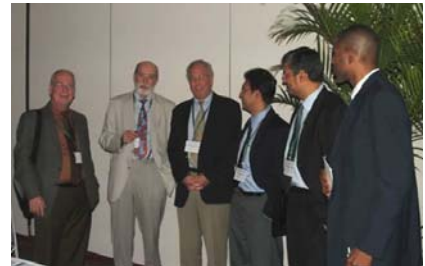
The high profile of the congress was evident by the participation of regional dignitaries and of regional and international speakers. During the official opening ceremony, the Honourable Rudyard Spencer, Minister of Health of Jamaica, eloquently acknowledged the difficulties and stigma facing persons with epilepsy, and pledged his commitment to work with the JLAE and JEA to improve the care and quality of life of people with epilepsy in Jamaica. Professor Peter Wolf, President of the ILAE, gave the opening address in which he emphasized the significance of this academic event, and acknowledged the effort of organizers and contributors in bringing the congress to fruition.

Although inclement weather impeded the attendance of two of the regional speakers, both were able to give their presentations via tele-cast. International speakers included Drs. Robert Fisher (USA), Dennis Spencer (USA, President of the AES), Martin Brodie (UK, ILAE Treasurer), Jeffrey Noebels (USA), William Theodore (USA), Kimford Meador (USA), Eugene Ramsay (USA), Basim Uthman (USA), David Clarke (USA-Jamaica), Franz Chaves Sell (Costa Rica), and Samuel Wiebe (Canada, chair of North American Commission of ILAE). These speakers covered a wide variety of topics, ranging from basic clinical principles through medical and surgical management, to cutting edge genetic concepts.

Regional speakers and session chairs included Drs. Amza Ali (Jamaica, President of the JLAE), Colin McKenzie (University of the West Indies), Hafeezul Mohammed (President of the Association of Consultant Physicians of Jamaica), Professor Robert Gray (University of the West Indies), Judy Tapper (Jamaica), Rainford Wilks (Jamaica), David Corbin (Barbados), Sean Marquez (Barbados), Roberto Rico (Curacao) and Neil Cruz (US Virgin Islands). Speakers in these sessions provided insightful descriptions of their work in the epidemiological, medical and psychosocial aspects of epilepsy in the Caribbean region. The sessions culminated in lively question and answer periods which engaged a keen audience and extended into the evening.

The success of the First North American Regional Caribbean Congress of Epilepsy allows us to envisage an era of new initiatives and collaborations that will lead to better care and quality of life of patients with epilepsy in this region.

Amza Ali  
Jamaican League Against Epilepsy



Eugene Ramsay (US), Dennis Spencer (US), Jeff Noebels (US), Amza Ali (JA), Hafeezul Mohammed (JA), Colin McKenzie (JA) share a moment between academic sessions

#### Upcoming Congresses and Educational Events ([www.epilepsycongress.org](http://www.epilepsycongress.org))

##### 8th European Congress on Epileptology



8th European Congress on Epileptology  
Berlin, Germany  
21-25 September 2008

<http://www.epilepsyberlin2008.org>

##### 11th European Conference on Epilepsy & Society (IBE)



11th European Conference on Epilepsy & Society (IBE)  
Marseille, France  
15-17 October 2008

[http://www.epilepsyandsociety.org/conference\\_programme/conferen](http://www.epilepsyandsociety.org/conference_programme/conferen)

##### 5th Congreso Latinoamericano de Epilepsia (ILAE & IBE)



5th Congreso Latinoamericano de Epilepsia (ILAE & IBE)  
Montevideo, Uruguay  
5-8 November 2008

<http://www.epilepsymontevideo2008.org>

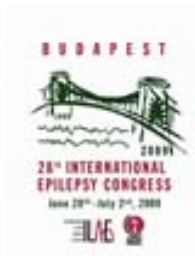
### 2nd Biennial North American Regional Epilepsy Congress



2nd Biennial North American Regional Epilepsy Congress  
Seattle, Washington, USA  
5-9 December 2008

<http://www.aesnet.org/go/meetings-and-events/annual-meeting>

### 28th International Epilepsy Congress (ILAE & IBE)



28th International Epilepsy Congress (ILAE & IBE)  
Budapest, Hungary  
28 June - 2 July 2009

[www.epilepsybudapest2009.org](http://www.epilepsybudapest2009.org)

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