Latest Research in Multiple Sclerosis, Epilepsy, Concussion, and More Highlighted in Emerging Science Sessions

The Emerging Science program at the 2016 Annual Meeting will cover therapies for multiple sclerosis and epilepsy, new research on concussion, as well as new findings from outbreaks of Ebola virus and arboviruses. Emerging Science abstracts, which qualified by having key aspects of research conducted after the October 26, 2015, abstract submission deadline, must cover research that is new and of sufficient scientific importance to warrant expedited presentation and publication.

Abstracts will be featured in data blitz format during the first 45 minutes of the Emerging Science Session on Tuesday evening, followed by poster presentations in the same room. There will also be six poster presentation abstracts included in Poster Session V on Wednesday, April 20.

Continued on page 12

Don’t Miss Your Chance to Experience the All-new Annual Meeting—Registration Still Available!

We hope you will join us in beautiful Vancouver, BC, Canada, Friday, April 15, through Thursday, April 21, for an all-new experience in science, education, and networking at the world’s largest gathering of neurologists. Online registration is still available at AAN.com/view/register, and on-site registration will also be available all week long in the Vancouver Convention Centre between 6:00 a.m. and 5:30 p.m.

New All-inclusive Registration

Haven’t yet registered? No problem. This year’s new all-inclusive registration means you don’t need to register for individual programs in advance. You have the freedom to enjoy most everything the meeting has to offer, at your convenience.

Learn more about the innovative, interactive new Annual Meeting at AAN.com/view/AM16.

Use Your Data to Drive Practice Improvements

Complete Survey by April 30, Receive $600 Report FREE

You went to school to become a neurologist. Now it seems you spend as much time caring for your business as you do your patients. To preserve—or regain—your time with patients, you need to be sure your practice is as productive and efficient as possible, without any sacrifice in quality of care. The AAN can help you do that.

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President’s Column

Where Are We Going? New Strategic Plan Provides Roadmap

An article in the Membership section of last month’s issue of AANews alerted you to the online publication of our 2015 Annual Report: Working for You, which you can access conveniently at AAN.com/view/2015AnnualReport. I hope you will take a few minutes to review the many things your Academy did for you last year. I’m very proud of the accomplishments and hard work of our thousands of volunteer members and 170 professional staffers, and you should be too.

The Annual Report also presents an overview of our new strategic plan for 2016 to 2018, and this is important enough to our collective future that I want to spend a few minutes sharing it with you here.

Strategic planning is all about determining where the Academy is going, how we get there, and when we’ll know if we got there or not. We don’t have the luxury of Google Maps or GPS to tell us what roads to take. But we are guided by our philosophy to be mission-directed and data-driven, and we have made strategic planning an active part of the AAN’s culture and process.

Where we’re going is determined by the AAN’s vision to be indispensable to our members, our mission to promote the highest quality patient-centered neurologic care and enhance member career satisfaction, and major goals determined by the Board. How we get there is determined by our values, core competencies, and action plans. When we get there is measured on a regular basis by the Board scorecard.

The Board-approved goals for 2016 are the same as 2015: 1. Ensure the ongoing health of the profession and the Board’s identification and measurement on a regular basis by the Board scorecard.

- Personalize member communication and the organization in order to support the unique needs of all members.
- Provide education and communication to members and the membership experience.
- Educate and assist members in order to provide high-quality care in the evolving health care environment.
- Advocate for members and their patients on issues of importance to neurology, including access to high-quality, cost-effective care, research, and fair payment.
- Enhance member satisfaction with resources that support members throughout their careers.
- Promote neurology and neuroscience research and training.

The Board also created a Wildly Important Goal (WIG), which has served as a useful exercise for the Board’s identification and consideration of a critical organization-wide strategy in the midst of the daily business of what needs to be done for you.

Our WIG is to:

- Demonstrate the value of neurology, neurologists, and neuroscientists.

This goal is “wildly important” because the Academy must demonstrate value in order to advocate for patient access to high-quality care, fair reimbursement, research funding, and other issues affecting you. The AAN also must demonstrate value to attract an adequate neurology workforce, create member satisfaction, and support the neurologist role in new payment models. And as we raise awareness in the public and patients, institutions, and others of the neurologist’s role, we must certainly demonstrate value to them. And we shall.

In 2016, the strategic planning process will continue pursuant to the strategic planning policy adopted by the Board of Directors. The Board will focus on expansion of the Axon Registry, subspecialty relations, international strategies, and the Academy’s neuroscience research program. And the Academy will continue its effort to investigate the causes of neurologist burnout and ways to improve well-being, and to identify and reduce the challenges faced by solo and small practices.

Please know that all of our work is predicated on addressing the needs of you and the many millions of people courageously living with often chronic brain disease. Whether you are a practicing neurologist, nurse practitioner, or business manager on the front lines of providing care, a neuroscientist seeking groundbreaking treatments or greater understanding of the brain, or you are instructing and nurturing a new generation of neurology students, residents, and fellows.
Meet Your Leaders: Officers of the AAN and AAN Institute

The officers of the AAN and AAN Institute possess a diverse range of skills, experiences, interests, and insights that inform our leadership of the Academy. We’ve asked them three questions about the AAN’s relationship and impact on its members and neurology. For more information on these and other AAN leaders, visit AAN.com/membership/board-of-directors.

President, AAN • Chair, AAN Institute
Terrence L. Cascino, MD, FAAN, has been a staff consultant in neurology at Mayo Clinic in Rochester, MN, since 1982 and is a professor of neurology and neuro-oncology.

1. From your experiences as an AAN leader, what is one of the more common misperceptions members may have about the Academy?

I am very concerned when I hear comments that the AAN is not listening to or representing all members, when in fact we have hundreds of volunteers in leadership roles—on committees, work groups, task forces, sections, and up to the Board of Directors—who represent all facets of our profession. They share your unique challenges and strive to promote the highest quality patient-centered neurologic care and enhance your career satisfaction. You can find these leaders and their committees or sections at AAN.com/membership. Or you can contact me at tcascino@aan.com. We do want to hear from you.

2. In your view, how does the AAN benefit the field of neurology most?

The AAN does things representing all neurologists which could never be accomplished by individuals, smaller societies, or subspecialty societies. A few examples are our legislative and regulatory advocacy efforts, our highly respected clinical practice guidelines, and the Axon Registry.

3. How should members evaluate the success of the AAN and the BOD in supporting their careers and neurology in general?

Members should ask themselves, “Does the AAN provide tools to help neurologists provide high value care, such as education courses, guidelines, and the latest science? Does the AAN enhance my career satisfaction—in helping to reduce regulatory hassles, networking opportunities, wellness, etc.?”

President Elect, AAN • Chair Elect, AAN Institute
Ralph L. Sacco, MD, MS, FAHA, FAAN, is the chairman of neurology, Olenberg Family Chair in Neurological Disorders; Miller Professor of Neurology, Epidemiology and Public Health, Human Genetics, and Neurosurgery; and executive director of the Evelyn McKnight Brain Institute at the Miller School of Medicine, University of Miami; and chief of the neuro-memorial service at Jackson Memorial Hospital.

1. Our members often do not know all the things the AAN is doing to improve the quality of care for their patients and help them in their everyday careers. We are also often confused with being responsible for decisions made by others including the ABPN and even CMS. We need to do a much better job at telling our members the many ways we are trying to help.

2. The Academy is the premier source of education across the career lifespan, the leading advocate for neurology, a driver of improved quality of care, and the home for all neurology professionals, involved in practice or academics, regardless of their age, interests, or subspecialty. Our size and heterogeneity are key strengths, as well as challenges, since we have to be indispensable to the many segments of our Academy. We need to unify the many voices of neurology and advocate together.

3. Our success as an organization and BOD depends on the overall satisfaction of our members. We are doing everything we can to address the mounting threats to neurology, improve wellness, expand our pipeline, engage members, and advocate for increased research. We are open to hearing from our members. We all need to be part of the solutions and work together to improve the lives of our members and our patients.

Vice President, AAN • Vice Chair, AAN Institute
James C. Stevens, MD, FAAN, has been a private practicing neurologist at the Fort Wayne Neurological Center for the past 25 years. His group is comprised of 12 neurologists, seven neurosurgeons, two physiatrists, five neuropsychologists, and five nurse practitioners.

1. Members have a misconception that the AAN is only about the Annual Meeting and the journals. They are unaware of the many accomplishments of the organization concerning education, leadership development, advocacy, practice support, as well as sponsoring/encouraging our neuroscientists. Many of the resources the AAN has available for our members are underutilized and we need to find ways to reach our members with products which can dramatically enhance their careers.

2. The AAN works diligently to demonstrate the value of neurology, neurologists, and neuroscientists. Implementing a variety of strategies, we are continually making our case with third-party payers, regulatory/governmental agencies, legislators, our members, and the public.

3. Career satisfaction can be measured in a variety of ways (reimbursement, reduction of regulatory/MOC hassles, increased quality time with patients, support of research initiatives, easy access to educational materials/ latest advancements in science, increased recognition for our specialty by the public/payers, etc.). All of these can be fairly used by our members to determine how ‘indispensable’ the AAN is to their career.

Secretary, AAN
Aaron E. Miller, MD, FAAN, is a professor of neurology and medical director of the Corinne Goldsmith Dickinson Center for Multiple Sclerosis at the Mount Sinai School of Medicine. He also serves as co-director of the MS Care Center Maimonides Medical Center in Brooklyn, NY.

1. A common misconception is that the AAN works more for academic neurologists than for those in private practice.

2. The mission of the AAN is to be indispensable to its members. It accomplishes this in countless ways by providing unrivaled educational products; by offering extremely prestigious journals; by providing the practice tools necessary for clinicians to operate in an ever-changing health care system; and by advocating at both state and national levels to try to optimize neurologists’ experiences.

3. The success of the AAN should be measured by what you, personally, feel you want to gain from it. Are you getting benefit from the educational materials? Are you feeling more equipped to practice in today’s medical climate? Do you have comfort that the AAN “has your back” in dealing with governmental regulation and other organizations such as the ABPN (keeping in mind that the AAN does not make policy for either the government or other organizations).

Treasurer, AAN
Lisa M. Shulman, MD, FAAN, is the Eugenia Birn Professor of Parkinson’s Disease and Movement Disorders, the Rosalyn Newman Distinguished Scholar in Parkinson’s Disease, and the director of the University of Maryland Parkinson’s Disease and Movement Disorders Center.

1. The AAN is evolving into an increasingly diverse organization with a diversity of members engaged at all levels of leadership. Neurology, race, gender, geographic region, and practice setting is the result of a thoughtful and deliberate process over time. As it should be, AAN leadership is increasingly representative of the diversity of our membership.

2. Where else can you find the full range of interests and needs of neurology housed under one roof? From clinical practice to education, science, and advocacy, the AAN strives to respond and meet these needs in meaningful ways. “Being indispensable” is not just a slogan, we aim to promote the highest quality of life of our members and our patients.

3. Members should hold the AAN to the highest standard. This is best judged by the results of AAN resources to meet the needs of our members and the results of these efforts. We especially want to hear from our members when we fall short. We can’t guarantee success on all fronts, but we are determined to represent and promote the success of our profession at the highest level.

Secretary/Treasurer, AAN Institute
Ann H. Tilton, MD, FAAN, is a professor of neurology and co-director of the section of child neurology at Louisiana State Health Science Center in New Orleans. She is the co-director of the Rehabilitation Center at Children’s Hospital of New Orleans and director of the Comprehensive Spasticity Program.

1. There seems to be a great deal of confusion in separating the various organizations that impact the members. These include the AAN, ABPN, ABMS, ACCME, RRC, etc. With many initials in common and yet very different roles it is not surprising that one cannot keep them straight! The purpose of the organizations range from our neurology society (AAN) to certification of individual neurologists and psychiatrists (ABPN) and separately certification of individual training programs (ACCME and RRC). The ABMS is the governing body over all of the individual certifying boards (ABPN, ABIM, etc.).
Meet Your Leaders

Meet Your Leaders: Officers of the AAN and AAN Institute

Continued from page 5

2. As a unifying voice and an unparalleled advocate for its members.

3. Success arrives in many ways. From advocacy for patients and the members to practical tools to make our day-to-day practices more productive and satisfying. The Board is charged with following the vision and mission and directing the organization in a fiscally responsible manner. The membership and their evolving needs are the priority. Thus the Board always weigh their decisions carefully to ensure that they best represent all. Education, clinical care, and research are all critically important and should be supported. Unfortunately the need often exceeds the resources available.

Past President, AAN / Past Chair, AAN Institute

Timothy A. Pedley, MD, FAAN, is the Henry and Lucy Moses Professor of Neurology at Columbia University’s College of Physicians and Surgeons and an attending neurologist at the Neurological Institute of New York, part of New York Presbyterian Hospital at the Columbia University Medical Center.

1. I have been concerned that a surprisingly large number of our members seem relatively unaware of all the many things that the AAN is actively doing on their behalf. These cover an impressively large range of issues, from strong advocacy efforts both in Washington, DC, and at the state level related to reimbursement, patient access, quality of care issues, malpractice, assuring a capable and adequate workforce, recertification, and many other important topics.

2. The AAN’s Annual Meeting and, more recently, regional meetings, offer members unparalleled opportunities to review the latest scientific and clinical advances, learn of new diagnostic developments, and obtain updates related to practice management.

3. The AAN’s practice guidelines are a remarkable member benefit. These have been recognized by the National Academy of Medicine (formerly Institute of Medicine) as among the best clinical guidelines available today in any field.

4. Finally, members’ needs play a major role in how the AAN allocates its resources. Members are always first and foremost in developing AAN priorities. In every discussion leading to a decision regarding allocation of resources, someone on the Board or committee level is sure to ask, “Is this important to assuring that we remain indispensable to our members?” This vision has become ingrained as a fundamental yardstick in every prioritization.

President’s Column

Where Are We Going? New Strategic Plan Provides Roadmap

Continued from page 3

Those of you who are leaving soon for our remagnified Annual Meeting in Vancouver will feast on the fruits of many months of creative planning and hard work from our colleagues and staff. But it is truly a labor of love for the art and science of neurology, and we are very eager to share it with you. If you still are on the fence about attending, please join us. It’s not too late to enjoy our money-saving, all-inclusive registration at AAN.com/view/register, and on-site registration will also be available daily beginning April 15 in the Vancouver Convention Centre between 6:00 a.m. and 5:30 p.m.

As we continue to strive each and every day to demonstrate the value of neurology, neurologists, and neuroscientists in all that we do, we will prove to you the value of your AAN membership. With our strategic plan, we know where we are going and what needs to be done, and we are honored to have you at our side. *

Terrence L. Cascino, MD, FAAN
President, American Academy of Neurology
tcascino@aan.com

Conferences

Attend the AAN Business Meeting on April 16 in Vancouver

The AAN will hold its 2016 Business Meeting on Saturday, April 16, at 3:00 p.m. in Vancouver Convention Centre West Rooms 119/120 during the Annual Meeting. Academy members are encouraged to attend to hear about recent successes for neurology and the financial health of the organization.

Business Meeting Agenda

I. Call to Order
   Terrence L. Cascino, MD, FAAN

II. Approval of Minutes of 2015 Business Meeting
   Terrence L. Cascino, MD, FAAN

III. Reports of Officers
   a. President’s Report: Terrence L. Cascino, MD, FAAN
   b. Treasurer’s Report: Lisa Shulman, MD, FAAN
   c. Executive Director’s Report: Catherine M. Rydell, CAE

IV. New Business
V. Adjourn *

Explore Opportunities to Learn About Quality Improvement

The Annual Meeting will feature several informative and engaging courses on quality improvement and patient safety in neurology. With special courses and I Talks, awards and posters, there will be a strong message of quality improvement delivered throughout the week, including a Presidential Lecture featuring James C. Brent, MD, during Sunday’s Presidential Plenary Session. Make sure the following opportunities are on your calendar:

1. Quality in Neurology—Can We Measure and Improve It?
   Friday, April 15, 8:00 a.m.–9:00 a.m.
   This I Talk, presented by Anup Patel, MD, will use the AAN’s Women with Epilepsy quality measure to diagram a quality improvement project. Patel will involve audience members in a quality improvement project by identifying key drivers and generating interventions. This highly engaging course will pertain to neurologists at every stage in their career.

2. Lost in Transition
   Friday, April 15, 10:00 a.m.–11:00 a.m.
   This session with Anup Patel, MD, S. Andrew Josephson, MD, FAAN, Jennifer A. Disabato, DNP, CPNP-PC, ACNS, and Zachary Grinspan, MD, will educate attendees on multiple care transition topics including safe transitions from inpatient to outpatient care, quality improvement methods to support transition from pediatric to adult neurology, and use of care coordinators in neurology. The course will also feature the presentation of the 2016 Safety and Quality Awards. Four awards will recognize quality improvement projects that demonstrate innovative approaches in practice. This year’s award recipients are Stephanie Ahrens, DO (Nationwide Children’s Hospital), Charlette Bronson, MD (Bost Medical Center), Kathleen McGee, DNP, PNP-BC (Cincinnati Children’s Hospital Medical Center), and Anni Zidan, MD, and Y’Hao, MBBS (IUNY Upstate Medical University).

3. AAN’s Axon Registry: Data Powering Neurology’s Future
   Sunday, April 17, 8:00 a.m.–9:00 a.m.
   In this I Talk, former AAN President and current Registry Committee Chair Bruce Sigdoo, MD, FAAN, will focus on the AAN’s Axon Registry™. Participants can expect to learn more about what the registry is currently doing and how you can sign up and participate.

4. Quality Improvement in Practice
   Sunday, April 17, 1:00 p.m.–3:00 p.m.
   This workshop demonstrates how to apply measurement and quality improvement to real life scenarios. Christopher Bever, MD, MBA, FAAN, and faculty David Wang, DO, FAAN, FAHA; Eric Cheng, MD, MS, FAAN; and Michael Phipps, MD, MHS, expect that this workshop will help participants at all stages of their career further quality improvement and safety in their practice. Participants will form small groups led by a faculty member to learn quality improvement skills and how to implement them realistically in everyday practice. In addition to small group learning, participants can expect didactic presentations on quality improvement, measures, and developing and implementing an improvement plan.

Additional Quality Improvement Learning Opportunities

Attendees can view posters on topics related to quality and safety throughout the Annual Meeting. A new category, Quality and Safety, created in 2016 by the AAN Science Committee, will now appear in the poster sessions. New to this year’s Annual Meeting are the Experiential Learning Areas—the Learning Lab and the Real World of Neurology. These two areas will have AAN staff available to answer questions on the Axon Registry, quality measures, quality improvement, PQRS, MACRA, and many other topics. Make time to stop by the Real World of Neurology and Learning Lab for up-to-date information and to speak with subject matter experts in quality and practice issues you experience. Learn more and view the full schedule of presentations at AAN.com/view/ExperientialLearning. *
TECFIDERA® (dimethyl fumarate) is indicated for the treatment of patients with relapsing forms of multiple sclerosis.

Important Safety Information

TECFIDERA is contraindicated in patients with known hypersensitivity to dimethyl fumarate or any of the excipients of TECFIDERA. TECFIDERA can cause anaphylaxis and angioedema after the first dose or at any time during treatment. Patients experiencing signs and symptoms of anaphylaxis and angioedema (which have included difficulty breathing, urticaria, and swelling of the throat and tongue) should discontinue TECFIDERA and seek immediate medical care.

A fatal case of progressive multifocal leukoencephalopathy (PML) occurred in a patient who received TECFIDERA. PML is an opportunistic viral infection of the brain caused by the JC virus (JCV) that typically only occurs in patients who are immunocompromised, and that usually leads to death or severe disability. The symptoms associated with PML are diverse, over days to weeks, and include progressive weakness on one side of the body, clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes. At the first sign or symptom suggestive of PML, withhold TECFIDERA and perform an appropriate diagnostic evaluation.

TECFIDERA may cause flushing. Alternatively, administration of non–enteric coated aspirin prior to dosing may reduce the incidence or severity of flushing.

TECFIDERA may cause gastrointestinal (GI) events (e.g., nausea, vomiting, diarrhea, abdominal pain, and dyspepsia). Four percent of TECFIDERA patients and <1% placebo patients had lymphocyte counts <0.5x10^9/L. TECFIDERA has not been studied in patients with pre-existing low lymphocyte counts.

There was no increased incidence of serious infections observed in patients with lymphocyte counts <0.5x10^9/L or 0.5x10^9/L in controlled trials, although one patient in an extension study developed PML in the setting of prolonged lymphopenia (lymphocyte counts predominantly <0.5x10^9/L for 3.5 years). In controlled and uncontrolled clinical trials, 2% of patients experienced lymphocyte counts <0.5x10^9/L for at least six months. In these patients, the majority of lymphocyte counts remained <0.5x10^9/L with continued therapy. A complete blood count including lymphocyte count should be obtained before initiating treatment, after 6 months, every 6 to 12 months thereafter and as clinically indicated. Consider treatment interruption if lymphocyte counts <0.5x10^9/L persist for more than six months and follow lymphocyte counts until lymphopenia is resolved. Consider withholding treatment in patients with serious infections until resolved. Decisions about whether or not to restart TECFIDERA should be based on clinical circumstances.

TECFIDERA may cause diarrhea (e.g., bloating, cramping, loose stools, and vomiting). Nausea, vomiting, diarrhea, abdominal pain, and dyspepsia were reported.

TECFIDERA patients and <1% placebo patients discontinued due to GI events. The incidence of serious GI events was 1%. The most common adverse reactions associated with TECFIDERA versus placebo are flushing (40% vs 6%) and GI events: abdominal pain (19% vs 10%), diarrhea (14% vs 11%), nausea (12% vs 9%). Elevations in hepatic transaminases have been reported.

A transient increase in mean eosinophil counts was seen during the first two months. TECFIDERA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Encourage patients who become pregnant while taking TECFIDERA to enroll in the TECFIDERA pregnancy registry by calling 1-866-810-1462 or visiting www.TECFIDERApregnancyregistry.com.

For additional important safety information, please see the full Prescribing Information, Biogen, Cambridge, MA. © 2015 Biogen. All rights reserved. For more information, visit TECFIDERAHCP.COM.
TECFIDERA® (dimethyl fumarate) delayed-release capsules, for oral use

Brief Summary of Full Prescribing Information

1 INDICATIONS AND USAGE

TECFIDERA is indicated for the treatment of patients with relapsing forms of multiple sclerosis.

2 DOSAGE AND ADMINISTRATION

2.1 Dosing Information

The starting dose of TECFIDERA is 120 mg twice a day orally. After 4 weeks, the recommended maintenance dose is 120 mg or 240 mg twice a day. TECFIDERA should not be crushed, chewed, or sprinkled on food, and capsule contents should not be sprinkled on food. TECFIDERA can be taken with or without food.

Temporary discontinuation of TECFIDERA may be considered for individuals who do not tolerate the maintenance dose. Within 4 weeks, the recommended maintenance dose is 120 mg twice a day. Discontinuation of TECFIDERA should be considered for patients unable to tolerate return to the maintenance dose.

2.2 Blood Test Prior to Initiation of Therapy

Obtain a complete blood count (CBC) including lymphocyte count before initiation of therapy (see Warnings and Precautions (5.3)).

3 DOSAGE FORMS AND STRENGTHS

TECFIDERA is available as hard gelatin delayed-release capsules containing 120 mg or 240 mg of dimethyl fumarate. The 120 mg capsules have a white cap and a green body, printed with “BG-12 120 mg” in black ink on the cap and a green body, printed with “BG-12 240 mg” in black ink on the body. The 240 mg capsules have a green cap and a black body, printed with “BG-12 240 mg” in black ink on the cap and a black body on the body.

4 ADVERSE REACTIONS

Adverse reactions noted in clinical trials with TECFIDERA are listed below by treatment-emergent adverse reactions (TEARs). Table 1: Adverse Reactions in Placbo-Controlled Trials (see Clinical Studies (14)).

5.2 Transient Increase in Mean Eosinophil Count

A transient increase in mean eosinophil count was seen during the first 2 months of therapy.

5.3 Rash

Rash was also reported rarely in clinical trials. Over the 3- to 4-year period while enrolled in a clinical trial, 8% of patients treated with TECFIDERA experienced rash. In clinical trials, rash occurred in 8% of patients treated with TECFIDERA and 1% of patients treated with placebo.

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6.4 Vomiting

Vomiting occurred in 9% of patients treated with TECFIDERA and 5% of patients treated with placebo.

8.3 Nursing Mothers

TECFIDERA may decrease lymphocyte counts. In the absence of data regarding the safety of TECFIDERA during breastfeeding, advise patients to avoid breastfeeding if they are taking TECFIDERA.

8.5 Geriatric Use

Clinical studies of TECFIDERA did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients.

17 PATIENT COUNSELING INFORMATION

Advise patients to consult the FDA-approved patient labeling (Patient Information) prior to taking TECFIDERA.

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TECFIDERA may decrease lymphocyte counts. In the absence of data regarding the safety of TECFIDERA during breastfeeding, advise patients to avoid breastfeeding if they are taking TECFIDERA.

8.5 Geriatric Use

Clinical studies of TECFIDERA did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients.

17 PATIENT COUNSELING INFORMATION

Advise patients to consult the FDA-approved patient labeling (Patient Information) prior to taking TECFIDERA.
Emerging Science Platform Session Tuesday, April 19, 9:45 a.m.–11:45 a.m.

001 “Efficacy of Escitalopram Acetate Versus Controlled-release Carbamazepine as Monotherapy in Patients with Newly Diagnosed Partial-onset Seizures” Einar Ben Menachem, MD / Gothenburg, Sweden

002 “Safety and Tolerability of Escitalopram Acetate as Monotherapy in Patients with Newly Diagnosed Partial-onset Seizures” Pedro Andre Kovacs, MD, FAAN / Cunibita, Brazil

003 “Cerebrospinal Fluid Findings in Etola Survivors with Neurological Sequelae” Bridgette Bilous, MD / Bethesda, MD

004 “Neurologic Manifestations of Arboviruses in the Epidemiy of Pernambuco, Brazil” Maria Lucia Brito Ferrera, MD / Pernambuco, Brazil

005 “Incidence of Traumatic Brain Injury (TBI) in Retired NFL Players. Correlation with Diffusion Tensor (DTI) MRI and Neuropsychological Testing” Franco X. Corin, MD, DO / Port Saint Lucie, FL

006 “Sports Related Concussion Diagnosis Using Advanced Measures of Cerebrovascular Reactivity” Robert Hamilton / Los Angeles, CA

007 “Effect of Propranolol and Clonidine on Mechanically Ventilated Patients with Severe Traumatic Brain Injury: The DASH Trial” Deborah Steiner / Cambridge, MA

008 “Controlled, Randomized Phase 3 Clinical Trial” Mayur Patel, MD, MPH / Nashville, TN

009 “GDF-15, Lactate as Well as Clinical Grading Scale Was Improved by Sodium Pymurate Therapy in Mitochondrial Myopathy” Mitcho Hirano, MD, FAAN / New York, NY

010 “Graded-administrated TRPV1 and TRPA1 Activators Reduce Night Leg Cramps in a Randomized, Blind, Placebo-controlled, Crossover Human Trial” Jennifer Marie Cermak, PhD / Boston, MA

011 “Evaluation of the NEDA (No Evidence of Disease Activity) Measure for Predicting Long-term Outcomes from the Pivotal Trial of Interferon Beta-1b in Multiple Sclerosis” Douglas S. Goodman, MD / San Francisco, CA

012 “GDF-15, Lactate as Well as Clinical Grading Scale Was Improved by Sodium Pymurate Therapy in Mitochondrial Myopathy” Mitcho Hirano, MD, FAAN / New York, NY

013 “Orally-administered TRPV1 and TRPA1 Activators Reduce Night Leg Cramps in a Randomized, Blind, Placebo-controlled, Crossover Human Trial” Jennifer Marie Cermak, PhD / Boston, MA

014 “AD5-5102 (Arnadate HCl) Extended-Release Capsules Reduced Levodopa-induced Dyskinesia in the Phase 3 EASE LID Study” Rashaj Pahwa, MD, FAAN / Kansas City, KS

Emerging Science Poster Presentations—Poster Session V Wednesday, April 20, 8:30 a.m.–2:00 p.m.

P5.403 “ADVANCE Phase 3 Extension Study (ATTAIN): Peginterferon Beta-1a Safety and Tolerability Remains Favorable in RMS Patients with up to 5 Years of Treatment” Yue Cui / Cambridge, MA

P5.404 “Post Hoc Results from PREFERMS: Volumetric MRI Outcomes Adjusted for Exposure to Fingolimod Versus Placebo Initable Desease-modifying Therapies in Early Relapsing-remitting Multiple Sclerosis” Douglas L. Arnold, MD / Montreal, QC, Canada

P5.405 “Marked Reduction in Secondary Generalized Seizures (SSE) in Patients Treated With Perampanel for 3 and 4 Years” Emilio Perucca / Pavia, Italy

P5.406 “Neuroprotective and Neuroregenerative Potential of the RXR Nuclear Receptor Agonist RXR4204 Are Potentiated by Thyroid Hormone” Martin Sanders, MD / Hilst, New York, NY

P5.407 “Four-year Longitudinal Clinical and Imaging Studies Data from STRATIFY 2 Support the Clinical Utility of Index for Risk Stratification of Natalizumab-associated Progressive Multifocal Leukoencephalopathy” Denise L. Campagnola, MD, MS / Phoenix, AZ

P5.408 “Natalizumab’s Effects on Peripheral Immune Cells in Patients with Multiple Sclerosis (MS) Are Reversible by 16-20 Weeks After Treatment Discontinuation” Tatiana Plevina, PhD / Cambridge, MA

Controversies to Be Debated in Annual Meeting Sessions

Differences of opinion regarding specific AAN Section-related topics will be debated in this year’s Section Topic Controversies session. The format will feature speakers discussing a side of the topic, followed by a question and answer period. Sessions include:

Monday, April 18, 10:00 a.m.–3:30 p.m.

523 Section Topic Controversies: The Role of Rest vs. Active Intervention Following Concussion

Moderators/Chairs: Vernen B. Williams, MD; Brian W. Hamline, MD, FAAN

Speaker: Anthony P. Kontos, PhD

Tuesday, April 19, 10:00 a.m.–3:30 p.m.

533 Section Topic Controversies: Autoimmune/Paraneoplastic Neurologic Disorders. Update on Imaging and Antibody Testing

Moderator/Chair: Sean J. Pittoc, MD

Speakers: Andrew McKean, MD; Jenny Linnoila, MD, PhD

Thursday, April 21, 10:00 a.m.–3:30 p.m.

556 Section Topic Controversies: Discontinuing Antiepileptic Drug Therapy Following Seizure Remission—Good Idea or Bad?

Moderator/Chair: Gregory D. Casanova, MD, FAAN

Speakers: Samuel Weibe MD, MS; Traci E. FCAHS, Elaine C. Winsl, MD

Annual Meeting to Offer Healthier, More Sustainable Food Options

The AAN is always looking for ways to improve and enhance its Annual Meeting experience. The 2016 meeting is no exception, with its condensed dates and innovative new format. To this end, the AAN has worked closely with the Vancouver Convention Centre and a team of physicians to make big changes to the provided light breakfast and lunch throughout the week, with many healthier—and sustainable—choices available.

Dairy-free, gluten-free, and vegetarian options will be clearly labeled. Menu and ingredient information will also be available via the Annual Meeting App and in the Health and Wellness Experiential Learning Area.

The Vancouver Convention Centre catering promotes and encourages healthier, more sustainable eating by:

○ Operating a scratch kitchen (i.e., no short-cuts or prepared items) which helps avoid energy-consuming, pre-processed and heavily packaged food products

○ Promoting and using locally grown, fresh products with fewer “food miles” consumed in the transport of products to the convention site

○ Having a team of physicians on site to make big changes to the provided light breakfast and lunch throughout the week

○ Providing all pastries and breads from scratch in their own dedicated pastry and baking kitchen, using flour milled only a few miles from the building

○ Not serving bottled water; instead offering a low-cost “Hydration Station” alternative which features naturally flavored Vancouver tap water.

Enjoy Neurology Career Center Online Job Fair at Annual Meeting or from Home!

Are you considering a career move in 2016? Or looking to hire for your department or clinic? Only the Neurology Career Center from the AAN offers members an exclusive array of unique and convenient tools and resources that help you make the most of any career stage.

Whether attending the Annual Meeting or not, the upcoming Online Job Fair is not to be missed! Join us in Vancouver or participate online at AAN.com/careers.

Networking Connections

AAN Mentor Connect

Online Job Fair

Neurology Career Week

Use Your Member Benefits!

While at the Annual Meeting, learn more about these job search benefits for members exclusively through the AAN’s Neurology Career Center!

Search Neurology-specific Job Openings ONLY!

Tools to alert you to openings

Resources to help the right job find you

Networking Connections

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Neurology Career Week

Career Resources

Salary Calculator Tool

Interview Coaching Sessions

CV Review Service

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Online Job Fair

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Annual Meeting Mobile App Helps You Plan, Organize Your Week Quickly, Conveniently

Download the 2016 AAN Annual Meeting Mobile App to help you plan and get the most out of your week. The Annual Meeting’s new, all-inclusive registration rate eliminates the need to pre-register for most courses, providing more options than ever before to customize your schedule. Use the app to browse the program and customize your itinerary by adding education programs, scientific sessions, and other Annual Meeting social and informational events in one convenient location. Select the “star” icon next to your favorite courses and events to automatically add them to your personal schedule.

With the handy mobile app you can:
- Browse the Annual Meeting schedule quickly and conveniently from anywhere
- Find room locations
- View abstracts
- View course syllabi and slides
- Use the interactive Exhibit Hall map
- Submit course evaluations for CME
- Get all the latest information on the meeting

The 2016 Annual Meeting Mobile App is sponsored by Sanofi Genzyme. Visit AAN.com/view/AMApp to download the app in iOS and Android formats, also available at the Sanofi Genzyme website.

Frequently Asked Questions Regarding the New All-inclusive Registration Rate

Q: Do I need to register for every course I want to take?
A: No, most courses no longer require pre-registration. You are free to attend any course you like. Courses that require pre-registration are clearly marked.

Q: Do I have to use the Annual Meeting mobile app or itinerary planner to plan my programs and courses?
A: No, you are not required to use the app or the itinerary planner. Both are optional tools to assist you in planning your Annual Meeting schedule. They can help you to customize your itinerary by allowing you to add education programs, scientific sessions, and other Annual Meeting social and informational events in one convenient location.

Q: Am I required to go to all the courses I add to my schedule within the Annual Meeting mobile app or itinerary planner? What if I now want to go to a different course?
A: You are able to change your schedule within the app or itinerary planner—on a Friday and end on a Thursday. This new, condensed timeframe creates opportunities for exciting changes while still allowing you to completely customize your schedule to your interests and needs.

Q: Do courses no longer require pre-registration?
A: No, most courses no longer require pre-registration. Some courses, such as the 2010 Winter Olympics and acclaimed TED conference—will allow us to deliver innovative and exciting content like never before with dynamic and interactive learning areas available all week long.

Q: Do I need to register for every course I want to attend?
A: No, most courses no longer require pre-registration. Some courses, such as the 2010 Winter Olympics and acclaimed TED conference—will allow us to deliver innovative and exciting content like never before with dynamic and interactive learning areas available all week long.

Q: Can I switch courses in the middle of a session?
A: You are able to move between sessions freely, as you wish. We only ask that you are mindful of the speakers and other attendees and enter and exit with as little disruption as possible.

Q: How can I guarantee that I have a seat in a particular session?
A: Sessions that do not require pre-registration have first-come, first-served seating. Please arrive early to any sessions that you must attend.

Q: What happens if there are no more seats in a session?
A: Sessions may be overflowed to a second room, but seating is not guaranteed for sessions that do not require pre-registration.

What’s New at the 2016 Annual Meeting?

No More Course Fees!*
One low registration price now gets you access to most of the AAN’s 230+ education courses, with no pre-registration for individual courses required. Registration is your ticket to most everything the Annual Meeting has to offer—all week long and at no additional cost to you.

Stress-Free Scheduling!
Sample a wider variety of programs than ever before! Education courses will now take place in 2-hour increments. Poster sessions will begin on Saturday and run through Thursday. And plenary sessions will take place every day with no conflicting courses.

Innovative Research Every Day!
The popular Scientific Program includes a variety of sessions covering hot topics, critical issues, and latest scientific findings in basic research and clinical topics. The popular Scientific Program includes a variety of sessions covering hot topics, critical issues, and latest scientific findings in basic research and clinical topics.

REGISTER TODAY! AAN.com/view/AM16

*Skills Workshops, Maintenance of Certification Exam Preparation Course, Between Venus and Mars: How Great Leadership Adopts Traits from the Best of Both Genders, Improving Your Leadership Skills: A Practical Approach, Women in Leadership, Research Career Development Symposium, The Most Important Tool in Your Black Bag: Gallup StrengthsFinder® Assessment I & II, Continuum® Test Your Knowledge: A Multiple-choice Question Review I & II, Genomic Neurology Workshop: Developing Practical Knowledge of Tools and Concepts Through Case Studies I & II, and Bedside Evidence-based Medicine: How to Find and Deconstruct Articles in Order to Take Care of Patients I & II are not included in the Annual Meeting Registration price. These courses require pre-registration, may have a separate registration fee, and are subject to closure due to reaching maximum capacity.

EXPERIENTIAL LEARNING!
Everyone has a different learning style, and the state-of-the-art Vancouver Convention Centre—host to major events such as the 2010 Winter Olympics and acclaimed TED conference—will allow us to deliver innovative and exciting content like never before with dynamic and interactive learning areas available all week long.

THE DAYS!
While previous Annual Meetings have traditionally run from Thursday through Saturday, the 2016 meeting will begin on a Friday and end on a Thursday. This new, condensed timeframe creates opportunities for exciting changes while still allowing you to completely customize your schedule to your interests and needs.
New Concussion Boot Camp Kicks Off July Sports Concussion Conference

A new Concussion Boot Camp will kick off the third annual AAN Sports Concussion Conference, set for July 8 through 10 at the Hilton Chicago Hotel. Geared towards a wide range of professionals, the Concussion Boot Camp will consist of lively, 20-minute sessions offering a practical, hands-on experience on how to examine an athlete on the sideline or in the office. Sessions include:

- Neuro Pre-participation Exam/Baseline
  Directors: Christopher Giza, MD, and Meeroo Choe, MD
- Neuro Exam: Sideline and Clinic
  Directors: Jeffrey S. Kutcher, MD, FAAN, and Nicole Dorothy Reams, MD
- Vestibular and Balance Evaluation
  Director: Kathryn Schneider, PhD
- Office Examination: Return to Play and Sport-specific Considerations
  Director: Laura Balcer, MD, MSCE, FAAN
- Vision Examination
  Directors: Steven Galleta, MD, FAAN, and Janet Ruder, MD

The Concussion Boot Camp will lay the foundation for the remainder of the conference where attendees can expect to discover the very latest emerging science on sports concussion through hands-on workshops and debates, network and share experiences with a variety of disciplines. By the conclusion of the conference, attendees should be able to apply what they have learned to concussion diagnosis and treatment at the high school, collegiate, or professional arenas; understand ongoing concussion controversies; and how the field is moving beyond complete rest and toward more active rehab; and better understand the continuum of the concussion model from prevention to monitoring to recovery.

Save Up to $200 When You Register by June 14
Money-saving early registration discounts end June 14. Visit AAN.com/view/CongressConference to secure your spot today. *

Abstracts Sought for Sports Concussion Conference

The 2016 AAN Sports Concussion Conference is seeking abstracts on a variety of topics related to sports concussion, including treatment, prevention, and education to be presented in a poster discussion session or during general poster sessions. The abstract submission deadline is May 9. Visit AAN.com/view/CongressConference to submit or contact science@aan.com for more information. *
Enhance Your Practice’s Efficiency with Special Offer for Your Business Administrators

Did you know that your business administrators can also become AAN members and gain access to valuable resources they need to help your practice run more efficiently? We are offering two special discounted rate options—starting as low as $100—for your business administrators to join the world’s largest association of 30,000 neurology professionals. Both options offer access to a host of career essentials valued at up to $4,000, for just a fraction of the price.

“I joined the AAN several years ago and have been impressed with the wealth of information available on the website, the practice management webinars, and timely updates on the ever changing world of health care reform,” said Joseph V. Fritz, PhD, CEO of Dent Neurologic Institute. “Recently, one of our coders also joined and attended the Fall Conference. She came back raving about the ICD-10 talks because they addressed issues and nuances specific to neurology that her other coding societies generalized.”

$250 Business Administrator PLUS Membership includes:
- Free registration to the AAN’s 2016 Practice Management Webinar series (includes 2016 recorded webinars)
- Publications including Neurology® Clinical Practice, the AAN’s peer-reviewed clinical practice journal and Neurology Today®, highlighting breaking news, issues, and trends in the practice and science of neurology (both print and digital access)
- Significant discounts on registration to the 2016 AAN Annual Meeting in Vancouver
- Virtual networking opportunities with neurology colleagues via the member-only online forum
- Access to member-only tools on AAN.com, the leading online resource for neurologists worldwide
- Free AAN online education resources: NeuroSAE®, NeuroPI, and NeuroLearn®

$100 Business Administrator Membership includes: All of the benefits listed above, excluding 2016 Practice Management Webinar series, Neurology Today (print) and free access to NeuroSAE, NeuroPI, and NeuroLearn.

Added Fritz, “Since the new membership rates were introduced, several more staff joined and regularly converse with other AAN business members through the email forum, which has been an extremely efficient way to get invaluable insights from the trenches. They had long thought of the AAN as a physician-only society, but now see it as their number one resource that they lean on almost daily for practice management help.”

Learn more and sign your business administrators up for AAN membership at AAN.com/view/BUSM.

Podcast Central

Your Guide to New and Recent AAN Podcasts

Neurology® Podcasts
Visit Neurology.org to listen to Neurology podcasts and earn 0.5 AHA PRA Category 1 CME Credits™ by answering the multiple-choice questions in the online podcast quiz. Interviews based on articles from Neurology® Clinical Practice, Neurology® Genetics, and Neurology® Neuroimmunology & Neuroinflammation are excluded from the CME program.

Available by April 1
- Neurology: Transient ischemic attack service provision: A review of available service models
  Bryan Eckerle, MD, and Anna Ranta, MD
- Neurology: Metabotropic glutamate receptor type 1 autoimmunity: Clinical features and treatment outcomes
  Kathryn S. Vavil, MD, and Andrew McKean, MD, MB, BCh
- Neurology: Statin pretreatment is associated with better outcomes in large-artery atherosclerotic stroke
  Andrew M. Soutlfield, MD, MS, and Georgios Tsivgoulis, MD, PhD, MSc, FESO
- Neurology: Neuroimmunology & Neuroinflammation: Therapy with natalizumab is associated with high JCV seroconversion and rising JCV index
  Melanie Dale Ward, HS, and Nicholas Schwab, PhD
- Neurology: Clinical Practice: Practice Current: How do you treat anti-NMDA receptor encephalitis?
  Lara V. Marcuse, MD, BA, MD, and Luca Bartolini, MD
AUBAGIO® (teriflunomide) is indicated for the treatment of relapsing forms of multiple sclerosis.

**INDICATION**

AUBAGIO® is effective across key measures of disease activity: sustained disability progression (14 mg only), annualized relapse rate, and MRI activity. Overall discontinuation rates due to adverse events were 12.5% with AUBAGIO 14 mg, 11.2% with AUBAGIO 7 mg, and 7.5% with placebo, and treatment discontinuation rates due to common adverse events were ≤3% in the pooled clinical trials.

**TERATOGENICITY**

Women who become pregnant while taking AUBAGIO with other potentially hepatotoxic drugs; monitor patients who develop symptoms suggestive of hepatic dysfunction (eg, unexplained nausea, vomiting, abdominal pain, fatigue, anorexia, or jaundice and/or dark urine). Before starting therapy, use of reliable contraception must be confirmed, and the patient counseled on risks to the fetus. Patients with delayed onset of menses or other reason to suspect pregnancy should immediately see their physician for pregnancy testing. Patients who become pregnant while taking AUBAGIO may enroll in the AUBAGIO pregnancy registry by calling 1-800-745-4447, option 2. AUBAGIO is contraindicated in pregnant women or women of childbearing potential who are not using reliable contraception. Pregnancy must be avoided during AUBAGIO treatment or prior to the completion of an accelerated elimination procedure after AUBAGIO treatment.

**Warnings and Precautions**

Patients with pre-existing acute or chronic liver disease, or those with serum ALT >2 times the upper limit of normal (ULN) before initiating treatment, should not normally be treated with AUBAGIO. If ALT elevation >3 times the ULN on 2 consecutive tests, patients discontinued AUBAGIO and underwent accelerated elimination. Consider discontinuing or co-administering AUBAGIO with other potentially hepatotoxic drugs; monitor patients who develop symptoms suggestive of hepatic dysfunction (eg, unexplained nausea, vomiting, abdominal pain, fatigue, anorexia, or jaundice and/or dark urine).

**INDICATION**

AUBAGIO® (teriflunomide) was proven again and again to reduce key measures of disease activity: sustained disability progression (14 mg only), annualized relapse rate, and MRI activity.

- AUBAGIO 14 mg is the only oral RMS therapy with 2 pivotal Phase III trials that show a significant reduction in the risk of sustained disability accumulation.
- AUBAGIO 7 mg did not demonstrate a significant reduction in risk of sustained disability progression in either trial.
- Sustained disability progression was defined as at least a 1-point increase from baseline Expanded Disability Status Scale (EDSS) score ≤5.5 (or at least a 0.5-point increase for those with a baseline EDSS score >5.5) sustained for at least 12 weeks.
- AUBAGIO has demonstrated a consistent safety profile across 4 separate trials in 2047 patients.
- One daily tablet that can be taken with or without food.
- Health care professionals should run certain tests before prescribing AUBAGIO and should monitor patient liver enzyme levels monthly for the first 6 months.

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- Health care professionals should run certain tests before prescribing AUBAGIO and should monitor patient liver enzyme levels monthly for the first 6 months.
In placebo-controlled studies of AUBAGIO, no overall increase in the risk of serious infections was observed within the first 1 year with AUBAGIO (1.8%) compared to placebo (2.5%). However, one fatal case of listeriosis pneumonia occurred in a patient taking AUBAGIO 14 mg for 1.7 years. Fungal infections have been reported in the post-marketing setting in patients receiving infliximab, especially Pneumocystis jirovecii pneumonia and aspergillosis. Most of the reports were confirmed by culture and were considered immunosuppressant related, and/or become more severe. In addition, patients with AUBAGIO, cytomegalovirus hepatitis has been reported.

In clinical studies with AUBAGIO, cases of tuberculosis have been diagnosed. Prior to initiating AUBAGIO, screen patients for latent tuberculosis infection with a Mantoux skin test and/or interferon gamma release assay (IGRA). AUBAGIO has not been studied in patients with a positive tuberculin skin test, and the safety of AUBAGIO for patients who have been exposed to latent tuberculosis is unknown.

For patients positive in tuberculin screening, treat with standard medical practice prior to therapy with AUBAGIO.

Vacination

No clinical data are available on the efficacy and safety of live vaccinations in patients taking AUBAGIO. Vaccination with live vaccines is not recommended. The decision to use live vaccines should be considered on an individual risk-benefit basis when contemplating administration of a live vaccine after stopping AUBAGIO.

The use of AUBAGIO in malignancy, particularly lymphoproliferative disorders, is increased with the use of live vaccines. It is not known whether the potential for immuno-suppression with AUBAGIO. No apparent increase in the incidence of malignancies (lymphoma and lymphoproliferative disorders) was reported in the AUBAGIO clinical trials, but larger and longer-term studies would be needed to determine whether there is an increased risk of malignancies (lymphoma and lymphoproliferative disorders) with AUBAGIO

5.5 Peripheral Neuropathy

Peripheral neuropathy was a commonly reported adverse event in clinical trials of AUBAGIO, including peripheral neuropathy and mononeuropathy (e.g., caudal tunnel syndrome), occurred more frequently in patients receiving AUBAGIO, than in placebo: 4/1002 (0.4%) patients receiving 7 mg AUBAGIO, and 3/1002 (0.3%) patients receiving 14 mg AUBAGIO, respectively, compared with 0.4% receiving placebo (4 patients). Treatment was discontinued in 0% (0 patients) with peripheral neuropathy. Patients receiving AUBAGIO 7 mg and placebo 5 mg receiving AUBAGIO 14 mg. Four of these patients received discontinuation treatment. Not all cases of peripheral neuropathy resolved with treatment discontinuation. Peripheral neuropathy also occurred in patients receiving infliximab.

Age older than 60 years, concomitant neurotic medications, and diabetes may increase the risk for peripheral neuropathy. If a patient taking AUBAGIO develops any symptoms consistent with peripheral neuropathy, such as bilateral numbness or tingling of hands or feet, consider discontinuing AUBAGIO therapy and perform an accelerated elimination procedure (see Warnings and Precautions (5.5)).

5.6 Skin Reactions

Rash cases of Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported in patients with rheumatoid arthritis (RA) receiving AUBAGIO. A similar risk would be expected for AUBAGIO (see Clinical Pharmacology (12.3) in the full prescribing information).

5.7 Increased Blood Pressure

In placebo-controlled studies, the mean change from baseline to the end of study in systolic blood pressure was similar among groups receiving AUBAGIO (0.5 mm Hg, respectively) and placebo (-0.3 mm Hg). In a single, 14-day, randomized, double-blind, placebo-controlled study, one to nine years after initiation of treatment. A relationship between AUBAGIO and osteoporosis has not been established.

In AUBAGIO-completed studies, creatinine values increased more than 10% over baseline in 14% of patients treated with AUBAGIO and 11% of placebo patients in the 14 mg AUBAGIO group versus 9% (14%) of patients in the placebo group. Therefore, caution should be used in interpreting creatinine clearance if this observation is to be confirmed.

Hypotension. AUBAGIO may cause acute and transient hypotension sufficient to cause syncope that could lead to vertebral fractures. AUBAGIO may cause acute and transient hypotension sufficient to cause syncope and risk of osteoporosis. AUBAGIO may cause acute and transient hypotension sufficient to cause syncope and risk of osteoporosis.

Table 1. Adverse Reactions in Pooled Placebo-Controlled Studies in Patients with Relapsing Forms of Multiple Sclerosis

<table>
<thead>
<tr>
<th>AUBAGIO (7 mg)</th>
<th>AUBAGIO (14 mg)</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Nausea</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Alopecia</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Increased Blood Pressure</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Table 2. Additional Reactions in Pooled Placebo-Controlled Studies in Patients with Relapsing Forms of Multiple Sclerosis

<table>
<thead>
<tr>
<th>AUBAGIO (7 mg)</th>
<th>AUBAGIO (14 mg)</th>
<th>Placebo</th>
<th>AUBAGIO (7 mg)</th>
<th>AUBAGIO (14 mg)</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased Alanine Aminotransferase</td>
<td>13%</td>
<td>15%</td>
<td>9%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Liver Function Test Abnormalities</td>
<td>13%</td>
<td>13%</td>
<td>9%</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>8%</td>
<td>10%</td>
<td>6%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Paraneoplasia</td>
<td>8%</td>
<td>7%</td>
<td>6%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>6%</td>
<td>6%</td>
<td>4%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Neutropenia</td>
<td>6%</td>
<td>6%</td>
<td>3%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Hyperglycemia</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>
The biggest Neurology on the Hill ever took place last month with 184 AAN members, 35 stroke advocates, 253 congressional offices visited, 879 tweets, 1.1 million social media views, and lots of pictures of everyone with members of the US House and Senate.

Your colleagues were more unified than just their green bow ties and scarves. They were there to carry these messages to their lawmakers: Congress must pass the Furthering Access to Stroke Telemedicine Act (S 1465/HR 2799) that will allow Medicare to pay for stroke telemedicine consultations in urban areas. Congress must support full funding for the BRAIN Initiative at NIH. And that “Meaningful Use” is anything but, and we seek the elimination of meaningless regulations that take precious time away from neurologists and patients.

These office meetings on the Hill are important not only to make our case, but to see how the legislators line up on the issues. Our participating neurologists are sharing this information with staff and this will help us with our follow-up tactics. We’re seeing members of Congress steadily signing on as cosponsors of the FAST Act and in support of the BRAIN Initiative. Look for a tally in the next Capitol Hill Report.

The AAN is broadening its advocacy to reach and include members of the public. We had great allies in the stroke participants and the American Heart Association/American Stroke Association. It was a very beneficial collaboration as these individuals put a human face on what the neurologists talk about. Their personal stories were compelling and gave a sense of urgency to passing the FAST Act as soon as possible.

Another new tactic this year was getting the word out more publicly on social media. Everyone at NOH was asked to use the hashtag #NOH16 to raise awareness of the event and the issues. By the end of the day, 179 participants had sent nearly a thousand tweets, reaching more than a million people, including patients, colleagues, friends, coworkers, family—and many of their associates, as well, as messages were forwarded and retweeted. They got to see a lot of enthusiasm and activism for neurology!

View the 2016 NOH Photo Album at http://on.fb.me/1RAq9Nm to enjoy more pictures of our visit. You can see who you recognize, either AAN member, representative, or senator. And if you attended, be sure to tag yourself in group photos! ¶
Congratulate These 2016 Award Winners

The research we celebrate, with the recipients below, has generated paradigm-changing discoveries in epilepsy, fundamental insights in multiple sclerosis, and pioneering breakthroughs in pain, to name a few of the transformative advances conceived by these luminaries. We honor those researchers and pay tribute to all those who play a role in the search for cures for brain disease, from mentors to colleagues to those just starting out on their journey.

AAN Alliance Awards

Founders Award
Sponsored by the American Academy of Neurology and endorsed by the former American Academy of Neurology Alliance. Recipient: Michelle P. Lin, MD, MPH / Los Angeles, CA

“A Life’s Simple 7” and Long-term Mortality After Stroke
S31: Stroke Risk, Outcomes, and Complications
Tuesday, April 19, 1:00 p.m.

S. Weir Mitchell Award
Sponsored by the American Academy of Neurology and endorsed by the former American Academy of Neurology Alliance. Recipient: Aaron D. Boes, MD / Baltimore, MD

S32: Epilepsy/Clinical Neurophysiology: Cognition, Emotion, Women, and Injury
Monday, April 18, 1:00 p.m.

A.B. Baker Award for Lifetime Achievement in Neurologic Education
Funded by an endowment created by matching funds from the A.B. Baker Family Trust and Novartis Pharmaceuticals. Recipient: Alan R. Ropper, MD / Falkenberg, NY

C113: Humism in Medicine, Humanizing Medicine, and the Role of Education
Monday, April 18, 1:00 p.m.

Award for Creative Expression of Human Values in Neurology
Sponsored by the American Academy of Neurology, the American Neurological Association, and the Child Neurology Society. Recipient: Sarah M. Schaefer, MD / New Haven, CT

Research & Awards

Dreißig-Penny Epilepsy Award
Sponsored by the American Academy of Neurology and endowed by members of the AAN Epilepsy Section; Abbott Laboratories, Inc.; Cephalon, Inc.; Cyberonics, Inc.; Elan Pharmaceuticals, Inc.; GlaxoSmithKline; Novartis Pharmaceuticals; OrthoMcNeil Neurologics; Pfizer Inc; Shire US, Inc; and UCB Pharma. Recipient: Alexander Rotenberg, MD, PhD / Boston, MA

Monday, April 18, 1:00 p.m.

Norman Geschwind Prize in Behavioral Neurology
Sponsored by the American Academy of Neurology and the AAN Behavioral Neurology Section and endowed through Dr. Geschwind’s family, friends, and colleagues; Pfizer Inc and the Society for Behavioral and Cognitive Neurology. Recipient: Matthew R. Thambisetty, MBBs, DPhil / Baltimore, MD

S35: Behavioral and Cognitive Neurology
Tuesday, April 19, 3:30 p.m.

Mitchell B. Max Award for Neuropathic Pain
Sponsored by the American Academy of Neurology and the United States Cancer Pain Relief Committee, the Mayday Fund, and friends of Dr. Mitchell Max. Recipient: Michael C. Rowbotham, MD / San Francisco, CA

S17: Pain and Palliative Care
Sunday, April 17, 4:45 p.m.

Assn. of Indian Neurologists in the USA (AINA) Lifetime Achievement Award
Sponsored by the American Brain Foundation and endowed by the Association of Indian Neurologists in America (AINA). Recipient: Mark Hallett, MD, FAAN / Bethesda, MD

During the AINA Business Meeting Tuesday, April 21, 7:15 p.m.

International Scholarship Award
Sponsored by the American Academy of Neurology. Recipients: Lucas Alessandro, MD / Buenos Aires, Argentina; Andrea Berg, MD / Padua, Italy; Leyla Baykal Kirs, MD / Istanbul, Turkey; Carlos Camara-Lemaroy, MD / Monterrey, Mexico; Valentina Darnato, MD / Rome, Italy; Milena de Albuquerque, MD / Campinas, Brazil; Ranheil De Roxas, MD / Batangas, Philippines

American Brain Foundation Chair’s Award
Sponsored by the American Brain Foundation. Recipient: John C. Mazziotta, MD, PhD / FAAN / Los Angeles, CA

Mauricio Faraz, MD, MPH / Buenos Aires, Argentina; Ingo Gablindon Cuerel, MD, PhD / Barakaldo, Spain; Jyh Yung Ho, MD, MvMed, MRCP / Penang, Malaysia; Anne-Katrin Proebstel, MD / Basel, Switzerland; Roopa Ranjan, MD / Tiruvandrum, India; Agnes van der Meer, MD / The Hague, The Netherlands

Child Neurology Scholarship
Sponsored by the American Academy of Neurology. Recipients: Alison L. Christy, MD, PhD / Portland, OR; Hsiao-Tuan Chao, MD / Houston, TX; Ashley Helest, MD, PhD / Durham, NC; Dana Nader Marafi / Houston, TX; Erika Take Aksen / MD / Charlotteville, VA

Lawrence C. McHenry Award: An Award for the History of Neurology
Sponsored by the American Academy of Neurology. Recipient: Kimberly Fleurer / Heerlen, Netherlands; Peter J. Koecher, MD, PhD, FAAN / Heerlen, Netherlands; Cinematography of Cerebellar Function: Rademaker’s Films of Cerebellar/Experimental Animals and Human Tumor Cases (1920-1940) S15: History of Neurology
Sunday, April 17, 9:30 p.m.

Medical Student Essay Awards
Sponsored by the American Academy of Neurology. Recipient: Benjamin Jacobs / Oxford, United Kingdom

S34: Neuro-oncology Investigator Award
Sponsored by the American Academy of Neurology and the AAN Neuro-oncology Section and supported by friends of Dr. Jerome Posner. Recipient: Eudocia Lee, MD, MPH / Boston, MA

S34: Neuro-oncology Scientific Award
Sponsored by the American Academy of Neurology and the AAN Neuro-oncology Section and supported by friends of Dr. HK Alfred Yung. Recipient: Jeremy Rich, MD / Cleveland, OH

S34: Neuro-oncology Research Prize
Sponsored by the American Academy of Neurology and the Child Neurology Society. Recipient: Swathi Srinivasan

The Effect of Polyphenols in Spices on the Aggregation of the Amyloid-Beta Peptide 1-40; an In Vitro Study Poster Session N: P4.404
Tuesday, April 19, 8:30 a.m.

Han Xu / Ostracism and the Maximization of Social Reward Poster Session N: P4.406
Tuesday, April 19, 8:30 a.m.

Child Neurology Neuroscience Research Prize
Sponsored by the American Academy of Neurology and the Child Neurology Society. Recipient: Ryan Infante

The Development of Two Novel, Non-invasive Devices for the Detection of Bruxism Poster Session N: P4.405
Tuesday, April 19, 8:30 a.m.

Inigo Gabilondo Cuellar, MD, PhD / Argentina

Jyh Yung Hor, MD, MMéd, MRCP / United Kingdom

Romel P. Mackay Award in Historical Aspects
Recipient: Jennifer Romine / Indianapolis, IN

See-saw Signalling in the Brain: Could Proton-sensing Receptors to be a Target in Neuroprotection? Poster Session III: P3.404
Monday, April 18, 8:30 a.m.

Saul R. Korey Award in Experimental Neurology
Recipient: Benjamin Jacobs / Oxford, United Kingdom

S30: Neuro-oncology Scientific Award
Sponsored by the American Academy of Neurology and the AAN Neuro-oncology Section and supported by friends of Dr. HK Alfred Yung. Recipient: Jeremy Rich, MD / Cleveland, OH

Research & Awards

Sponsorship by the American Academy of Neurology and the Child Neurology Society. Recipient: Eudocia Lee, MD, MPH / Boston, MA

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Child Neurology Neuroscience Research Prize
Sponsored by the American Academy of Neurology and the Child Neurology Society. Recipient: Ryan Infante / Armonk, NY

Analyzing the Development of Mouse Brains from Embryonic to Postnatal Time Points Utilizing the CLARITY Tissue Clearing Protocol

Patelacu Advocacy Leadership Forum Advocate of the Year
Sponsored by the American Academy of Neurology. Recipient: Elaine C. Jones, MD, FAAN / Bristol, RI

Research & Awards

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Continued on page 30
The opioid use epidemic has gained national attention. In February, the White House acknowledged the importance of addressing this epidemic when President Obama proposed $1.1 billion in funding to expand preventative initiatives and substance abuse treatment. As subawardees for a federal grant, the AAN has been working to educate members on issues related to opiods and neurologic practice over the last year. The Academy is one of thirteen organizations participating in the Providers' Clinical Support System for Opioid Therapies (PCSS-O), a five-year grant funded by Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment. It is a collaborative project led by American Academy of Addiction Psychiatry.

As a partner organization, the AAN will provide free training by education on the safe and effective prescribing of opioid medications in the treatment of pain and opioid use disorders, with a specific focus on concerns in neurologic practice. The faculty is led by clinical expert Charles E. Argoff, MD. Additional clinical experts are Gary Franklin, MD; Miroslav Backonja, MD; Charles W. Brock, MD; Jennifer McVige, MD; and Laszlo Mechtler, MD, FAAH.

Members can access education online and at the Annual Meeting:

- Free live and recorded webinars; visit AAN.com/view/OpioidTherapies for schedule and information.
- Members are encouraged to share these webinars with their patients and colleagues. Topics covered so far include:
  - PCSS-O: Opioid Use in Acute and Chronic Care Headache Medicine
  - PCSS-O: Reversing the Opioid Epidemic and Improving Outcomes for Your Pain Patients

Roundtable small-group discussion at the Annual Meeting; see the latest details at AAN.com/view/AAM16.

- Gary Franklin, MD
  - Tuesday, April 19
  - 5:00 p.m.–6:00 p.m.
- Charles E. Argoff, MD
  - Wednesday, April 20
  - 12:00 p.m.–1:00 p.m.
- Miroslav Backonja, MD
  - Thursday, April 21
  - 12:00 p.m.–1:00 p.m.
AAN Creates Alternative Payment Models for Epilepsy, Headache/Migraine

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) launched a complete overhaul of the Centers for Medicare & Medicaid Services’ payment system, changing it from fee-for-service to a value-based payment system. The two major payment options in MACRA are alternative payment models (APM) and the Merit-based Incentive Payment System (MIPS).

As CMS is developing the regulations for MACRA, the AAN is creating APMs for neurologists to use in their practices. The first two are on epilepsy and headache/migraine. Neurologists may be able to use these to qualify under the APM track of MACRA (if 25 percent of their payments or patients come from an APM in 2017). These APMs could be used with private payers as well. If neurologists do not qualify in the APM track, they would be subject to the MIPS requirements.

The AAN’s Payment Alternative Team, which is spearheading this effort, has been actively following and exploring how financial changes in reimbursement will impact neurologists’ practices. “With the passage of MACRA, we were asked to focus on alternative-payment models,” said Joel M. Kaufman, MD, FAAN, chair of the Payment Alternatives Team. “In conjunction with Harold Miller, a national expert in this area, we are developing APM models initially for three clinical groups of patients: those with seizures/epilepsy, headache/migraine, and dementia. We are currently working on seizures/epilepsy and headache to take advantage of subject matter experts within the work group. Data shows that most neurologists have many patients in their practices with these conditions. In the future, we will look to develop additional APMs.”

Kaufman says that APMs will be options for physicians who do not wish to use MIPS or do nothing. “We feel this will be useful for small, independent practices as well as departments or divisions within larger groups. Many people feel at this point that APMs are a very good choice for most practices.”

In the coming months, the AAN will be asking for comments and input from the membership. “In addition to general comments,” said Kaufman, “we would appreciate hearing about 1) what changes or refinements would you make to the criteria that would make a patient eligible for each phase of payment, 2) what changes or refinements would you make to the way the stratifications of patients are defined and 3) what changes or refinements would you make to the quality standards and the quality/outcomes/utilization/spending measures?”

Kaufman assures that, while these new changes may sound complicated and confusing, “Much of our task will be dedicated to providing a clear message as to what are APMs, offering resources to guide a neurologist to participate or not in an APM, and providing a model APM that can be used successfully.”

Your Help Is Needed!

The AAN seeks feedback on the epilepsy and headache/migraine models from member neurologists who are experts in these disease states as well as general neurologists. The Academy particularly wants to hear from people who already are doing some type of alternative payment model with payers in their area or with CMS. Anyone who is interested in piloting one of these APMs, or has questions about APMs, should contact macra@aan.com. More information is online at AAN.com/view/macra.

Learn at the Annual Meeting How MACRA Affects You

If you are attending the AAN Annual Meeting, catch the I Talk “The Future of Payment” on Monday, April 22, at 3:30 p.m. in the Vancouver Convention Centre. Lyell K. Jones, MD, FAAN, will explain the essential changes of MACRA and its effects on CMS payment systems. Also, the Real World of Neurology Experiential Learning Area will have an interactive display featuring MACRA.

Federal Grant Supports AAN Education on Opioid Medication Safety

Continued from page 31

Funding for this initiative was made possible, in part, by Providers’ Clinical Support System for Opioid Therapies (grant no. 5H79TI025595) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the US government.
Use Your Data to Drive Practice Improvements

In just one hour or less, you can complete a confidential survey that will give you access to a highly beneficial analysis tool: the free 2016 Neurology Compensation and Productivity Report—a $600 value that is free only to AAN members who complete the survey.

Not only is the dollar value of this report a good payback for your time completing the survey, the aggregate results of more than 1,000 fellow neurologists will provide a treasure trove of data you can use to benchmark salaries, RVU productivity, levels of on-call of all individuals and group members, and much more.

With the 2016 Neurology Compensation and Productivity Report, neurologists can:

- Compare gross and net income information to other practices to identify efficiencies, such as overhead costs
- Evaluate effectiveness at minimizing costs
- Analyze productivity by knowing the average number of hours worked and/or the RVUs generated per neurologist
- See what ancillary services colleagues offer and consider other financial opportunities

To receive this invaluable information, simply complete the confidential Neurology Compensation and Productivity Survey by April 30. The data from 2015 that you need for the survey is listed online and should be easily available to you. If you are in a group practice, consider having your office manager complete the survey for all of the neurologists as a more accurate and consistent way to collect this information.

By completing the survey, you or your practice will receive the final report and online customizable results dashboard for free—a $600 value. US members who do not complete the survey can purchase the report for $600. US nonmembers pay $1,200.

Visit AAN.com/view/2016NeuroSurvey for more information. AAN survey data should be used only within individual practices and should not be discussed among groups of members or practices. The exclusive report and customizable online results dashboard that you can access the report and online customizable dashboard, we realized just how needed to align our data with the way AAN wanted it reported. Once we completed a confidential survey that we did in each evaluated area and alerts you to your composite score—and that score’s subsequent effect on your future payments in the Medicare program.

More information from CMS on how to obtain your QRUR can be found at http://go.cms.gov/1Q3ZBp5.

Do It Again!

If you’ve participated in past Neurology Compensation and Productivity Surveys, you’re encouraged to continue on an annual basis.

“The first year we participated, it took longer to complete the survey because we needed to align our data with the way AAN wanted it reported. Once we accessed the report and online customizable dashboard, we realized just how important it is to track and benchmark financial metrics in a consistent manner,” said Joseph V. Fritz, PhD, CEO of Dent Neurologic Institute in Amherst NY. “Immediately we noticed variations and reset performance expectations. In subsequent years, the data entry became easy since we adopted these AAN metrics as our internal measurements. The ability to compare performance across the nation is extremely powerful. You can’t fix what you don’t measure. The AAN survey data has been critical to prioritizing, justifying, and readjusting our actions.”

AAN Responds to CMS’ Episode Groups Expansion Inquiry

The AAN’s recent response letter to CMS on expanding episode groups urges caution around CMS holding neurologists—and specialists in general—to account for services that are out of their control.

Because the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) mandated that CMS expand episode groups to measure resource use (cost) under the new Merit-based Incentive Payment System (MIPS), CMS made its first public inquiry on the subject last winter.

“The AAN is concerned about the impact episode groups may have on physician utilization of services,” said President Terrence L. Cascino, MD, FAAN, in a letter to CMS Acting Administrator Andy Slavitt. “We are especially worried that neurologists, and specialists in general, could be held accountable for services and care provided to patients with certain illnesses even when that care is out of their control. In particular, once a patient has had a stroke, a neurologist may be heavily involved, possibly serving as the primary physician responsible for the patient’s care. However, comorbid conditions treated by other physicians are likely factors that contributed to the occurrence of the stroke itself and could affect resource use after the stroke occurs. CMS must keep this in mind as it develops care episode and patient condition groups.”

Currently, CMS uses episode groups to assess physician resource use (cost) under the Value-based Payment Modifier Program (VBP). The two episode groups that currently relate specifically to neurologic care are Parkinson’s disease and ischemic stroke. Neurologists can find the results in their Quality and Resource Use Reports (QRUR). The AAN also encourages CMS to aggregate episodes around the diagnostic tests and treatment expenses that are under the control of the neurologist. The Academy is currently working to create alternative payment models around headache and epilepsy and suggested that those areas are the highest initial priority for neurology. The AAN supports subdividing episodes into shorter durations of time for measurement of chronic conditions.

The AAN will continue to represent the best interests of its members in the ongoing dialogue with CMS and will update members on future developments.

Visit AAN.com/view/MACRA for more information.
New NeuroTracker Enhancements Help with Maintenance of Certification

The latest version of NeuroTracker™—the Academy’s free online resource for conveniently tracking CME, Self-assessment, Performance in Practice, and professional development activities—is now available. Recent enhancements reflect new Maintenance of Certification (MOC) requirements, as mandated by the American Board of Psychiatry and Neurology (ABPN).

Highlights

New ABPN MOC Requirement: One-time Patient Safety Requirement Starts in 2016

- What is it? Beginning with those who pass a certification or maintenance of certification exam in 2016, diplomates will be required to complete a one-time approved Patient Safety Course within the three years prior to board certification (or recertification or in their first C-MOC block (Beginning with those whose first block is 2017-2019).
- NeuroTracker Enhancement: Your personal dashboard will be updated to reflect this new, one-time requirement once you register. In addition, the AAN is currently developing a NeuroLearn course—available free to members later this year—to address the new, one-time requirement.

New Features to Help In the Event of an ABPN Audit

- AAN Data Transfer
  Previously available as an optional benefit, the AAN now automatically sends your AAN-specific CME, SA, and PIP credits to the ABPN’s database as your basis for easy access in your ABPN Physician Folio accounts as “verified.” In the event of an ABPN audit, you would need to provide documentation for verified credits.
- Compiled .pdf Download
  Self-entered (non-AAN) credit activity will not be sent in the AAN Data Transfer. Any non-AAN credit information that you provide documentation for unverified credits.
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CME & MOC

Continuum Dementia Issue Covers MCI, Lewy Body Dementias, and More

Dementia topics such as mild cognitive impairment, Lewy body dementia, adult-onset leukoencephalopathies, and many more are covered in the latest issue of Continuum: Lifelong Learning in Neurology®. Participants can earn up to 14 hours of AMA PRA Category 1 Credit(s)™ (12 of which apply to MOC Self-Assessment credit).

“Advances in neuroimaging, genetics and protein biomarkers have enabled earlier detection and diagnosis of neurodegenerative dementias with increasing specificity,” said Guest Editor Elizabeth C. Finger, MD, FRCP, of Western University in London, Ontario, Canada. “This issue reviews the major dementia disorders and their subtypes, highlighting current approaches to accurate diagnosis as well as contemporary pharmacologic and behavioral treatment interventions.”

Articles include:
- The Status Examination in Patients with Suspicted Dementia, by Murray Grossman, MD, FAAN, David J. Irwin, MD
- Mild Cognitive Impairment, by Ronald C. Petersen, PhD, MD
- Alzheimer Disease, by Liana G. Apostolova, MD, MS, FAAN
- Lewy Body Dementias: Dementia with Lewy Bodies and Parkinson Disease Dementia, by Stephen N. Gomperts, MD, PhD
- Frontotemporal Dementias, by Elizabeth C. Finger, MD, FRCP
- Vascular Cognitive Impairment, by Eric Smith, MD, MPH
- Rapidly Progressive Dementia, by Michael D. Geschwind, MD, PhD
- Autoimmune Encephalopathies and Dementias, by Andrew McKean, MD
- Adult-onset Leukoencephalopathies, by Deborah L. Renaud, MD
- Diagnosis and Treatment of Idiopathic Normal Pressure Hydrocephalus, by Michael A. Wiltams, MD, FAAN, Jan Malm, MD, PhD
- Psychiatric Aspects of Dementia, by Chad U. Onyike, MD, MHS
- Ethical Considerations for the Use of Next-generation Alzheimer Drugs in Symptomatic and At-risk Patients, by Serge Gauthier, CM, MD, FRCP; Pedro Rosa-Neto, MD, MPH, Joseph S. Kass, MD, JD, FAAN
- Caregiver Stress and the Patient with Dementia, by Amy E. Sanders, MD, MS, FAAN
- Coding for Dementia, by Bruce H. Cohen, MD, FAAN, Peter D. Donofrio, MD, FAAN

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July 15 Is Deadline to Apply for Certification Examination in Autonomic Disorders

Applications are now available for certification in Autonomic Disorders from the United Council for Neurologic Subspecialties. The deadline to apply for the computer-based, 200-multiple-choice-question exam is July 15, 2016. The exam will be offered the week of December 5 through 9, 2016.

To apply, visit UCNS.org/go/subspecialty/autonomic/ certification. For additional information, contact Todd Bulson at tbulson@ucns.org or (612) 928-6067.

In Memoriam: Milton Alter, MD, PhD, FAAN

World-renowned epidemiologist Milton Alter, MD, PhD, FAAN, who developed seminal studies on the epidemiology of multiple sclerosis, passed away in February at the age of 86. Alter was a clinical professor of neurology at Drexel University and senior scientist at Lankenau Institute for Medical Research in Philadelphia.

In 2005, the American Brain Foundation (formerly known as the AAN Foundation) established the Milton Alter Fund for Clinical Research in MS and Stroke and the Foundation held a reception with Alter’s colleagues and family to honor Alter and celebrate the launch of the fund. Donations to the fund supported a 2010 Clinical Research Training Fellowship in Stroke.

Alter, who studied under A.B. Baker and H. Houston Merritt, served as a long-time member of the AAN’s Quality Standards Subcommittee, which developed guidelines and the process used for them.

“In addition to his work in multiple sclerosis, Dr. Alter’s contributions to the Quality Standards Subcommittee represented the very best of neurologist as scholar, in this instance enhancing the field of evidence-based medicine,” said Gary Franklin, MD, MPH, who also served on the subcommittee. “The lead author of every developing practice parameter could expect extensive handwritten edits from Dr. Alter, and these always led to improved final practice parameters.”

Among his many accomplishments, Alter authored more than 200 published works, including six books; served as a member of numerous local, national, and international professional societies; and received countless awards and recognitions.

“Milton Alter was among the founding fathers of modern clinical trials and neuroepidemiology,” said J.P. Mohr, MD, FAAN. “He did not just point the way. Through his efforts, he showed the way. Most of us have been changed for the better through our contact with him.”

Alter is survived by his wife, Reina; four sons; one daughter; and nine grandchildren. The family chose the American Brain Foundation for memorials; donations can be sent to American Brain Foundation, 201 Chicago Ave., Minneapolis, MN 55415.

For additional information, contact Todd Bulson at tbulson@ucns.org or (612) 928-6067.
**Dates and Deadlines**

**APRIL 15-21**
AAN Annual Meeting
Vancouver Convention Centre
Vancouver, BC, Canada

**APRIL 15**
Application Deadline: UCNS Headache Medicine Certification and Recertification Exams
UCNS.org/p/sub specialty/headache/recertification

**APRIL 16**
AAN Business Meeting
Vancouver Convention Centre
AAN.com/careers

**MAY 2**
Deadline: Annual Meeting CME
AAN.com/view/CME

**MAY 9**
Submission Deadline: Sports Concussion Conference Abstracts
AAN.com/AcceptConCourseConf

**MAY 11**
Webinar: Merits, Incentives, Use, and Quality: The Alphabet Soup of Value-based Care
AAN.com/apw16

**MAY 16**
Application Deadline: UCNS Behavioral Neurology & Neuropsychiatry Certification and Recertification Exams
UCNS.org/p/sub specialty/behavioral/certification

**JUNE 1**
Application Deadline: UCNS Fellowship Program Accreditation
UCNS.org/gapacme

**JUNE 14**
Webinar: Get Better at Getting Better: A Neurology Guide to Quality Improvement
AAN.com/apw16

**JUNE 14**
Early Registration Deadline: Sports Concussion Conference
Hillary Chicago Hotel
AAN.com/AcceptConCourseConf

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