Brain Health Fair Attracts Residents Seeking Information on Brain Disease

Patients, their families, and caregivers from the San Diego area eager to learn more about brain disease and living well in spite of neurologic challenges flocked to the American Brain Foundation’s third annual Brain Health Fair on Saturday at the Hilton San Diego Bayfront. The event was held in conjunction with Mayor Bob Filner’s proclamation that March 16, 2013, be “Brain Health Awareness Day” in San Diego.

More than 1,500 people—a new record—participated in the free, daylong event that helped connect those affected by a neurologic disease with important information and resources to win the battle in the fight for cures.

The fair began with a keynote speech by American Brain Foundation Chair John C. Mazziotta, MD, PhD, FAAN, who discussed advances in brain imaging research in neurologic disease. Linda M. Selwa, MD, FAAN, followed with a report on the efforts of AAN neurologists in meeting the challenges to find tomorrow’s treatments for brain disease.

Engaged visitors were given a unique opportunity to learn from some of the best and brightest neurologists in the world about the latest neurologic research advances at Brain Health classes offered during the day on a host of brain diseases, including...
Get the Most Out of Your Week: ‘Tap In’ to the Annual Meeting with New Mobile App

Welcome to the 63rd AAN Annual Meeting in beautiful San Diego—and the 2013 Annual Meeting app for iPhone®, iPad®, and Android© devices! Get ready to ‘tap in’ to the following features designed to help you get the most out of your week:

- Browse scientific abstracts, events, programs, and exhibitor listings
- Personalize your schedule
- Access general meeting information, FAQs, and exhibitor information
- Explore San Diego with Frommer’s City Guide
- Join the Facebook and Twitter conversations with your colleagues and share/view photos
- Get a real-time listing of ‘What’s on Now’ and get the latest meeting news and alerts about program changes
- Download and view syllabi or course slides and access course evaluations
- And much more!

To access secure content within the app, log in using the same email address and password you entered to register for the Annual Meeting.

Forget your password? Revisit the Annual Meeting registration site at aain.com/view/AM13Reg to complete the brief password retrieval form to have it emailed to you.

Emerging Science Program Attracts Media Coverage

The Emerging Science program has drawn significant media coverage, with many reports on the new add-on drug D-12741 for Alzheimer’s disease and brain imaging after mild head injury in outlets such as the Los Angeles Times, Chicago Tribune, U.S. News and World Report, Reuters, and CNBC.

The emerging science program has drawn significant media coverage, with many reports on the new add-on drug D-12741 for Alzheimer’s disease and brain imaging after mild head injury in outlets such as the Los Angeles Times, Chicago Tribune, U.S. News and World Report, Reuters, and CNBC.

For questions regarding the app, visit the mobile app helpdesk outside Room 6A on the upper level of the San Diego Convention Center.
Experts Help Add Context to Abstracts with Integrated Neuroscience Sessions

Interested in adding perspective to the many abstracts being presented? Try one of the 11 free Integrated Neuroscience Sessions, which provide an in-depth look at sub specialties using invited speaker sessions, poster rounds, and quick data blits that condense key platform sessions.

The programs kicked off Sunday with coordinators Basil Darras, MD, and Katherine Mathews, MD, covering pediatric neuromuscular disease and William T. Dauer, MD, and Ming Guo, MD, reviewing new insights in molecular mechanisms in Parkinson’s disease. From 8:30 a.m. to 12:30 p.m. this morning, Douglas Galasko, MD, and Gil Rubinovici, MD, will lead a session on Alzheimer’s biomarkers in clinical practice.

Two sessions ran from 2:00 p.m. to 6:00 p.m. today. Ari Green, MD, and Gregory Van Stavern, MD, will focus on assessing motor systems. Walter Koroshetz, MD, FAAN, and Ming Guo, MD, reviewing new insights in molecular mechanisms in Parkinson’s disease. From 8:30 a.m. to 12:00 p.m. today, Douglas Galasko, MD, and Gil Rubinovici, MD, will lead a session on Alzheimer’s biomarkers in clinical practice.

Walter Rocca, MD, FAAN, will lead a session on acute strokes, and quick data blits that invite speaker sessions, poster rounds, and quick data blits that condense key platform sessions.

John C. Mazziotta, MD, PhD, FAAN, chair of the American Brain Foundation and an accomplished fundraiser, is leading “Philanthropy 101,” offered today from 9:00 a.m. to 11:00 a.m. in Room 2B25E of the San Diego Convention Center. The course is open to all meeting registrants, but is designed especially for Board members, department chairs, and those interested in leadership opportunities, community-building and community service, and philanthropy in general.

“The course will cover why people give, the different ways that people give, who is more likely to give, and how you can identify potential donors,” said Mazziotta, who has led the American Brain Foundation in its recent rebranding as it aims to become the world’s leader in raising money for research to cure brain disease. “Hopefully people will gain insights and tips that they can put to use in their communities.”

Mazziotta recently launched a new training program for the Foundation, with 17 Ambassadors selected for training to represent the Foundation in their communities and identify individuals passionate about supporting brain research, with the ultimate goal of securing new major donations to support vital research into finding cures for brain disease.

“Toward a Dimorphic Neurology: Implications for Men’s and Women’s Health,” will summarize current knowledge of chromosomal, epigenetic, and endocrine differences in men and women and their consequences for brain diseases. The session, held from 12:00 p.m. to 4:00 p.m., is led by Mark F. Mehlert, MD, FAAN, and Walter Rocca, MD, MPH.

Three sessions are offered on Friday. From 8:00 a.m. to 12:00 p.m., sessions focus on epilepsy and brain tumors. Coordinators Tali Z. Baram, MD, PhD, and Jacqueline French, MD, FAAN, will review the current knowledge in inflammation in epilepsy. Tracy Batchelor, MD, MPH, and Patrick Wen, MD, FAAN, will cover advances in the biology and therapy of gliomas. From 1:00 p.m. to 5:00 p.m. Anjan Chatterjee, MD, FAAN, and H. Branch Coslett, MD, FAAN, will discuss the clinical and neuroscience implications of brain stimulation.

Free Philanthropy Course Offered this Morning

John C. Mazziotta, MD, PhD, FAAN, chair of the American Brain Foundation and an accomplished fundraiser, is leading “Philanthropy 101,” offered today from 9:00 a.m. to 11:00 a.m. in Room 2B25E of the San Diego Convention Center. The course is open to all meeting registrants, but is designed especially for Board members, department chairs, and those interested in leadership opportunities, community-building and community service, and philanthropy in general.

“The course will cover why people give, the different ways that people give, who is more likely to give, and how you can identify potential donors,” said Mazziotta, who has led the American Brain Foundation in its recent rebranding as it aims to become the world’s leader in raising money for research to cure brain disease. “Hopefully people will gain insights and tips that they can put to use in their communities.”

Mazziotta recently launched a new training program for the Foundation, with 17 Ambassadors selected for training to represent the Foundation in their communities and identify individuals passionate about supporting brain research, with the ultimate goal of securing new major donations to support vital research into finding cures for brain disease.

“Toward a Dimorphic Neurology: Implications for Men’s and Women’s Health,” will summarize current knowledge of chromosomal, epigenetic, and endocrine differences in men and women and their consequences for brain diseases. The session, held from 12:00 p.m. to 4:00 p.m., is led by Mark F. Mehlert, MD, FAAN, and Walter Rocca, MD, MPH.

Three sessions are offered on Friday. From 8:00 a.m. to 12:00 p.m., sessions focus on epilepsy and brain tumors. Coordinators Tali Z. Baram, MD, PhD, and Jacqueline French, MD, FAAN, will review the current knowledge in inflammation in epilepsy. Tracy Batchelor, MD, MPH, and Patrick Wen, MD, FAAN, will cover advances in the biology and therapy of gliomas. From 1:00 p.m. to 5:00 p.m. Anjan Chatterjee, MD, FAAN, and H. Branch Coslett, MD, FAAN, will discuss the clinical and neuroscience implications of brain stimulation.

Visit booth #2111

Play a game

Help those in need

Your score will go toward feeding the hungry with a donation to a hunger-relief charity.

Find out more about Axona and how you can help your patients today at www.axona-axona.com/bcq.

Axona® is a prescription medical food intended for the clinical dietary management of the metabolic processes associated with mild to moderate Alzheimer’s disease. Axona should be used with caution in patients who are at risk for ketoacidosis, for example, patients with a history of alcohol abuse and poorly controlled diabetes, or those who have a history of involvement of the gastrointestinal system, metabolic syndrome, and/or renal dysfunction. Axona contains caseinate and whey (dairy), and lecithin (soy) and is a milk and soy-containing medical food. Please see full prescribing information at www.axona-axona.com.

Adverse events: The majority of adverse events were mild to moderate in severity and gastrointestinal in nature, with 48.8% of patients taking Axona experiencing at least one adverse event vs. 27.3% of patients taking placebo. The most commonly reported gastrointestinal events observed with Axona and placebo, respectively, were: diarrhea (9.3%, 4.5%), flatulence (9.3%, 7.6%) and dyspepsia (9.3%, 4.5%). Severe diarrhea occurred in 9.7% of patients taking Axona vs. 0% in the placebo group; however, this incidence was reduced to 3.1% following a change in mixing instructions.1,2 The ingredients in Axona are Generally Recognized As Safe (GRAS) or have achieved self-affirmed GRAS status according to current FDA standards.

 fuel the brain. Feed the hungry. Make a difference.

Axona® is a prescription medical food intended for the clinical dietary management of the metabolic processes associated with mild to moderate Alzheimer’s disease.

In Alzheimer’s disease Quench the need for cerebral energy¹²


Axona, Axona®, and the Axona logo are trademarks or registered trademarks of Axoa, Inc. Patents issued: 8,400,790; 8,875,244; and 8,580,779; and patents pending © 2013 Axoa, Inc. All rights reserved. AC-13-380 02/13
OVER 30% OF PATIENTS TREATED FOR EPILEPSY STILL SUFFER WITH SEIZURES

— As many as 200,000 new cases of epilepsy are diagnosed each year
— Despite treatment, some patients may continue to experience seizures

Visit Sunovion at BOOTH 633 to learn more


is a registered trademark of Dainippon Sumitomo Pharma Co., Ltd.
Sunovion Pharmaceuticals Inc. is a U.S. subsidiary of Dainippon Sumitomo Pharma Co., Ltd.
©2013 Sunovion Pharmaceuticals Inc. All rights reserved. 02/13 STE006-13

Healthy bodies, healthy lives
Neurologists looking for help understanding the complexities of today’s technology tools should attend the Health Information Technology Colloquium: The Good, the Bad, and the Ugly. The session will be held this afternoon from 3:00 p.m. to 6:00 p.m. in Room 27AB. Faculty will focus on practical tips for neurologists to use when implementing electronic health record (EHR) technology and other IT applications. Case studies will be used to show the benefits and pitfalls in technology. Faculty will also discuss the shift in interactions between patients, doctors, and specialists. They will identify the benefits, drawbacks, and challenges of the role of telemedicine, smartphones, and your EHR in your practice. This includes interactions with patients offline, legal pitfalls, and the role of telemedicine, smartphones, and your EHR in your practice.

This includes interactions with patients offline, legal pitfalls, and the role of telemedicine, smartphones, and your EHR in your practice. This includes interactions with patients offline, legal pitfalls, and the role of telemedicine, smartphones, and your EHR in your practice.

Share Experiences, Get Advice at EHR User Group Meetings

Two Electronic Health Record (EHR) User Group meetings will be offered today to provide education and networking opportunities for neurologists who use the same EHR software. The meetings are led by AAN experts who have experience with the specific EHR system.

- AthenaHealth EHR User Group: 12:00 p.m.–1:00 p.m., Room 22, led by Constandine Moschonas, MD
- eClinicalWorks User Group: 12:00 p.m.–1:00 p.m., Room 22, led by David A. Evans, MBA

Neurologists who have used these systems or are investigating options for their offices are encouraged to attend and:

- Network with fellow neurologists and practice managers using the specific EHR
- Learn how other users have optimized their EHR system to provide the best care for neurology patients
- Discover practices and tips when using the EHR to take back to your practice or institution
- Discuss with fellow users questions and challenges with the EHR system
- Develop structured feedback from neurologists to give to the specific EHR vendor

The user group meetings are free with Annual Meeting registration. No advance registration is required.

New Patient Education DVD on Epilepsy Available

The AAN has produced a new educational DVD on epilepsy that Annual Meeting attendees can pick up for free at the American Brain Foundation booth while supplies last. The DVD will be available to patients and caregivers in April.

Important Safety Information about Neupro® (Rotigotine Transdermal System)

Neupro® contains rotigotine hydrochloride, a dopamine agonist that may cause allergic-type reactions including aural and cutaneous symptoms and less severe allergic symptoms (urticaria or angioedema) and has been reported with all rotigotine transdermal systems. See Brief Summary of Full Prescribing Information.

- Patients treated with Neupro® have reported somnolence and falling asleep without warning signs during activities of daily living, including driving, which sometimes resulted in accidents. Some patients believed they were alert immediately prior to the event. Patients may not recognize or acknowledge increased drowsiness or sleepiness. Therefore, prescribers should directly question patients about these possible occurrences and continually reassess patients, as some events have been reported well after the start of treatment. Patients should be advised to exercise caution while driving, operating heavy machinery, or working at heights during treatment with Neupro®. If patients develop daytime sleepiness or episodes of falling asleep during activities of daily living, Neupro® should be discontinued.

- Patients may experience new or worsening mental status and behavioral changes, which may be severe, including psychotic-like behavior during Neupro® treatment or after starting or increasing the dose of Neupro®. Neupro® may cause symptomatic postural hypotension, syncopes, elevated blood pressure, and elevated heart rate. Neupro® should be used with caution in patients with severe cardiovascular disease.
Neuroplasticity / Psychotic-Like Behavior
This non-marketing study evaluated the occurrence of new or worsening mentis status and behavioral changes, which may be seen, including psychosis-like behavior during Neupro treatment or after starting or increasing the dose of Neupro. Other drugs prescribed to improve the symptoms of Parkinson’s disease can have similar effects on driving and behavior. This abnormal thinking and behavior can consist of or be a part of a variety of manifestations including paranoid ideation, delusions, hallucinations, confusional states, agitation, and aggression. These manifestations of psychosis-like behavior were also observed during the clinical development of Neupro for restless legs syndrome. Patients with a major psychosis should ordinarily not be treated with Neupro due to the risk of exacerbating psychosis. In addition, certain medications used to treat psychosis may decrease the effectiveness of Neupro [see Drug Interactions].

Symptomatic Hypotension
Dopaminergic agents in clinical studies and clinical experience, appear to impair the systemic regulation of blood pressure, resulting in postural hypotension, especially during dose escalation. For these reasons, RLS patients being treated with dopaminergic agents (ordinary) (1) require careful monitoring for signs and symptoms of postural hypotension, especially during dose escalation, and (2) should be informed of the increased risk for symptomatic hypotension.

Symptom control, when it occurs, is usually gradual and limited to the patch area and usually did not lead to dose reduction. Generalized skin thickening, pericarditis and cardiac valvulopathy have been reported in some patients treated with ergot-derived dopaminergic agents. While these complications may resolve after the drug is discontinued, complete resolution does not always occur.

Fibrotic Complications
Fibrotic complications, primarily pulmonary, infratheral, pleural thickening, pericarditis and cardiac valvulopathy have been reported in some patients treated with ergot-derived dopaminergic agents. While these complications may resolve after the drug is discontinued, complete resolution does not always occur.

Binding to Melanin
As has been reported with other dopaminergic agents, binding to melanin-containing tissues (i.e., eyes) in the pigmented retina and oral mucosa was evident after a single dose of rotigotine, but was slowly cleared over the 14-day observation period.

Adverse Reactions in Controlled Clinical Studies in Restless Legs Syndrome
The following adverse reactions are described in more detail in the Warnings and Precautions section of labeling.

• Sulphite Sensitivity
• Fibrotic Complications
• Melanoma
• Gastrointestinal disorders

Table 3 Incidence of Treatment-Emergent Adverse Reactions in Placebo-Controlled, Trial of Patients with Restless Legs Syndrome

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Placebo N=171</th>
<th>Neupro 12 mg/24 hours N=215</th>
<th>Neupro 3 mg/24 hours N=220</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erythema and edema disorders</td>
<td>19</td>
<td>15</td>
<td>25</td>
</tr>
</tbody>
</table>

Neuroplasticity / Psychotic-Like Behavior
This non-marketing study evaluated the occurrence of new or worsening mentis status and behavioral changes, which may be seen, including psychosis-like behavior during Neupro treatment or after starting or increasing the dose of Neupro. Other drugs prescribed to improve the symptoms of Parkinson’s disease can have similar effects on driving and behavior. This abnormal thinking and behavior can consist of or be a part of a variety of manifestations including paranoid ideation, delusions, hallucinations, confusional states, agitation, and aggression. These manifestations of psychosis-like behavior were also observed during the clinical development of Neupro for restless legs syndrome. Patients with a major psychosis should ordinarily not be treated with Neupro due to the risk of exacerbating psychosis. In addition, certain medications used to treat psychosis may decrease the effectiveness of Neupro [see Drug Interactions].

Symptomatic Hypotension
Dopaminergic agents in clinical studies and clinical experience, appear to impair the systemic regulation of blood pressure, resulting in postural hypotension, especially during dose escalation. For these reasons, RLS patients being treated with dopaminergic agents (ordinary) (1) require careful monitoring for signs and symptoms of postural hypotension, especially during dose escalation, and (2) should be informed of the increased risk for symptomatic hypotension.

Symptom control, when it occurs, is usually gradual and limited to the patch area and usually did not lead to dose reduction. Generalized skin thickening, pericarditis and cardiac valvulopathy have been reported in some patients treated with ergot-derived dopaminergic agents. While these complications may resolve after the drug is discontinued, complete resolution does not always occur.

Fibrotic Complications
Fibrotic complications, primarily pulmonary, infratheral, pleural thickening, pericarditis and cardiac valvulopathy have been reported in some patients treated with ergot-derived dopaminergic agents. While these complications may resolve after the drug is discontinued, complete resolution does not always occur.

Binding to Melanin
As has been reported with other dopaminergic agents, binding to melanin-containing tissues (i.e., eyes) in the pigmented retina and oral mucosa was evident after a single dose of rotigotine, but was slowly cleared over the 14-day observation period.

Adverse Reactions in Controlled Clinical Studies in Restless Legs Syndrome
The following adverse reactions are described in more detail in the Warnings and Precautions section of labeling.

• Sulphite Sensitivity
• Fibrotic Complications
• Melanoma
• Gastrointestinal disorders

Table 3 Incidence of Treatment-Emergent Adverse Reactions in Placebo-Controlled, Trial of Patients with Restless Legs Syndrome

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Placebo N=171</th>
<th>Neupro 12 mg/24 hours N=215</th>
<th>Neupro 3 mg/24 hours N=220</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erythema and edema disorders</td>
<td>19</td>
<td>15</td>
<td>25</td>
</tr>
</tbody>
</table>
persistent” adverse reactions were ASRs, nausea, and disturbances in initiating and/or maintaining sleep. During the maintenance or maintenance phases of the Dose-Response trial. During the titration phase, an

Rotigotine administered subcutaneously (10, 30, or 90 mg/kg/day) to pregnant mice, rats, and rabbits, rotigotine was shown to have adverse effects on pregnancy. Rotigotine administered subcutaneously (5, 10, or 30 mg/kg/day) to pregnant rabbits during organogenesis (gestation days 6 through 17) resulted in increased embryo-fetal death at all doses. The no-effect dose is less than the MRHD on a mg/m² basis.

There were no relevant changes in rotigotine plasma concentrations. In subjects with severe renal impairment not on dialysis, (i.e., creatinine clearance 15 to <30 ml/min), exposure to rotigotine conjugates was doubled. No-dose adjustments recommended.

The effect of impaired hepatic function on the pharmacokinetics of rotigotine has not been studied. There were no relevant changes in rotigotine plasma concentrations. No dose adjustment is necessary in subjects with mild impairment of hepatic function. No information is available on subjects with severe impairment of hepatic function. There were no relevant changes in rotigotine plasma concentrations. No dose adjustment is necessary in subjects with moderate impairment of hepatic function. No information is available on subjects with severe impairment of hepatic function.

Drug Abuse and Dependence

Dependence

Animal studies and human clinical trials with rotigotine did not reveal potential for drug-seeking behavior or physical dependence.

Overdose

Since Neupro is a transdermal system, overdosing is not likely to occur in clinical practice unless patients forget to remove the previous day’s transdermal system; patients should be advised regarding this possibility.

Overdose Symptoms

The most likely symptoms of overdose would be those related to the pharmacodynamic profile of a dopamine agonist, including nausea, vomiting, hypotension, involuntary movements, hallucinations, confusion, convulsions, and other signs of excessive dopamine stimulation.

Overdose Management

There is no known antidote for overdose of dopamine agonists. In cases of suspected overdose, the extracorporeal transdermal system(s) should immediately be removed from the patient. Concentrations of rotigotine decrease after patch removal. The terminal half-life of rotigotine is 4 to 7 hours. The pharmacokinetic profile showed a biphasic elimination with an initial half-life of 3 hours. It is necessary to discontinue use of rotigotine after overdose. It should be discontinued gradually to prevent neurologic malignant syndrome (Warthin and Prochazka). The daily dose should be reduced by 1 mg/day for patients with a dose reduction preferably every other day, and complete withdrawal of rotigotine is achieved. Patients can continue to use topical naloxone in the event of an overdose. Neupro is a Controlled Substance.

The patient should be monitored closely, including heart rate, heart rhythm, and blood pressure. As shown in a study of really impaired patients, naloxone is not expected to be beneficial. Treatment of overdose may require general supportive measures to maintain vital signs.

Manufactured for:
UCB, Inc.
Smyrna, GA 30080

What do you benefit from the education programs at the AAN Annual Meeting?

“H ave I been in one only. It was an intensive care, critical care. It was very good. In my country we do the same things. It is good knowledge to have.”

Teija Kalmas, MD
Tampere, Finland

How do you benefit from the networking opportunities at the AAN Annual Meeting?

“This is absolutely a great opportunity for medical students to network. I think there are probably a lot of unanticipated benefits that I can foresee. When you are trying to pick what you are going into there are a lot of unknowns. I think it really would help me figure out some of those.”

John Mahlstedt (Medical student)
West Hartford, CT

Meet AAN Leaders Throughout the Week at Academy Central

Head on over to Academy Central in the Upper Level of the Sails Pavilion this week to meet AAN leaders, including members of the Board of Directors and chairs of AAN committees and subcommittees. This is a unique opportunity for Annual Meeting attendees to meet, network, ask questions, and share ideas with the AAN’s thought leaders, while learning about all of the AAN resources available to help you excel in your career. Stop by Academy Central each morning for an up-to-date schedule of that day’s featured leader and meet-and-greet times.

DRUG ABUSE AND DEPENDENCE

Dopamine Antagonists

It is possible that dopamine antagonists, such as antipsychotics or metoclopramide, could diminish the effectiveness of rotigotine.

It is possible that dopamine antagonists, such as antipsychotics or metoclopramide, could diminish the effectiveness of rotigotine.
Reception Kicks Off Busy Week in Exhibit Hall

Annual Meeting attendees will be welcomed to the Exhibit Hall with a special opening reception today from 4:30 p.m. to 6:30 p.m. More than 220 exhibitors will be on hand, with three stages featuring special presentations. Food and beverages will be available at multiple stations throughout the hall.

Complete Your Passport to Enter Drawings for an Apple iPad Mini
Attendees who have their passport "stamped" by all exhibitors listed on the passport are eligible to enter a daily drawing for an Apple iPad® Mini. From Tuesday through Thursday, 200 winners will be selected. Winning names will be posted in the Publications booth in Academy Central and winners will also be notified by email.

The drawing of the Grand Prize—a 2014 AAN Annual Meeting Package—will be held in the exhibit Hall on Thursday, March 21, 2013, at 2:30 p.m. Must be present to win.

Exhibit Hall Schedule
- Monday, 4:30 p.m.–6:30 p.m.
- Tuesday, 12:00 p.m.–5:00 p.m.
- Wednesday, 12:00 p.m.–5:00 p.m.
- Thursday, 11:00 a.m.–3:00 p.m.

Meet Neurology Resident & Fellow Section Editors

The event provides information on pursuing a subspecialty fellowship and/or careers in academics, research, or practice. The Neurology Resident & Fellow Editorial Team also will speak with attendees about how they can contribute to the journal.

Daily Reminders
- Syllabi and Program issues are available only online and through the Annual Meeting mobile app
- Education program slides are available only online and through the Annual Meeting mobile app
- Evaluations must be completed online or through the Annual Meeting mobile app
- Visit www.aan.com/go/am13 to access these items.

Fiercely Dedicated to Fighting Seizures

ONFI is indicated for the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older.

Important Safety Information
- ONFI causes somnolence and sedation. In clinical trials, somnolence and sedation were reported at all effective doses and were dose-related. In general, somnolence and sedation begin within the first month of treatment and may diminish with continued treatment.
- ONFI is associated with liver enzyme elevations. Patients should be monitored for liver enzyme abnormalities. During the clinical trial, the mean steady-state total bilirubin and ALT with ONFI were dose-related.
- ONFI may cause or worsen depression. Patients with a history of depression should be monitored for depression. In clinical trials, the mean steady-state total bilirubin and ALT with ONFI were dose-related. In general, somnolence and sedation begin within the first month of treatment and may diminish with continued treatment.
- Alcohol or illness because epilepsy itself can increase these risks.
- The most commonly observed adverse reactions reported in an LGS randomized, double-blind placebo-controlled, parallel group clinical trial were somnolence or sedation (32% vs. 15%), somnolence (25% vs. 12%), pyrexia (17% vs. 3%), lethargy (15% vs. 5%), and constipation (10% vs. 0%).

Please see Brief Summary of Prescribing Information on the following page. Visit www.onfi.com to learn more or to learn how ONFI can be an effective part of your treatment regimen, and for ONFI full Prescribing Information and Medication Guide.

Reference:
1. Symphony Health Solutions, Source® PHAST Prescription Weekly, ONFI TRx volume, week ending 12.23.11 - 1.18.13. ©2013 Lundbeck. All rights reserved.

ONFI is a registered trademark of Lundbeck CLB219 03/2013
In clinical trials, somnolence and sedation were reported at all doses and were more frequent in patients taking ONFI. In general, somnolence and sedation began within the first few days of treatment and typically increased during continued treatment. These effects may require a reduction in the dose of ONFI. Patients should be advised to take ONFI at bedtime and to avoid activities that require mental alertness or physical coordination, until it is seen that the dose is tolerated.

Adverse reactions are categorized by system organ class, first level of branch organ system, preferred term, and body system organ class. Table 3 includes adverse reactions reported in ≥2% of patients in any treatment group that were not considered related to treatment. The table includes adverse reactions that may be related to both ONFI and placebo, adverse reactions that are known to be associated with clonazepam, and adverse reactions that are known to be associated with placebo and are not associated with clonazepam.

Table 3. Adverse Reactions Reported for ≥2% of Patients in Any Treatment Group

<table>
<thead>
<tr>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
</tbody>
</table>

Table 3 includes adverse reactions reported in ≥2% of patients in any treatment group that were not considered related to treatment. The table includes adverse reactions that may be related to both ONFI and placebo, adverse reactions that are known to be associated with clonazepam, and adverse reactions that are known to be associated with placebo and are not associated with clonazepam.

Reported adverse events were classified according to system organ class, first level of branch organ system, preferred term, and body system organ class. Table 3 includes adverse reactions reported in ≥2% of patients in any treatment group that were not considered related to treatment. The table includes adverse reactions that may be related to both ONFI and placebo, adverse reactions that are known to be associated with clonazepam, and adverse reactions that are known to be associated with placebo and are not associated with clonazepam.

Table 3. Adverse Reactions Reported for ≥2% of Patients in Any Treatment Group

<table>
<thead>
<tr>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
</tbody>
</table>

Table 3 includes adverse reactions reported in ≥2% of patients in any treatment group that were not considered related to treatment. The table includes adverse reactions that may be related to both ONFI and placebo, adverse reactions that are known to be associated with clonazepam, and adverse reactions that are known to be associated with placebo and are not associated with clonazepam.

Table 3. Adverse Reactions Reported for ≥2% of Patients in Any Treatment Group

<table>
<thead>
<tr>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
</tbody>
</table>

Table 3 includes adverse reactions reported in ≥2% of patients in any treatment group that were not considered related to treatment. The table includes adverse reactions that may be related to both ONFI and placebo, adverse reactions that are known to be associated with clonazepam, and adverse reactions that are known to be associated with placebo and are not associated with clonazepam.

Table 3. Adverse Reactions Reported for ≥2% of Patients in Any Treatment Group

<table>
<thead>
<tr>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
<th>Placebo</th>
<th>ONFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
<tr>
<td>N = 58</td>
<td>N = 59</td>
<td>N = 179</td>
<td>N = 179</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
<td>N = 59</td>
</tr>
</tbody>
</table>

Table 3 includes adverse reactions reported in ≥2% of patients in any treatment group that were not considered related to treatment. The table includes adverse reactions that may be related to both ONFI and placebo, adverse reactions that are known to be associated with clonazepam, and adverse reactions that are known to be associated with placebo and are not associated with clonazepam.
American Brain Foundation Booth Buzzing About Cures for Brain Disease

The American Brain Foundation booth, located in the Sails Area on the third floor of the San Diego Convention Center, is buzzing with activities and opportunities for Annual Meeting attendees to learn about the Foundation and its vision to cure brain disease. While there, attendees can network with researchers, colleagues, and donors to partake in fun activities while learning about the Foundation and its vision to cure brain disease. Attendees can make an impact themselves show their support.

Attendees can make an impact themselves through a donation to the Foundation or to make an online donation to help cure brain disease, visit CureBrainDisease.org or text “BRAIN” to 41518 to donate $10 (standard message and data rates may apply). Today’s booth guests include Clinical Research Training Fellowship (CRTF) recipients from 2:00 p.m.–4:00 p.m.: Veronica Bruno, MD, 2013 CRTF in Neurotoxins recipient Paul Erady, MD, 2013 CRTF recipient Omar Khwaja, MD, 2007 CRTF recipient Mwizwa Ushe, MD, 2013 CRTF recipient Michael Ward, MD, PhD, 2013 CRTF recipient

Your booth can also pick up their complimentary Run/Walk t-shirts at the Foundation Booth, which will remain open from 8:00 a.m. to 6:00 p.m. today through Friday.

To learn more about the American Brain Foundation or to make an online donation to help cure brain disease, visit CureBrainDisease.org or text “BRAIN” to 41518 to donate $10 (standard message and data rates may apply).

Monday Schedule

Game theme of the day: Visual perception
• Free coffee bar, 8:00 a.m.–10:00 a.m.
• Wii bowling tournaments, 9:00 a.m.–11:00 a.m. and 1:00 p.m.–3:00 p.m.
• Cocktail hour, 4:00 p.m.–6:00 p.m.

Monday, March 18, 9:00 a.m.

Pooja Khatri, MD
Should Intra-arterial Therapy Be Used as Standard Treatment of Acute Stroke? (CON)
Interviewer: Alberto J. Espay, MD, MSc, FAAN

Monday, March 18, 11:30 a.m.
Victoria S. S. Wong, MD
Top 10 Ways for Program Directors to Use the Neurology R&F Section
Interviewer: Joseph A. Cahill, BS, MD

Monday, March 18, 2:00 p.m.
Martin A. Samuels, MD, MACP, FAAN
Living Legend Interview: Specialty: Neurocardiology
Interviewer: Farrah J. Mateen, MD

Monday, March 18, 3:00 p.m.
Stephen G. Reich, MD, FAAN
Should Levodopa Be Initiated at the Time of Diagnosis? (PRO)
Interviewer: Alberto J. Espay, MD, MSc, FAAN

Monday, March 18, 4:00 p.m.
Ronald B. Postuma, MD, and Bradley F. Boeve, MD
Clinicopathologic Correlations in 172 Cases of REM Sleep Behavior Disorder: a Coexisting Neurologic Disorder
Interviewer: Alberto J. Espay, MD, MSc, FAAN

Tuesday, March 19

Living Legend Interview: Specialty: Stroke: The Legacy of Miller Fisher
Interviewer: Brett M. Kissela, MD, FAAN

Tuesday, March 19, 10:00 a.m.
Iván Sánchez Fernandez, MD
Does the Reduction of Epileptiform Activity in Patients with Electrical Status Epilepticus in Sleep Treated with High-dose Diazepam Persist over Time?
Interviewer: Joseph A. Cahill, BS, MD

Tuesday, March 19, 11:00 a.m.
Korak Sarkar, MD
Founder’s presentation: CT Characteristics in Pediatric TBI
Interviewer: Roy E. Strood, MD

Monday, March 18, 8:00 a.m.
Louis R. Caplan, MD, FAAN

Living Legend Interview: Specialty: Stroke: The Legacy of Miller Fisher
Interviewer: Brett M. Kissela, MD, FAAN

Tuesday, March 19, 9:15 a.m.
John G. Bogdonoski, MD, PhD
Synthetic Tau Fibrils Mediate Transmission of Neurofibrillary Tangles in a Transgenic Mouse Model of Alzheimer’s-like Tauopathy
Interviewer: Alberto J. Espay, MD, MSc, FAAN

Tuesday, March 19, 10:30 a.m.
Veronica Bruno, MD, 2013 CRTF recipient
Paul Erady, MD, 2013 CRTF recipient
Omar Khwaja, MD, 2007 CRTF recipient
Mwizwa Ushe, MD, 2013 CRTF recipient
Michael Ward, MD, PhD, 2013 CRTF recipient
Run/Walk for Brain Research participants can also pick up their complimentary Run/Walk t-shirts at the Foundation Booth, which will remain open from 8:00 a.m. to 6:00 p.m. today through Friday. To learn more about the American Brain Foundation or to make an online donation to help cure brain disease, visit CureBrainDisease.org or text “BRAIN” to 41518 to donate $10 (standard message and data rates may apply).

To learn more about the American Brain Foundation or to make an online donation to help cure brain disease, visit CureBrainDisease.org or text “BRAIN” to 41518 to donate $10 (standard message and data rates may apply).
American Brain Foundation Booth — Continued from page 19

- Tuesday, March 19, 11:30 a.m.
- Blake K. Scarano, PhD
- Screening for Depression and Dementia in Parkinson (apos) s Disease Provides Information on Mortality Risk
- Interviewer: Peter S. Pressman, MD

- Tuesday, March 19, 4:00 p.m.
- Salvatore Di Mauro, MD
- Mitochondrial Encephalomyopathies: 50 Years On
- Interviewer: Alberto J. Espay, MD, MDsc, FAAN

- Wednesday, March 20, 8:00 a.m.
- Vanda A. Lenson, MD, PhD
- Living Legend Interview: Specialty: Neuroimmunology
- Interviewer: Stacey Lynn Clardy, MD, PhD

- Wednesday, March 20, 8:30 a.m.
- Stacey Lynn Clardy, MD, PhD
- Emerging Subspecialties: Neuroimmunology
- Interviewer: Peter S. Pressman, MD

- Wednesday, March 20, 10:00 a.m.
- Seemant Chaturved, MD, FAHA, FAAN, and Antonio Culebras, MD
- Practice Across Borders: Stroke
- Interviewer: John C. Corboy, MD, FAAN

- Wednesday, March 20, 1:00 p.m.
- Daniel B. Hoch, MD, PhD
- The Neurologist as a Medical Home Neighbor
- Interviewer: Laura B. Powers, MD, FAAN

- Wednesday, March 20, 3:00 p.m.
- Meri E. Cudkowicz, MD, MSIC
- Frontiers in Translational Neuroscience: ALS Pathways to Treatments
- Interviewer: Alberto J. Espay, MD, MDsc, FAAN

- Wednesday, March 20, 4:00 p.m.
- C. Warren Dianow, MD, FAAN
- Should Levodopa Be Initiated at the Time of Diagnosis? (CON)
- Interviewer: Alberto J. Espay, MD, MDsc, FAAN

AAN publications staff will be on hand every day in Academy Central to demonstrate the new Neurology® website, and can assist attendees with downloading the apps for Neurology and Neurology® Clinical Practice to their personal devices.

Colloquium Gave Guidance on Health Care Changes

Attendees of Sunday’s Practice Colloquium: Navigating the Changing Health Care Landscape and Preparing for the New Future of Neurology gained a new understanding of significant health care changes that can help them plan and act to move forward successfully. In addition to preparing attendees for the future practice environment, the colloquium discussed how these transitions present new opportunities for individual physicians to play an active role in improving the practice of medicine. Brad C. Klein, MD, of Willow Grove, PA, found the colloquium to be “very eye-opening to the realities of neurology in medicine and where our future is in terms of how we will practice going forward.”

Annual Meeting Kicks Off — Continued from page 1

But only one would emerge as the winner.

“Neurobowl is about the most fun that can be had and a way, in fact, to enjoy being a little bit of a nerd in neurology,” said Espay from the victorious Angry Beards, after his team received the coveted trophy that includes the names of all past winners. “There are very few opportunities to enjoy nerd-dom, nerdship, or whatever that is. It is absolutely fun and it’s great. It’s always a cordial environment. We also have a lot of fun and invariably we all learn in the process by somebody else’s saying the right answer, or somebody else’s failure. So this is a great opportunity to think how vast the depth of our ignorance is—in a fun way!”

After Neurobowl, attendees took a trip to Ireland for the evening—without the hassle of the plane ride—at the Main stage where dancers from the Clan Rince school of Irish Dancing performed high-energy, traditional Irish dances and Celtic band Ceol Leinn performed a rousing program of traditional Scottish and Irish beats.

The perfect cap to the evening found attendees relaxing under the stars to the soothing sounds of award-winning harp diva Maite Greyland, whose traditional Celtic stylings have earned her praise from some of the best-known Irish vocalists in the world—and now, too, from Annual Meeting attendees!

Where can you learn the latest to help enhance your patient care?

Visit Allergan booth #1521 to hear from thought leaders and see live demonstrations.

Booth talk topics and schedule:

- **THE FUNCTIONAL ANATOMY OF CERVICAL DYSTONIA**
  - Sherry A. Downie, PhD
  - Associate Professor, Departments of Anatomy and Structural Biology and Physical Medicine and Rehabilitation
  - Albert Einstein College of Medicine, Bronx, NY
  - Monday, March 18–5:45 PM
  - Tuesday, March 19–1:30 PM

- **UPPER LIMB SPASTICITY**
  - Katharine E. Alter, MD
  - Medical Director, Rehabilitation Programs
  - Mt. Washington Pediatric Hospital, Baltimore, MD
  - Medical Director, Functional and Applied Biomechanics Section, Rehabilitation Medicine
  - National Institutes of Health, Bethesda, MD
  - Tuesday, March 19–3:30 PM
  - Wednesday, March 20–2:30 PM

- **ADVANCED TIPS FOR THE CHRONIC MIGRAINE PARADIGM**
  - Stephen H. Landy, MD
  - Clinical Professor of Neurology, University of Tennessee Medical School
  - Director, Wesley Headache Clinic, Memphis, TN
  - Monday, March 18–5:00 PM
  - Tuesday, March 19–12:30 PM

- **USING ULTRASOUND FOR MUSCLE LOCATION IN UPPER LIMB SPASTICITY**
  - Lisa K. Mannix, MD
  - Director of Headache Associates and ClinExcel Research
  - West Chester, OH
  - Monday, March 18–1:30 PM

- **FOCUSED ASSOCIATION AND OTHER THINGS OF INTEREST**
  -藻類

Other booth attractions:

- Advanced training
- Interactive patient case studies
- Tools and resources to use with your patients

©2013 Allergan, Inc., Irvine, CA 92612   www.allergan.com   APC12MJ13  130606
Neurology Opportunities in Pennsylvania:
• Stroke/Vascular
• Neurocritical Care

Neurology Opportunities:
Reading Health System, West Reading, PA, is seeking the following BC/BE Neurologists to join the Section of Neurology:
• Two (2) Stroke/Vascular Neurologists with a Stroke/Vascular Fellowship
• Two (2) Neurocritical Care Neurologists with a Neurocritical Care Fellowship

You’re tweeting tweets about research and events in the field of neurology. Some highlights include:
- dgrus87: My “brain” at AAN San Diego #DureBrainDisease #AANAM @AANMember @ABBrain pic.twitter.com/XaKnSe3iyW
- bertvargas: Great talk by Dr. Kinsella on drug interactions! The takeaway pocket card with P450 substrates/inhibitors/inducers is a valuable tool #AANAM
- BrainFitNow: Did you know? Aging changes are most pronounced in short term memory function. #AANAM
- ohhsuneuro: Dr Varley from Mayo discussing quality improvement = med error rate does not nec dec w/more MD experience. #Aanam Retweeted by MayoClinicNeuro
- LyellJ: Congratulations to Dr. Rodolfo Savica, winner of the 2013 Jon Stolk Award in Movement Disorders for Young Investigators! #AANAM

Stop by our booth at the Residents and Fellows Career Forum and Reception Monday, March 18, 2013, 7:30 – 9:00 PM Marriott Hall – San Diego Marriott 333 West Harbor Drive, San Diego

Members Honored with 2013 Patient Safety Awards

The 2013 Patient Safety Awards were presented to two neurologists at Sunday’s Patient Safety Colloquium.

Heather R. McKee, MD, received her award for “Implementation of the Quality Measures in the Neurology Residents’ Clinic.” “I thank the AAN Patient Safety Subcommittee for choosing my abstract for the AAN Patient Safety Award,” said McKee. “I also thank my program director, Dr. Kedar, for his support and letter of recommendation, and Dr. Bensalem-Owen for helping with this project. I truly appreciate this honor.”

Marianna V. Spanaki, MD, PhD, was honored for her research project titled “Developing a Culture of Safety in the Epilepsy Monitoring Unit.” “To be considered for the 2013 AAN Patient Safety Award is a great honor and distinction,” said Spanaki. “I would like to thank the chair, Dr. Flippen, and the members of the AAN Patient Safety Subcommittee for recognizing our four-year-long team effort to improve patient safety standards in our Epilepsy Monitoring Unit.”

During the Patient Safety Colloquium: I Blew It—Now What? participants learned how to identify common areas of error for neurologists and apply techniques for reducing such errors; what to do immediately following an error; and how to use errors and litigation as learning moments to change practice and practice environments. A mini poster session of research projects related to patient safety gave additional depth to the program.

Brain Health Fair—Continued from page 1
updates on epilepsy and Parkinson’s disease presented in Spanish. Popular areas of interest included physician-led Preventative Health Booths, blood pressure checks, and live demonstrations of an EEG machine and Transcranial Doppler scanner. Attendees also enjoyed the cooking demonstrations of “brain power foods.” They were also able to visit 30+ exhibitors offering helpful information and resources, learn fun and useful dance therapy techniques, attend support groups with others impacted by brain disease, learn how to spot the signs of concussion, and receive free giveaways. Young attendees had a blast learning about brain disease at the Brain Games for Kids and Teens booth.

The Brain Health Fair was sponsored by Genzyme, a Sanofi Company; Allergan, Inc.; Biogen Idec; Novartis Pharmaceuticals Corporation; Teva Neuroscience, Inc.; Upsher-Smith Laboratories, Inc.; and Neurology News® magazine.

Anna D. Hohler MD, FAAN, addressed attendees at the Patient Safety Colloquium.
CORPORATE THERAPEUTIC UPDATE from GENZYME

Title: Evolving Standards in MS Care

When: Tuesday, March 19, 2013, 7:00 PM–10:00 PM

Where: Hilton San Diego Bayfront
Sapphire Ballroom C-H
1 Park Boulevard, San Diego, CA 92101

First-come, first-served seating. Dinner will be served.*
This is not a CME program, nor will CME credits be given for attendance.

Register at www.MSCTU2013.com

*Genzyme, a Sanofi company, may not provide meals to certain persons at this event. If you accept a meal at this event, you are representing that you are not: (1) a health care provider licensed in Vermont (physician, nurse, pharmacist, etc) or (2) someone prohibited from accepting things of value such as the food or drink at this event by other state or federal laws, or by your employer’s policies. Please inform us if you are a Minnesota prescriber. Genzyme, a Sanofi company, thanks you for your understanding.

www.genzyme.com

©2013 Genzyme Corporation, a Sanofi company. All rights reserved.
MS.US.PO1256.0113  February 2013

FEATURED SPEAKERS

Patricia Coyle, MD
Stony Brook University Hospital
Stony Brook, NY

Mark Freedman, MD
The Ottawa Hospital
Ottawa, Ontario

Bernd Kieseier, MD
Heinrich-Heine University
Dusseldorf, Germany

Barry Singer, MD
Missouri Baptist Medical Center
St. Louis, MO

Sibyl Wray, MD
Hope Neurology
Knoxville, TN