Preliminary 2016 Annual Meeting Scientific Program Announced

The most innovative scientific research in neurology will debut at the world’s largest gathering of neurologists, from Friday, April 15 through Thursday, April 21, 2016, in Vancouver, BC, Canada. The 2016 Annual Meeting Scientific Program will showcase leading research presented in a wide variety of formats:

- Seven cutting-edge plenary sessions, one each day beginning Friday evening
- Six daily poster and e-poster sessions beginning Saturday
- New Integrated Neuroscience Session topics
- New Invited Science Sessions
- More

For more information, visit AAN.com/view/AM16.

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How Your Compensation and Productivity Survey Data Help You and Others

When it comes to finding guidance for fine-tuning your practice and making it more efficient, who can provide better insights than your fellow neurologists and practice administrators? And how can sharing your practice’s experiences help others—and ultimately help improve your practice?

Annual Meeting Plenary Sessions Showcase Top Research

The very latest advances in neuroscience will be presented by more than 40 leading researchers at this year’s Plenary Sessions. Be sure to plan your week to include these highly popular and cutting-edge lectures.

Presidential Plenary Session
Sunday, April 17
9:00 a.m.–12:00 p.m.

Features the AAN’s premier lecture awards for clinically relevant research and a presentation by a leading lecturer. Top researchers speak on some of the most significant findings in neurology in 2016.

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**OFFICIAL PUBLICATION OF THE AMERICAN ACADEMY OF NEUROLOGY**

The Vision of the AAN is to be indispensable to our members.

The Mission of the AAN is to promote the highest quality patient-centered neurologic care and enhance member career satisfaction.

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### DATES & DEADLINES
The science of neurology is the backbone of our profession. Understanding how the brain works and doesn’t properly work is crucial to making accurate diagnoses and effective treatments for neurologic disease possible. One of the most compelling attractions of an AAN Annual Meeting is to discover the latest groundbreaking research across a wide variety of neurology topics—and 2016 will be no exception.

I’ve invited Lisa M. DeAngelis, MD, FAAN, chair of the Science Committee that has put together this year’s program, to share some of the neuroscience highlights of the upcoming meeting.

**How has the Scientific Program been enhanced to make accessing the cutting-edge science even easier than ever?**

We’re building upon the successes of previous meetings to offer a truly enhanced, innovative experience with easier access to the cutting-edge science you’ve come to expect. First of all, we will offer innovative research every day during the 2016 meeting. Starting on Friday, we will be offering daily plenary sessions. Platform and poster sessions also will be available daily, beginning Saturday.

**What should we expect to see in the plenary sessions this year?**

Plenary sessions represent the signature science at the meeting. Hear from more than 40 leading researchers discuss hot topics, critical issues, and latest controversies. Don’t miss the Frontiers in Neuroscience Plenary Session, focusing on translational research related to clinical issues of importance. Six leading physician scientists will outline their recent research findings along with clinical implications, including such topics as harnessing stem cell potential for tissue repair and unraveling the cause of multiple sclerosis.

**What should we expect to see in the poster hall this year?**

We received a record number of abstract submissions this year, and accepted more than 2,700 for presentation, so you’re sure to see a great variety of research. Browse the poster halls at your convenience, check out the dynamic interactive ePosters, and meet with authors during evening stand-by sessions beginning on Saturday.

We also have revamped the poster discussion sessions. Beginning Saturday, a daily lunch-hour poster blitz will feature eight five-minute lectures on selected posters. The topics will include movement disorders, epilepsy/clinical neurophysiology, MS and CNS inflammatory disease, aging and dementia, neuromuscular and clinical neurophysiology, and cerebrovascular disease and interventional neurology.

**Where can attendees get a higher concentration of information about particular topics?**

We are offering 14 new Integrated Neuroscience Sessions topics that will provide an in-depth look into research highlights around a specific subspecialty using a variety of presentation formats. Three Section Topic Controversies sessions will focus on concussion treatment, imaging and antibody testing in suspected paraneoplastic disease, and discontinuation of epilepsy medications. A new half-day program, “Frontiers in Child Neurology: Cultivating Careers, Transitioning Care, and Highlighting Scientific Development,” is geared towards child neurologists at all stages of their careers. Its concentrated format will deliver high-quality educational and scientific sessions focused on childhood neurologic disorders, and provide a platform for both child and adult neurologists to examine issues related to transitioning pediatric patients to the adult health care system.
Meet Your Leader

Nicholas E. Johnson, MD

This is the seventh in a series of profiles of members of the Board of Directors for the AAN and AAN Institute.

Nicholas E. Johnson, MD, is an assistant professor of neurology, pediatrics, and pathology at the University of Utah with a focus in inherited neuromuscular disorders. He serves as an ex officio member of the Board as chair of the Government Relations Committee for the AAN. He is also a member of the AAN’s delegation to the American Medical Association, and has participated in the Palatucci Advocacy Leadership Forum and Neurology on the Hill.

What moved you to join the Board of Directors?

I am interested in advocating for the improved career satisfaction of neurologists and improved care of patients with neurological disease. The Board provides the leadership to advocate for these important issues facing neurologists. I was interested in serving in this capacity.

What experiences and viewpoints do you bring to this role?

I have spent the past six years advocating for neurologists and their patients by serving on the AAN’s Government Relations Committee and a delegate to the American Medical Association. As chair of the Government Relations Committee, my goal is to identify ways that the AAN can effectively advocate for our issues with policymakers and the public. On the Board, I would hope to bring these viewpoints.

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

With such a large organization, it is sometimes hard to see what the AAN is doing to advocate for you. Our policy staff regularly submits comment letters and meets with policymakers to make sure that our issues and viewpoints are heard. I will often hear that the AAN is not advocating on their behalf, so I think we need to do a better job of communicating these efforts with members.

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

The AAN is the only organization that is effectively advocating on behalf of neurologists and their patients. While we are always looking to improve our efforts, we have had a number of successes in recent years, thanks to the continued growth and development of the BrainPAC, and member events like Neurology on the Hill and the Palatucci Advocacy Leadership Forum.

How should members evaluate the success of the AAN and the Board of Directors in supporting their careers and neurology in general?

The AAN is dedicated to improving member career satisfaction and improving the care of patients with neurological disease. I would hope that members could see the efforts the AAN has made to improve their career satisfaction around the continuing education it offers, and the efforts to improve reimbursement and increase patient access. Though it is a challenge in today’s practice environment, I would hope that members would value the efforts the AAN makes to improve their career satisfaction.

How do you deal with the challenges of balancing the demands of your work and personal life?

I try to maintain focus in my work so that I am as efficient as possible. I love the work that I do, so when I evaluate new opportunities I am careful to see if it will enhance my satisfaction with my work, and not detract from my other efforts.
New Annual Meeting Program Focuses on Frontiers in Child Neurology

Discover the latest science in pediatric neurology and experience a unique forum for engaging with experts at Frontiers in Child Neurology: Cultivating Careers, Transitioning Care, and Highlighting Scientific Development. The new half-day program is set to take place from 11:30 a.m. to 6:00 p.m. on Saturday, April 16, during the Annual Meeting.

The session is geared toward child neurologists at all stages of their careers. Its concentrated format will deliver high-quality educational and scientific sessions focused on childhood neurologic disorders, and provide a platform for both child and adult neurologists to examine issues related to transitioning pediatric patients to the adult health care system.

This course is free and open to all registered Annual Meeting attendees. After registering to attend the meeting, add this session to your schedule using the online Itinerary Planner (located within the meeting dashboard of the Annual Meeting registration site at www4.cmrreg.com/aanam2016), or the convenient Annual Meeting Mobile App at AAN.com/view/AMMobileApp.

Program Schedule

11:30 a.m.–1:00 p.m.
Careers in Child Neurology: Ask the Experts
Brenda Banwell, MD; Rujuta Bhatt, MD; Shafali Jeste, MD; Karen C. Keough, MD; Rebecca K. Lehman, MD; Ann H. Tilton, MD, FAAN; David K. Urion, MD, FAAN

Invited Speakers

1:00 p.m.–1:30 p.m.
Overview of the Child Neurology Foundation’s Transition Project
Lawrence W. Brown, MD, Philadelphia, PA

1:30 p.m.–2:00 p.m.
Review of the Literature
Claudio DeGusmao, MD, Boston, MA

2:00 p.m.–2:30 p.m.
Common Principles of Transition for the Child Neurology Team
Ann H. Tilton, MD, FAAN, New Orleans, LA

2:30 p.m.–3:00 p.m.
How Can Adult Neurologists Support Successful Transitions?
Gregory D. Cascino, MD, FAAN, Rochester, MN

Break/Guided Poster Rounds

3:00 p.m.–3:30 p.m.
I15.009: Placental Pathology in Neonatal Stroke: A Retrospective Case-Control Study
Miya Bernson-Leung, MD, Boston, MA

I15.010: Emotional Abuse History and Migraine Among Young Adults: Results from The Add Health Dataset
Gretchen Tietjen, MD, Toledo, OH

I15.011: Treatment of Leukoencephalopathy with Cerebral Calcifications and Cysts with Bevacizumab: A Case Report
Alexander Fay, MD, PhD, Saint Louis, MO

I15.012: Maternal Illness in Pregnancy and Perinatal Exposure to Pesticides Are Associated with Risk for Pediatric Onset MS
Jennifer Graves, MD, PhD, San Francisco, CA

I15.013: Predictors of Tic Severity in Post-childhood Tourette Syndrome: Age-gender Interaction and Comorbidities
David G. Lichter, MBChB, FRACP, Buffalo, NY

Scientific Presentations

3:30 p.m.–3:45 p.m.
I15.001: Effects of Vagal Nerve Stimulation in Alternating Hemiplegia of Childhood
Ashley Helseth, MD, PhD, Durham, NC

I15.002: Clinical Metabomic Profiling for the Diagnosis of Neurometabolic Disorders for Global Developmental Delay, Seizures
Meeta Wagle, MD, Houston, TX

3:45 p.m.–4:00 p.m.
I15.003: Quantitative Effects of Botulinum Toxin Treatment on the Modified Ashworth Scale and the Tardieu Scale: Results from a Randomized Controlled Study of AbobotulinumtoxinA in Children with Dynamic Equinus Foot Deformity Due to Cerebral Palsy
Ann Tilton, MD, FAAN, New Orleans, LA

4:00 p.m.–4:15 p.m.
I15.004: Changes in the Microstructural Connectome Underlie Visual Memory Deficits in the Prematurely Born at Age 16 Years
Alyssa R. Thomas, BA, New Haven, CT

4:30 p.m.–4:45 p.m.
I15.005: Pediatric Sport-related Concussion Education: Effectiveness and Long-term Retention of the Head Safety Youth Sports (HSYS) Program for Youth Athletes, Ages 11-16
Ross-Jordon Elliott, San Antonio, TX

4:45 p.m.–5:00 p.m.
I15.006: Treatment of ADHD in Youth with Epilepsy
Michelle Lally, Charleston, SC

5:00 p.m.–5:15 p.m.
I15.007: Quantification of Risks of Seizure in Autism
Jennifer Jaskiewicz, DO, Bethesda, MD

5:15 p.m.–5:30 p.m.
I15.008: Results of North Star Ambulatory Assessments (NSAA) in the Phase 3 Ataluren Confirmatory Trial in Patients with Nonsense Mutation Duchenne Muscular Dystrophy (ACT DMD)
Katharine Bushby, MD, Newcastle upon Tyne, United Kingdom

Networking Reception

5:30 p.m.–6:30 p.m. *
Conferences

Preliminary 2016 Annual Meeting Scientific Program Announced

Continued from cover

Friday, April 15
5:30 p.m.–7:00 p.m.
Hot Topics Plenary Session

Saturday, April 16
6:30 a.m.–8:30 a.m.
Scientific Platform Sessions
S1 Aging and Dementia: Therapeutics and Management
S2 Multiple Sclerosis: Animal Models and In Vitro Studies
S3 Neurology Education
8:30 a.m.–7:00 p.m.
P1: Poster Session I
9:00 a.m.–11:30 a.m.
Contemporary Clinical Issues Plenary Session
11:30 a.m.–6:00 p.m.
Frontiers in Child Neurology: Cultivating Careers, Transitioning Care, and Highlighting Scientific Developments
1:00 p.m.–3:00 p.m.
Scientific Platform Sessions
S4 Health Disparities and Sex Differences in Stroke
S5 Movement Disorders: Parkinson’s Disease and Atypical Parkinsonian Syndromes: Biomarkers
1:00 p.m.–5:30 p.m.
I1 Redefining Parkinson’s Disease: Novel Approaches to Understanding Its Mechanisms and Developing Treatments
1:00 p.m.–5:30 p.m.
I2 Stroke in the Elderly and Young: Challenges for the Next Decade
3:30 p.m.–4:15 p.m.
Scientific Platform Session
S6 Global Health
3:30 p.m.–5:30 p.m.
Scientific Platform Session
S7 Stroke Clinical Trials
4:30 p.m.–5:30 p.m.
Scientific Platform Session
S8 Practice and Policy

Sunday, April 17
6:30 a.m.–7:15 a.m.
Scientific Platform Session
S9 Neurorehabilitation: New Targets and Therapies
6:30 a.m.–8:30 a.m.
Scientific Platform Session
S10 Child Neurology
7:30 a.m.–8:30 a.m.
Scientific Platform Session
S11 Neuro Trauma and Sports Neurology
8:30 a.m.–5:30 p.m.
P2: Poster Session II
9:00 a.m.–12:00 p.m.
Presidential Plenary Session
1:00 p.m.–3:00 p.m.
Scientific Platform Sessions
S12 Neuromyelitis Optica and Autoimmune Encephalitis
S13 Highlights in Sleep Medicine
S14 Epilepsy: Antiepileptic Drugs and Epidemiology
1:00 p.m.–5:30 p.m.
I3: New and Emerging Therapeutic Options in Migraine and Other Headache Disorders
1:00 p.m.–5:30 p.m.
I4 Advances in Acquired and Genetic Muscle Diseases
1:00 p.m.–5:30 p.m.
I5 Sex-related Factors in Neurological Disease
3:30 p.m.–6:30 p.m.
Scientific Platform Session
S15 History of Neurology
3:30 p.m.–5:30 p.m.
Scientific Platform Session
S16 Prehospital/Emergency Room Stroke Care and Intracerebral Hemorrhage
4:45 p.m.–5:30 p.m.
Scientific Platform Session
S17 Pain and Palliative Care

Monday, April 18
6:30 a.m.–8:30 a.m.
Scientific Platform Sessions
S18 Autonomic Disorders
S19 Movement Disorders: Parkinson’s Disease and Atypical Parkinsonian Syndromes: Phenomenology
S20 General Neurology
8:30 a.m.–7:00 p.m.
P3 Poster Session III
9:00 a.m.–11:30 a.m.
Controversies in Neurology Plenary Session
1:00 p.m.–3:00 p.m.
Scientific Platform Sessions
S21 Aging and Dementia: Genetics
S22 Epilepsy/Clinical Neurophysiology: Cognition, Emotion, Women, and Injury
S23 Section Topic Controversies: The Role of Rest vs. Active Intervention Following Concussion
1:00 p.m.–5:30 p.m.
I6 Future Directions and Challenges in Stroke Team Action Therapy (STAT)
1:00 p.m.–5:30 p.m.
I7 The Human Connectome: Implications for Clinical Neurology
1:00 p.m.–5:30 p.m.
I8 Emerging Technologies for Neurological Research and Care: #Emerging-Tech #Neurologist @AAN Data
3:30 p.m.–5:30 p.m.
Scientific Platform Sessions
S24 Clinical Outcomes and Treatment Strategies in Multiple Sclerosis
S25 Movement Disorders: Huntington’s Disease
S26 Headache

Tuesday, April 19
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Scientific Platform Sessions
S27 Movement Disorders: Essential Tremor and Tardive Dyskinesia
S28 Clinical Trials and Experimental Therapies in Neuromuscular Diseases
S29 Pediatric Multiple Sclerosis
8:30 a.m.–7:00 p.m.
P4 Poster Session IV
9:00 a.m.–11:30 a.m.
Frontiers in Neuroscience Plenary Session
1:00 p.m.–3:00 p.m.
Scientific Platform Sessions
S30 Movement Disorders: Ataxias and Other Hyperkinetic Movement Disorders
S31 Stroke Risk, Outcomes, and Complications
S32 Neuroepidemiology
S33 Section Topic Controversies: Review of Best Practice for Imaging and Antibody Testing in Suspected Paraneoplastic Disease
1:00 p.m.–5:30 p.m.
I9 Sleep, Clocks, and Alzheimer’s Disease
1:00 p.m.–5:30 p.m.
I10 Remyelination and Repair in Multiple Sclerosis
3:30 p.m.–5:30 p.m.
Scientific Platform Sessions
S34 Neuro-oncology
S3 Behavioral and Cognitive Neurology
3:30 p.m.–5:30 p.m.
Invited Science: Movement Disorders

Wednesday, April 20
6:30 a.m.–8:30 a.m.
Scientific Platform Sessions
Access to education is often limited for many in Vancouver’s most marginalized areas. In an effort to expand access to science education, the University of British Columbia created Science 101, a 12-week, non-credit, barrier-free course geared toward residents of the Downtown Eastside and other inner city neighborhoods.

The popular AAN Gives Back program at the Annual Meeting is once again partnering with a charity in the meeting’s host city to help local residents in need. This year’s partnership with Science 101 embodies the AAN’s “Neuroscience Is...™” initiative, a nationwide campaign designed to build public awareness and demonstrate the importance of neuroscience research in the care of neurology patients and the development of cures for brain diseases.

Donations to Science 101 will help the University of British Columbia provide introductory science education to adults who have had difficulty accessing university-level education. Students must apply, but there is no fee for the courses and no prerequisite knowledge required. Science 101 students are introduced to a wide variety of topics, including physics, astronomy, chemistry, and biology, and all classes are taught by University of British Columbia professors and graduate students who donate their time and resources.

Approximately 25 students participate in Science 101 each year, and come from all age groups and all backgrounds—including residents who have recovered from addiction or other difficulties and are trying to gain the skills to move forward in their lives, and immigrants from around the world seeking to improve their skill sets.

The AAN will match up to $2,500 in donations that are raised for Science 101 by the end of the Annual Meeting. Donations will be used to fund field trips, equipment, and program staffing.

To learn more and to make a donation, visit AAN.com/view/AANGivesBack. *
New Experiential Learning Areas Offer Career Advice, Showcase Valuable Resources

This article is the second in a series of interviews between Annual Meeting Management Committee Chair Stefan M. Pulst, MD, FAAN, and the chairs of the new Experiential Learning Areas, which will debut at the upcoming Annual Meeting in Vancouver. The areas will be open Friday through Thursday, be positioned throughout the convention center and offer dynamic and interactive learning opportunities designed to continue the learning outside the traditional classroom. Visit AAN.com/view/AM16 for more information.

Navigating Your Career: All Aboard

Pulst: What is the primary goal of this Experiential Learning Area?

Work Group: The goal is to help everyone—from medical students, residents, fellows, junior faculty, senior faculty, and advanced practice providers—grow professionally by hearing directly from others about their experiences with career-stage transitions in the real world. We hope the area will help guide visitors’ important internal questions as they contemplate these big decisions.

Pulst: What can visitors to this area expect to learn?

Work Group: Both physicians and advanced practice providers (APPs) will learn from successful models on how to establish and maintain effective APP-physician relationships. The non-traditional format of this experiential learning area will feature panel talks, Q&As, and a Mentor 1:1 area, all of which I think will be invaluable to visitors. The Annual Meeting is so large that sometimes it is difficult getting this kind of one-on-one time with mentors, which makes this experiential learning area so exciting.

Pulst: What is the most exciting component in the area?

Work Group: It will give visitors a unique opportunity to learn from and relate to people without having to take the initial social leap of asking personal questions about how others got to where they are today. A wide variety of folks who are at different stages of their careers—and along many different career paths—will be readily available to offer expert insight.

Learning Lab

Pulst: What can visitors to this area expect to learn?

Jori Fleisher, MD: The Learning Lab will offer up a unique, interactive learning environment for attendees to explore and purchase AAN educational products, programs, and services, and ask questions about products and programs to experts such as staff, chairs, and editors.

Pulst: What types of products, programs, and services can visitors expect to learn about?

Fleisher: The Learning Lab will showcase both online and print educational opportunities including:
- AAN Clinical Practice Guidelines
- AAN Quality Measures
- Annual Meeting On Demand
- Annual Meeting Syllabi
- Axon Registry™
- Continuum® Audio
- Continuum: Lifelong Learning in Neurology®
- EBM Online for Residents
- NeuroLearn™
- Neurology® journal
- Neurology® Clinical Practice
- Neurology® CME
- Neurology® Genetics
- Neurology® Neuroimmunology and Neuroinflammation
- Neurology® Podcast
- Neurology Now® Books
- Neurology® Resident and Fellow Clinical Reasoning Book
- Neurology Today®
- NeuroPiSM
- NeuroSAE®
- NeuroTracker™

Pulst: What will be presented on the HeadTalks stage?

Fleisher: This special area within the Learning Lab will feature 15-minute presentations modeled after the popular TED Talks. The format is different than other offerings at the Annual Meeting and especially unique in that each talk will follow a concise personal narrative, with focused topics on current events and other subjects that are of particular personal interest to the speakers.

Pulst: Who should visit the Learning Lab?

Fleisher: There is something of interest and value to everyone at the Learning Lab: Residents and fellows, practicing neurologists, neurologists seeking MOC and CME opportunities, and attendees just looking to purchase Annual Meeting On Demand or subscribe to Continuum, just to name a few examples.
Get a Daily Dose of Groundbreaking Neuroscience at the Annual Meeting

Scientific Program Highlights

An AAN Annual Meeting has always been the place to discover the latest, groundbreaking research across a wide variety of neurology topics—and 2016 will be no exception. The popular Scientific Program has been significantly enhanced to make accessing the cutting-edge science you’ve come to expect even easier than ever.

Scientific Program Highlights:

- **2,700+ Abstracts**
  The AAN received a record number of abstract submissions and has accepted more than 2,700 for presentation, so you’re sure to see a great variety of research.

- **Seven Plenary Sessions**
  One each day, beginning Friday evening, with no other courses scheduled during the plenary sessions.

- **Poster Halls Open All Day, Every Day**
  Six poster sessions—one per day beginning Saturday—will offer opportunities to meet with authors during evening stand-by sessions.

- **14 New Integrated Neuroscience Session (INS) Topics**
  An in-depth look into research highlights around a subspecialty concentration using a variety of presentation formats.

- **Invited Science Sessions**
  Cutting-edge research presented at various neurology subspecialty conferences throughout the year.

Annual Meeting Abstract Listing Now Available!

A full listing of the scientific abstracts highlighting breakthrough research on the most critical issues facing neurologists is now available. Access 2016 Annual Meeting abstracts one of three easy ways:

1. **Watch for Annual Meeting Scientific Program Book**
   Watch your mailbox in late February/early March for the 2016 Scientific Abstract Listing and Annual Meeting Information book, which includes titles and authors of all abstracts. A digital version of the guide will also be available online at AAN.com/view/AM16.

2. **Browse Abstracts Online Beginning March 3**
   Visit AAN.com/view/AM16 in to browse full abstracts online beginning March 3.

3. **Browse Abstracts via the Annual Meeting Mobile App**
   Browse abstracts and customize your schedule quickly and easily with the Annual Meeting mobile app—available for iPhone, iPad, and Android.

President’s Column

Enjoy Innovative Research Every Day at 2016 Annual Meeting

Will the meeting include science presented at other neurology conferences?

Yes. As the home for all of neurology, the Annual Meeting’s two Invited Science Sessions will highlight trailblazing research presented at various neurology subspecialty conferences throughout the year. This year’s sessions will feature abstracts from the International Parkinson and Movement Disorder Society and ECTRIMS. Attendees can visit AAN.com/view/AM16 to learn what lecturers and topics will be presented.

The Annual Meeting Scientific Program draws researchers from all over the globe. All this and more is included in one low, all-inclusive registration rate—a significant value for the quantity and quality of programming.

Since we’re talking about science, I’d like to remind you to attend the Awards Luncheon on Tuesday, April 19, from 11:30 a.m. to 1:00 p.m. We will be honoring some of the highest accomplishments in neuroscience research, from world-renowned researchers to intrepid high school students who are demonstrating what we hope is a lifelong fascination with the brain. We also will honor members who have excelled in neurology education and advocacy for their patients. You can reserve your seat for the luncheon when you register, or reserve a table for your department or institution. Learn more at AAN.com/view/AwardsLuncheon.

We’re doing everything we can to make this Annual Meeting a greater value than ever. Whether it’s your first AAN meeting or you are a long-time attendee, I encourage you to join us in beautiful Vancouver and rediscover the excitement of neurology!

Terrence L. Cascino, MD, FAAN
President, American Academy of Neurology
tcascino@aan.com
Annual Meeting Highlights for Medical Students and Residents

The AAN Annual Meeting offers a unique experience—at a great value—for students, residents, and fellows with boundless opportunities to gain exposure to a variety of interests and career disciplines, as well as network with leading neurologists and neurology professionals from around the globe.

Medical Students Register for Free, Junior Members Receive Deep Discounts

Medical students, graduate students, and PhD candidates who present a student ID card or are AAN members receive free Annual Meeting registration. Junior resident and fellow members receive a significant discount—only $245 (a more than $800 savings!)—before the March 24, 2016, early registration deadline. In addition, the meeting’s new all-inclusive registration offers more value than ever by providing access to most* everything the Annual Meeting has to offer, including:

- More than 230 education courses, with no pre-registration required for most individual courses*
- Seven plenary sessions, one each day, beginning Friday evening
- Six daily poster sessions beginning Saturday
- Platform sessions in three programming windows starting on Saturday
- 14 Integrated Neuroscience Sessions, which provide an in-depth look into research highlights around a subspecialty concentration
- Invited Science Sessions highlighting cutting-edge research presented at various neurology subspecialty
- Exciting social and networking events all week long offering new ways to connect and thrive

Frontiers in Child Neurology: Cultivating Careers, Transitioning Care, and Highlighting Scientific Development

On Saturday, April 16, from 11:30 a.m. to 6:00 p.m., this new half-day program will focus on presenting the latest science in pediatric neurology and provide a unique forum for attendees to engage with experts about pursuing career opportunities in the subspecialty.

Highlights

Careers in Child Neurology Luncheon—Ask the Experts
Co-Chairs: Ann H. Tilton, MD, FAAN, and Rujuta Bhatt, MD
Medical students and residents who are considering a career as a child neurologist will get a unique opportunity to meet with the experts and have their questions answered.

Transitioning Patients from the Child Neurologist to the Adult Neurologist
Coordinators: Shafali Jeste, MD, and Rebecca K. Lehman, MD
Invited speakers and a panel discussion will focus on successes and challenges.

Scientific Presentations
A traditional scientific session format, followed by discussion.

Poster Blitz
Poster presenters will highlight their research in five minutes or less.

Networking Reception
The program will conclude with a wine and cheese reception allowing attendees an opportunity to talk with presenters, network, and review posters.

NEW! Faculty and Trainee Reception Offers Unique Networking Opportunity for All

Set for Saturday, April 16, from 6:00 p.m. to 9:00 p.m., this new Annual Meeting event will be hosted by Jaffar Khan, MD, FAAN, and is a unique opportunity for undergraduate and graduate attendees, as well as clerkship and program directors. Highlights include:

- Networking opportunities between program/clerkship/fellowship directors and coordinators, residents, fellows, and medical students
- Institutional posters will give institutions the opportunity to highlight their medical programs, neurology residencies, fellowships, and practice/academic job opportunities
- Resident leadership recipients, resident scholarships, and academic faculty award recipients will all be honored
Volunteer Opportunities Offer More Ways to Save

Volunteer monitors for education and scientific programs will receive discounts on registration fees, as well as CME credit for the monitored program(s). Skills Workshop volunteers will receive a waived meeting registration and workshop fee, as well as payment of $40 per noninvasive session and $60 per invasive session. Volunteers must be junior, fellow, or student members of the AAN. Opportunities are available on a first-come, first-served basis. For more information, contact Laurie Dixon at ldixon@aan.com or (612) 928-6154.

See What Else Is in Store for Medical Students, Residents, and Fellows

Visit AAN.com/view/2016AMGuide to download the 2016 Medical Student, Resident, and Fellow Guide for detailed course recommendations, more opportunities to save, and can’t-miss events.

*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, Bedside Evidence-based Medicine: How to Find and Deconstruct Articles in Order to Take Care of Patients I & II, and Genomic Neurology Workshop: Developing Practical Knowledge of Tools and Concepts Through Case Studies 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.*

Most Annual Meeting Hotels Within Convenient Walking Distance of Convention Center

Most of this year’s AAN-contracted hotels are conveniently located within walking distance of the Vancouver Convention Centre. In lieu of shuttle service, Annual Meeting attendees can enjoy the spectacular scenery of short walks—most less than eight blocks—in the vibrant, pedestrian-friendly environment of Canada’s twice-named “most walkable city.”

Complimentary shuttle service will be available between hotels and the convention center on the evening of the Opening Party on Sunday, April 17.

Attendees may also take advantage of Canada Line, Vancouver’s fully automated rapid transit line. View Canada Line routes and information on all AAN-contracted hotels at AAN.com/view/BookHotel. *

For either $100 or $250 your Business Administrators can improve your practice’s bottom line by gaining access to career-enhancing resources worth up to $4,000!

- Special rates on practice management webinars (Free at $250 membership level)
- Network with neurology colleagues in online communities
- Subscriptions to Neurology® Clinical Practice and Neurology Today®
- Reduced registration to the AAN Annual Meeting offering targeted courses for Business Administrators

Join now at AAN.com/view/BUSM
Conferences

Annual Meeting Plenary Sessions Showcase Top Research

**Presidential Lecture**
Brent C. James, MD
Institute for Health Care Delivery
Research at Intermountain Health Care, Salt Lake City, UT

**George C. Cotzias Lecture**
Endowed by Roche Pharmaceuticals.
Josep O. Dalmau, MD, PhD
University of Barcelona, Barcelona, Spain
University of Pennsylvania, Philadelphia, PA

**Antibody Mediated Disorders of the Synapse**

**Sidney Carter Award in Child Neurology**
Endowed by an Anonymous Donor.
Elizabeth M. Berry-Kravis, MD, PhD
Rush University Medical Center, Chicago, IL

**Robert Wartenberg Lecture**
Jerome Engel, Jr., MD, PhD, FAAN
Reed Neurological Research Center, UCLA, Los Angeles, CA

**Targeted Treatments for Fragile X Syndrome: Modifying the Translational Pathway**

**Contemporary Clinical Issues Plenary Session**
Saturday, April 16
9:00 a.m.–11:30 a.m.
Highlights issues most critical to practicing neurologists, including abstracts related to new therapeutic developments, clinical applications of basic and translational research, and innovative technical developments. Commentary and discussion follow each presentation.

**Abstract Presentations**

**The Spectrum of Multiple Sclerosis Misdiagnosis in the Era of McDonald Criteria: A Multicenter Study**

**Presenter:** Andrew J. Solomon, MD, University of Vermont, Burlington, VT

**Discussant:** John Corboy, MD, FAAN, University of Colorado School of Medicine, Aurora, CO

The World Health Organization Atlas 2015: Country Resources for Neurological Disorders

**Presenter:** Kiran Thakur, MD, Columbia University, New York, NY

**Discussant:** Walter J. Koroshetz, MD, FAAN, National Institute of Neurological Disorders and Stroke, Bethesda, MD

Discovery and Early Clinical Development of ISIS-HTTRx, the First HTT-Lowering Drug to Be Tested in Patients with Huntington’s Disease

**Presenter:** Blair Leavitt, MD, University of British Columbia, Vancouver, BC, Canada

**Discussant:** Ira Shoulson, MD, FAAN, Georgetown University, Washington, DC

**Invited Speakers**

**Birgit Högl, MD**
Innsbruck Medical University, Innsbruck, Austria

**Beyond Sleep: Recent Advances in Research for REM Sleep Behavior Disorder/RBD**
Andrew Charles, MD
University of California, Los Angeles, CA

**Future Management of Migraine: A Focus on Antibody Therapies**
Jeffery W. Kelly, PhD
The Scripps Research Institute, La Jolla, CA

**Peripheral Neuropathy–Transthyretin**

**Controversies in Neuroscience Plenary Session**
Monday, April 18
9:00 a.m.–11:30 a.m.
Features experts discussing the most current and controversial issues in neuroscience. This debate format includes two speakers arguing one side of a single topic, followed by a rebuttal.

**Cognitive Enhancing Activities: Do They Prevent Dementia?**

**Pro:** David S. Knopman, MD, FAAN, Mayo Clinic, Rochester, MN

**Con:** Kaycee Sink, MD, MAS, Wake Forest Baptist Medical Center, Winston Salem, NC

**Is Early Aggressive Treatment a More Beneficial Approach Than Escalation of Treatment for Most Patients with MS?**

**Pro:** Timothy L. Vollmer, MD, FAAN, University of Colorado, Aurora, CO

**Con:** Brian G. Weinshenker, MD, FAAN, Mayo Clinic, Rochester, MN

**Vascular Etiology Is a Common Cause of Parkinsonism?**

**Pro:** TBD

**Con:** TBD

**Hot Topics Plenary Session**
Friday, April 15
5:30 p.m.–7:00 p.m.
Features translational research related to clinical issues of importance. Four outstanding physician-scientists provide summaries of their recent research findings and describe the clinical implications of the results.

**Eva Feldman, MD, PhD, FAAN**
University of Michigan, Ann Arbor, MI

**Intraspinal Stem Cell Transplantation in ALS: Where We Are Today**

**Karunesh Ganguly, MD, PhD**
University of California, San Francisco, CA

**Recent Progress in Brain-computer Interfaces**

**Jonathan Kipnis, PhD**
University of Virginia, Charlottesville, VA

**Brain Lymphatics**

Andres M. Lozano, MD
Toronto Western Hospital, Toronto, ON, Canada

**Recent Advances in Functional Neurosurgery**

Invited Speakers

Birgit Högl, MD
Innsbruck Medical University, Innsbruck, Austria

Beyond Sleep: Recent Advances in Research for REM Sleep Behavior Disorder/RBD

Andrew Charles, MD
University of California, Los Angeles, CA

Future Management of Migraine: A Focus on Antibody Therapies

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**Con:** Brian G. Weinshenker, MD, FAAN, Mayo Clinic, Rochester, MN

**Vascular Etiology Is a Common Cause of Parkinsonism?**

**Pro:** TBD

**Con:** TBD
Frontiers in Translational Neuroscience Plenary Session
Tuesday, April 19
9:00 a.m.–12:00 p.m.
Focuses on translational research related to clinical issues of importance. Six physician-scientists outline their recent research findings, along with the clinical implications.

Jeremy D. Schmahmann, MD, FAAN
Massachusetts General Hospital, Boston MA
The Cerebellar Cognitive Affective Syndrome: Implications for Neurology and Psychiatry

Thomas A. Rando, MD, PhD
Stanford University, Stanford, CA
Harnessing Stem Cell Potential for Tissue Repair: Reversing the Aging Process?

John Collinge, MD, FRCP
University of London Institute of Neurology, London, United Kingdom
Development of Rational Therapeutics for Prion Infection and its Relevance to Alzheimer’s Disease

Florian Eichler, MD, Massachusetts General Hospital, Boston, MA
Interim Results from a Phase 2/3 Study of the Efficacy and Safety of Ex Vivo Gene Therapy With Lentiviral Vector (Lenti-D) for Childhood Cerebral Adrenoleukodystrophy

Robert A. Hauser, MD, MBA, FAAN, University of South Florida, Tampa, FL
KINECT 3: A Randomized, Double-Blind, Placebo-Controlled Phase 3 Trial of Valbenazine (NBI-98854) for Tardive Dyskinesias

Kurt A. Jaeckle, MD, FAAN, Mayo Clinic, Jacksonville, FL
CODEL (Alliance-N0577; EORTC-26081/22086; NRG-1071; NCIC-CEC-2): Phase III Randomized Study of RT vs. RT+TMZ vs. TMZ for Newly Diagnosed 1p/19q-Codeleted Anaplastic Oligodendrogial Tumors. Analysis of Patients Treated on the Original Protocol Design

Clinical Trials Plenary Session
Wednesday, April 20 / 9:00 a.m.–11:00 a.m.
Covers important clinical topics identified from other society meetings that affect patient care. The latest updates within several clinical trials conducted over the course of the last year will be presented with an open panel discussion at the conclusion.

James Burge, MD, University College of London, London, United Kingdom
Efficacy and Safety of Dichlorphenamide for the Treatment of Periodic Paralysis: a Phase 3 Randomized, Double-Blind, Parallel-Group, Placebo-Controlled Trial

Florian Eichler, MD, Massachusetts General Hospital, Boston, MA
Interim Results from a Phase 2/3 Study of the Efficacy and Safety of Ex Vivo Gene Therapy With Lentiviral Vector (Lenti-D) for Childhood Cerebral Adrenoleukodystrophy

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Karen L. Furie, MD, MPH, Rhode Island Hospital/Warren Alpert Medical School at Brown University, Providence, RI
Insulin Resistance Intervention after Stroke (IRIS) Trial: Secondary Stroke Prevention, Phase 3 Trial

Alineza Atri, MD, PhD, California Pacific Medical Center Research Institute, San Francisco, CA
A 5-HT6 Antagonist as Adjunctive Therapy to Cholinesterase Inhibitors in Patients with Mild-to-Moderate Alzheimer’s Disease: Idalopirdine in Phase III

Neurology Year in Review Plenary Session
Thursday, April 21
9:00 a.m.–11:30 a.m.
Features six speakers, each focusing on the latest research that has happened in the last year within a specific subspecialty topic.

Massimo Pandolfo, MD, FAAN
Universite Libre De Bruxelles, Brussels, Belgium
Genetic Disorders: Diagnosis and Treatment

Christina Marra, MD, FAAN
University of Washington, Harborview Medical Center, Seattle, WA
Neuro-infectious Disease

Ahmet Hoke, MD, PhD
Johns Hopkins School of Medicine, Baltimore, MD
Peripheral Nerve Disorders

TBD
Neurodevelopmental Disorders

Alireza Atri, MD, PhD
Albert Einstein College of Medicine, Bronx, NY
Headache

Participants as of February 16, 2016; subject to change.
Conferences

Reminder: Annual Meeting Early Registration Savings End This Month

March 24 is your last chance to take advantage of the AAN’s special early registration rates to the 2016 Annual Meeting in Vancouver. The average Active member neurologist will save $260 or more by registering by this date.

Early Registration Savings:
- Neurologist Member: Save $260 with $695 early registration discount
- Non-neurologist Member: Save $150 with $395 early registration discount
- Junior Member: Save $90 with $245 early registration discount

Registration is your ticket to most everything the Annual Meeting has to offer—all week long and at no additional cost to you. This year’s new all-inclusive registration rate offers more value than ever, with access to:
- Most of the meeting’s 230 education courses—with no pre-registration required for individual courses*
- 2,700+ scientific abstracts
- Innovative practice and advocacy programming
- Seven cutting-edge plenary sessions
- Six daily poster sessions
- New Integrated Neuroscience Session topics
- New Invited Science Sessions
- Experiential learning opportunities
- Not-to-be-missed social events
- More

Visit AAN.com/view/AM16 before March 24 to save!

*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, Bedside Evidence-based Medicine: How to Find and Deconstruct Articles in Order to Take Care of Patients I & II, and Genomic Neurology Workshop: Developing Practical Knowledge of Tools and Concepts Through Case Studies 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.

Free Member Benefit: 10 Self-assessment CME Credits and Help Planning Your Annual Meeting Itinerary

Use the NeuroSAE Annual Meeting Edition

If you’re attending the 2016 Annual Meeting, then you’ll want to be sure and include the new NeuroSAE® Annual Meeting Edition in your plans. Available free to AAN members, this convenient online program helps you assess your knowledge in major clinical areas of neurology and provides course suggestions by subspecialty area to help you build your ideal itinerary for the Annual Meeting. Simply:

1. Take the online pre-test by April 14, 2016. Upon completion, you’ll receive course suggestions to help you build your Annual Meeting itinerary.
2. Register and attend the Annual Meeting in Vancouver, BC, Canada, April 15–21.
3. After attending the meeting, gauge your improvement by completing the online post-test. Earn a score of 70 percent or higher and receive a detailed score report and 10 FREE self-assessment CME credits.

With more than 230 education courses now included free with your Annual Meeting registration, there’s never been a better time to take advantage of this exclusive AAN member benefit and opportunity to help you plan your week. Get started today by visiting AAN.com/view/NeuroSAEAM.
Popular Sports Concussion Conference to Return to Chicago in July

The popular Sports Concussion Conference is returning to Chicago in 2016. Set for July 8 through 10 at the Hilton Chicago Hotel, the conference is poised to be the go-to meeting for all disciplines involved in the prevention, diagnosis, and treatment of sports concussion, including neurologists, athletic trainers, and other medical professionals such as family physicians, pediatricians, physical therapists, physician assistants, and nurses.

The conference will engage participants in discussions about the very latest information in the world of sports concussion through a variety of formats, including hands-on workshops and debates.

Attendees can expect to:

- Better understand the current state of concussion pathophysiology, diagnosis, and management
- Learn about the latest technologies for diagnosis and management
- Discover emerging issues in post-concussion syndrome diagnosis and management
- Discuss issues of long-term sequelae from athletic brain trauma

Early Registration Discounts End June 14


Abstracts Sought by May 9

The Sports Concussion Conference is seeking abstracts on a variety of topics related to sports concussion, including treatment, prevention, and education, to be presented in oral poster blasts or during a lunch poster session. The abstract submission deadline is May 9, 2016. Visit AAN.com/view/ConcussionConference to submit or contact science@aan.com for more information.

AAN Tweet Chat Generates 1.7 Million Impressions

A recent AAN tweet chat at #AskConcussion generated 1.7 million impressions, continuing the important national conversation around concussion. Concussion is a popular topic among the general public as people seek answers about safety, prevention, and recovery.
AAN Webinars Help with ICD-10-CM Follow-up and E/M Documentation

In March, two AAN webinars will help members improve their practices with expert advice on catching-up with the ICD-10-CM transition and ensuring correct E/M documentation.

Get Caught Up: The ICD-10-CM Cross-walk Is Now a Cross-run

March 8, 2016 / 12:00 p.m.–1:00 p.m. ET

Deadline to Register: March 7

Directors: Korwyn Williams, MD, PhD, and Bryan Soronson, CRA, FACMPE, MBA

Objectives

- Evaluate your current practices for ICD-10-CM use and identify practice gaps
- Assess your understanding of ICD-10-CM and necessary documentation
- Implement best coding practices in ICD-10-CM

Documentation into Dollars: Evaluation/Management

March 22, 2016 / 12:00 p.m.–1:00 p.m. ET

Deadline to Register: March 21

Director: J. Mark Bailey, DO, PhD

Objectives

- Appropriately code patient visits
- Gain confidence in coding and billing for complex E/M services
- Master medical decision making
- Properly use the Academy’s E/M templates

Enjoy New Reduced 2016 Member Pricing!

- AAN members pay only $99 per webinar (save $50 each from 2015 fee) or subscribe to the complete 2016 webinar series for only $189 (save $10 from 2015 subscription)
- New and convenient one-hour sessions
- If you have scheduling conflicts, registration gives you access for one year to the recorded webinar if you miss the live event
- Physicians will earn 1 AMA PRA Category 1 Credit™ per webinar and non-physicians will receive a certificate of completion
- Includes presentation slides and access to recording

To initiate a 2016 subscription, simply start registering for a single webinar and the option to subscribe to all 10 live webinars will be presented. The 2016 subscription offer does not include registration for webinars presented in 2015, which must be made in a separate transaction.

Learn more at AAN.com/view/pmw16.

Neurohospitalist Society Selects AAN as Association Management Provider

The Neurohospitalist Society has selected the AAN to provide association management services to assist its more than 500 members. The collaboration is a pilot initiative for the Academy and aims to provide an effective forum for meaningful, transparent, and mutually beneficial interactions between a neurologic subspecialty society and the AAN. In addition, it allows both organizations to speak with one voice on crucial issues in neurology. Key management areas where the AAN is piloting association management services include: member services and communications, information technology, and general management and leadership.

“The AAN is honored that a relatively young organization like NHS, which has so much potential, approached the Academy and proposed this pilot project,” said AAN President Terrence L. Cascino, MD, FAAN. “While both organizations are very optimistic about this project and continuing to build upon our current great relationship, we both acknowledge the need to carefully and critically evaluate the project to make sure it is meeting both of our expectations.”
INDICATION

AUBAGIO® (teriflunomide) is indicated for the treatment of patients with relapsing forms of multiple sclerosis.

IMPORTANT SAFETY INFORMATION

WARNING: HEPATOTOXICITY AND RISK OF TERATOGENICITY

Severe liver injury including fatal liver failure has been reported in patients treated with leflunomide, which is indicated for rheumatoid arthritis. A similar risk would be expected for teriflunomide because recommended doses of teriflunomide and leflunomide result in a similar range of plasma concentrations of teriflunomide. AUBAGIO is contraindicated in patients with severe hepatic impairment and in patients taking leflunomide. Concomitant use of AUBAGIO with other potentially hepatotoxic drugs may increase the risk of severe liver injury. Obtain transaminase and bilirubin levels within 6 months before initiation of AUBAGIO therapy. Monitor ALT levels at least monthly for 6 months after starting AUBAGIO. If drug-induced liver injury is suspected, discontinue AUBAGIO and start an accelerated elimination procedure with cholestyramine or charcoal. Patients with pre-existing liver disease may be at increased risk of developing elevated serum transaminases when taking AUBAGIO.

Based on animal data, AUBAGIO may cause major birth defects if used during pregnancy. Pregnancy must be excluded before starting AUBAGIO. 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.

Please see additional Important Safety Information and Brief Summary of Full Prescribing Information, including boxed WARNING regarding hepatotoxicity and use in pregnancy, on the following pages.
AUBAGIO® (teriflunomide) efficacy was established in TEMSO and reinforced with TOWER and TOPIC. Phase III clinical trials

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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.

Teriflunomide is eliminated slowly from the plasma—it takes an average of 8 months, or up to 2 years, to reach plasma concentrations <0.02 mcg/mL. Elimination may be accelerated by administration of cholestyramine or charcoal, but this may cause disease activity to return in patients who were responding to AUBAGIO.

Decreases in white blood cell counts, mainly of neutrophils and lymphocytes, and platelets have been reported with AUBAGIO. Obtain a complete blood cell count before starting AUBAGIO therapy. Concomitant use of AUBAGIO and other potentially hepatotoxic drugs may increase the risk of severe liver injury. Obtain transaminase and bilirubin levels within 6 months before initiation of AUBAGIO therapy. Monitor ALT levels at least monthly for 6 months after starting AUBAGIO. If drug-induced liver injury is suspected, discontinue AUBAGIO and start an accelerated elimination procedure with cholestyramine or charcoal. 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. In clinical trials, if ALT elevation was >3 times the ULN on 2 consecutive tests, patients discontinued AUBAGIO and underwent accelerated elimination. Consider additional monitoring if 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).

3 Phase III clinical trials

- AUBAGIO® (teriflunomide) efficacy was established in TEMSO and reinforced with TOWER and TOPIC.

* AUBAGIO is effective across key measures of disease activity: sustained disability progression (14 mg only), annualized relapse rate, and MRI activity. Common adverse events with AUBAGIO led to treatment discontinuation rates ≤3.3% in the pooled clinical trials.1,2
A proven approach to quieting* relapsing MS

- **2 trials impacting disability progression**: AUBAGIO 14 mg is the only oral MS 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.

- **1 daily tablet**: AUBAGIO is one tablet, once a day.

**TEMSO**: A double-blind, placebo-controlled trial in patients with relapsing forms of MS (N=1088). Patients were randomized to receive AUBAGIO 14 mg (n=359), AUBAGIO 7 mg (n=363), or placebo (n=366) once daily for 108 weeks.

**TOWER**: A double-blind, placebo-controlled trial in patients with relapsing forms of MS (N=1169). Patients were randomized to receive AUBAGIO 14 mg (n=372), AUBAGIO 7 mg (n=408), or placebo (n=389) once daily with results for up to 40 months of treatment.

**TOPIC**: A double-blind, placebo-controlled clinical trial in patients with relapsing MS (N=618). Patients were randomized to receive AUBAGIO 14 mg (n=216), AUBAGIO 7 mg (n=205), or placebo (n=197) once daily for 108 weeks. Patients had a first clinical event consistent with acute demyelination occurring within 90 days of randomization with 2 or more T2 lesions at least 3 mm in diameter characteristic of MS.

**Study 4**: A randomized, double-blind, placebo-controlled trial in patients with relapsing forms of MS (N=179). Patients were randomized to receive AUBAGIO 14 mg (n=57), AUBAGIO 7 mg (n=61), or placebo (n=61) once daily for 36 weeks.

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**Adverse Reactions**: The most frequent adverse reactions (≥10% and ≥2% greater than placebo) with AUBAGIO 7 mg and 14 mg and placebo, respectively, were headache (18% and 16% vs 15%), ALT increased (13% and 15% vs 9%), diarrhea (13% and 14% vs 8%), alopecia (10% and 13% vs 5%), and nausea (8% and 11% vs 7%).

**Drug Interactions**: Monitor patients when teriflunomide is coadministered with warfarin, or with drugs metabolized by CYP1A2, CYP2C8, substrates of OAT3 transporters, substrates of BCRP, or OATP1B1/1B3 transporters.

**Use in Specific Populations**: AUBAGIO is detected in human semen. To minimize any possible fetal risk, men not wishing to father a child and their female partners should use reliable contraception. Men wishing to father a child should discontinue therapy and undergo accelerated elimination, with verification of plasma concentrations <0.02 mcg/mL. Nursing mothers should not use AUBAGIO.

Please see Brief Summary of Full Prescribing Information, including boxed WARNING regarding hepatotoxicity and use in pregnancy, on the following pages.

**Count within 6 months before starting treatment, with further monitoring based on signs and symptoms of bone marrow suppression. AUBAGIO is not recommended for patients with severe immunodeficiency, bone marrow disease, or severe uncontrolled infections. Tuberculosis (TB) has been observed in clinical studies of AUBAGIO. Before starting treatment, screen patients for latent TB infection with a tuberculin test. Treatment in patients with acute or chronic infections should not be started until the infection(s) is resolved. Administration of live vaccines is not recommended. The risk of malignancy, particularly lymphoproliferative disorders, or infection may be increased with the use of some medications with immunosuppressive potential, including teriflunomide. Peripheral neuropathy, including polyneuropathy and mononeuropathy, has been reported with AUBAGIO. Age >60 years, concomitant neurotoxic medications, and diabetes may increase the risk. If peripheral neuropathy is suspected, consider discontinuing treatment and performing accelerated elimination. Interstitial lung disease and rare cases of Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported with leflunomide; a similar risk would be expected for teriflunomide. If a severe skin reaction develops with AUBAGIO, stop treatment and use accelerated elimination. Blood pressure increases and hypertension have occurred with AUBAGIO. Measure blood pressure at treatment initiation and manage any elevations during treatment.**

AUBAGIO® (teriflunomide) is available in 14 mg and 7 mg tablets.
Help your patients manage their RMS with AUBAGIO® (teriflunomide) and MS One to One®

- One step to get started: the AUBAGIO Start form is both a prescription for AUBAGIO and enrollment for support offered by MS One to One.

For more information, visit www.AubagioHCP.com or call 1-855-MSOne2One (1-855-676-6326).

AUBAGIO is effective across key measures of disease activity: sustained disability progression (14 mg only), annualized relapse rate, and MRI activity. Common adverse events with AUBAGIO led to treatment discontinuation rates ≤3.3% in the pooled clinical trials.1,2

Please see Important Safety Information on previous pages and Brief Summary of Full Prescribing Information, including boxed WARNING regarding hepatotoxicity and use in pregnancy, on the following pages.

WARNING: HEPATOXICITY AND RISK OF TERATOGENICITY

Hepatotoxicity
Severe liver injury including fatal liver failure has been reported in patients treated with leflunomide, which is indicated for rheumatoid arthritis. A similar risk would be expected for teriflunomide because recommended doses of teriflunomide and leflunomide result in a similar range of plasma concentrations of teriflunomide. Concomitant use of AUBAGIO with other potentially hepatotoxic drugs may increase the risk of severe liver injury. Obtain transaminase and bilirubin levels within 6 months before initiation of AUBAGIO therapy. Monitor ALT levels at least monthly for six months after starting AUBAGIO [see Warnings and Precautions (5.1)]. If drug induced liver injury is suspected, discontinue AUBAGIO and start an accelerated elimination procedure with cholestyramine or charcoal [see Warnings and Precautions (5.3)]. AUBAGIO is contraindicated in patients with severe hepatic impairment [see Contraindications (4.1)]. Patients with pre-existing liver disease may be at increased risk of developing elevated serum transaminases when taking AUBAGIO.

Risk of Teratogenicity
Based on animal data, AUBAGIO may cause major birth defects if used during pregnancy. Pregnancy must be excluded before starting AUBAGIO. AUBAGIO is contraindicated in pregnant women or women of childbearing potential who are not using reliable contraception. Pregnancy test should be performed before starting AUBAGIO treatment or prior to the completion of an accelerated elimination procedure after AUBAGIO treatment [see Contraindications (4.2), Warnings and Precautions (5.2), and Use in Specific Populations (8.1)].

1 INDICATIONS AND USAGE
AUBAGIO® is indicated for the treatment of patients with relapsing forms of multiple sclerosis.

2 DOSAGE AND ADMINISTRATION
The recommended dose of AUBAGIO is 7 mg or 14 mg orally once daily. AUBAGIO can be taken with or without food.

Monitoring to assess safety
- Obtain transaminase and bilirubin levels within 6 months before initiation of AUBAGIO therapy. Monitor ALT levels at least monthly for six months after starting AUBAGIO [see Warnings and Precautions (5.1)].
- Obtain a complete blood cell count (CBC) within 6 months before the initiation of treatment with AUBAGIO. Further monitoring should be based on signs and symptoms of infection [see Warnings and Precautions (5.4)].
- Prior to initiating AUBAGIO, screen patients for latent tuberculosis infection with a tuberculin skin test or blood test for mycobacterium tuberculosis infection [see Warnings and Precautions (5.4)].
- Check blood pressure before start of AUBAGIO treatment and periodically thereafter [see Warnings and Precautions (5.7)].

4.1. Severe Hepatic Impairment
Patients with severe hepatic impairment [see Warnings and Precautions (5.1)].

4.2. Patients Who are Pregnant or Women of Childbearing Potential Not Using Reliable Contraception
AUBAGIO may cause fetal harm when administered to a pregnant woman.

In animal studies, teriflunomide has been shown to be selectively teratogenic and embryolethal in multiple species when administered during pregnancy at doses less than those used clinically. Nonclinical studies indicate further that the intended pharmacologic action of the drug is involved in the mechanism of developmental toxicity [see Use in Specific Populations (8.1)].

AUBAGIO is contraindicated in women who are pregnant or women of child bearing potential not using reliable contraception. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to a fetus. If pregnancy does occur during treatment, the drug should be immediately discontinued and an accelerated elimination procedure should be initiated [see Warnings and Precautions (5.3)]. Under these conditions, the patient should be referred to an obstetrician/gynecologist, preferably experienced in reproductive toxicity, for further evaluation and counseling [see Warnings and Precautions (5.7)].

4.3. Current treatment with leflunomide
Co-administration of teriflunomide with leflunomide is contraindicated.

5 WARNINGS AND PRECAUTIONS

5.1. Hepatotoxicity
Severe liver injury including fatal liver failure and dysfunction has been reported in some patients treated with leflunomide, which is indicated for rheumatoid arthritis. A similar risk would be expected for teriflunomide because recommended doses of teriflunomide and leflunomide result in a similar range of plasma concentrations of teriflunomide. Patients with pre-existing liver disease may be at increased risk of developing elevated serum transaminases when taking AUBAGIO. Patients with pre-existing acute or chronic liver disease, or those with serum-alanine aminotransferase (ALT) greater than two times the upper limit of normal (ULN) before initiating treatment, should not normally be treated with AUBAGIO. AUBAGIO is contraindicated in patients with severe hepatic impairment [see Contraindications (4.1)]. In placebo-controlled trials, ALT greater than three times the ULN occurred in 6.1/1000 (0.6%) and 6.2/1000 (0.6%) of patients receiving AUBAGIO 7 mg and 14 mg, respectively, and 38/997 (3.8%) of patients receiving placebo during the treatment period. These elevations occurred mostly within the first year of treatment.

Half of the cases returned to normal without drug discontinuation. In clinical trials, if ALT > 10x ULN was greater than three times the ULN on two consecutive tests, AUBAGIO was discontinued and patients underwent an accelerated elimination procedure [see Warnings and Precautions (5.3)]. Of the patients who underwent discontinuation and accelerated elimination in controlled trials, half returned to normal or near normal values within 2 months. One patient in the controlled trials developed ALT 32 times the ULN and jaundice 5 months after initiation of AUBAGIO 14 mg treatment. The patient was hospitalized for 5 weeks and recovered after plasmapheresis and cholestyramine accelerated elimination procedure. AUBAGIO-induced liver injury in this patient could not be ruled out. Obtain serum transaminase and bilirubin levels within 6 months before initiation of AUBAGIO therapy. Monitor ALT levels at least monthly for six months after starting AUBAGIO. Under additional monitoring when AUBAGIO is given with other potentially hepatotoxic drugs. Consider discontinuing AUBAGIO if serum transaminase increase (greater than three times the ULN) is confirmed. Monitor serum transaminase and bilirubin on AUBAGIO therapy; particularly in patients who develop symptoms suggestive of hepatic dysfunction, such as jaundice, nausea, vomiting, abdominal pain, fatigue, anorexia, or jaundice and/or dark urine. If liver injury is suspected to be AUBAGIO-induced, discontinue AUBAGIO and start an accelerated elimination procedure [see Warnings and Precautions (5.3)] and monitor liver function tests weekly until normalized. If AUBAGIO-induced liver injury is unlikely because some other probable cause has been found, resumption of AUBAGIO therapy may be considered.

5.2 Use in Women of Childbearing Potential
Teriflunomide is eliminated slowly from the plasma. Without an accelerated elimination procedure, it takes on average 8 months to reach plasma concentrations less than 0.02 mcg/mL, although because of individual variations in drug clearance, it may take as long as 2 years. An accelerated elimination procedure could be used at any time after discontinuation of AUBAGIO. Elimination can be accelerated by either of the following procedures:
- Administration of cholestyramine 8 g every 8 hours for 11 days. If cholestyramine 8 g three times a day is not well tolerated, cholestyramine 4 g three times a day can be used.
- Administration of 50 g oral activated charcoal powder every 12 hours for 11 days.

If either elimination procedure is poorly tolerated, treatment days do not need to be consecutive unless there is a need to lower teriflunomide plasma concentration rapidly.

At the end of 11 days, both regimens successfully accelerated teriflunomide elimination, leading to more than 98% decrease in teriflunomide plasma concentrations. Use of the accelerated elimination procedure may potentially result in return of disease activity if the patient had been responding to AUBAGIO treatment.

5.4 Bone Marrow Effects/Immunosuppression Potential/Infections
White Blood Cell (WBC) count decrease
A mean decrease in white blood cell (WBC) count of approximately 15% (mainly neutrophils and lymphocytes) and in platelet count of approximately 10% was observed in placebo-controlled trials with 7 mg and 14 mg of AUBAGIO compared to baseline. The decrease in mean WBC count occurred during the first 6 weeks and WBC count remained low during treatment. In placebo-controlled studies, neutrophil count decreased < 1.5×10⁹/L was observed in 12% and 16% of patients receiving AUBAGIO 7 mg and 14 mg, respectively, compared with 7% of patients receiving placebo; lymphocyte count <0.8×10⁹/L was observed in 10% and 12% of patients.
receiving AUBAGIO 7 mg and 14 mg, respectively, compared with 6% of patients receiving placebo. No cases of serious pancytopenia were reported in premarketing clinical trials of AUBAGIO but rare cases of pancytopenia, agranulocytosis, and thrombocytopenia have been reported in the postmarketing setting with leflunomide. A similar risk would be expected for AUBAGIO [see Clinical Pharmacology (12.3) in the full prescribing information]. Obtain a complete blood cell count (CBC) within 6 months before the initiation of treatment with AUBAGIO. Further monitoring should be based on signs and symptoms suggestive of bone marrow suppression.

Risk of Infection / Tuberculosis Screening
Patients with active acute or chronic infections should not start treatment until the infection(s) is resolved. If a patient develops a serious infection consider suspending treatment with AUBAGIO and using an accelerated elimination procedure. Reassess the benefit and risks prior to resumption of therapy. Instruct patients receiving AUBAGIO to report symptoms of infections to a physician. AUBAGIO is not recommended for patients with severe immunodeficiency, bone marrow disease, or severe, uncontrolled infections. Medications like AUBAGIO that have immunosuppressive potential may cause patients to be more susceptible to infections, including opportunistic infections.

In placebo-controlled studies of AUBAGIO, no overall increase in the risk of serious infections was observed with AUBAGIO 7 mg (2.2%) or 14 mg (2.7%) compared to placebo (2.2%). However, one fatal case of Klessebella pneumonia sepsis occurred in a patient taking AUBAGIO 14 mg for 1.7 years. Fatal infections have been reported in the post-marketing setting in patients receiving leflunomide, especially Pneumocystis jirovecii pneumonia and aspergillosis. Most of the reports were confounded by concomitant immunosuppressant therapy and/or comorbid illness which, in addition to rheumatoid disease, may predispose patients to infection. In clinical studies with AUBAGIO, cytomegalovirus hepatitis reactivation has been observed.

In clinical studies with AUBAGIO, cases of tuberculosis have been observed. Prior to initiating AUBAGIO, screen patients for latent tuberculosis infection with a tuberculin skin test or with a blood test for mycobacterium tuberculosis infection. AUBAGIO should not be studied in patients with active tuberculosis with concomitant therapy and the safety of AUBAGIO in individuals with latent tuberculosis infection is unknown. For patients testing positive in tuberculosis screening, treat by standard medical practice prior to therapy with AUBAGIO.

Vaccination
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 long half-life of AUBAGIO should be considered when contemplating administration of a live vaccine after stopping AUBAGIO.

Malignancy
The risk of malignancy, particularly lymphoproliferative disorders, is increased with the use of some immunosuppressive medications. There is a potential for immunosuppression with AUBAGIO. No apparent increase in the incidence of malignancies 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 malignancy or lymphoproliferative disorders with AUBAGIO.

5.5 Peripheral Neuropathy
In placebo-controlled studies, peripheral neuropathy, including both polyneuropathy and mononeuropathy (e.g., carpal tunnel syndrome), occurred more frequently in patients taking AUBAGIO than in patients taking placebo. The incidence of peripheral neuropathy confirmed by nerve conduction studies was 1.8% (154 patients) and 1.9% (177 patients) of patients receiving 7 mg and 14 mg of AUBAGIO, respectively, compared with 0.4% receiving placebo (4 patients). Treatment was discontinued in 0.7% (8 patients) with confirmed peripheral neuropathy (3 patients receiving AUBAGIO 7 mg, 2 patients receiving AUBAGIO 14 mg, and 3 patients receiving placebo). Five of them were receiving AUBAGIO 7 mg and 5 patients receiving AUBAGIO 14 mg. Five of them had peripheral neuropathy confirmed by nerve conduction studies was 1.4% (13 patients). 5.5 Peripheral Neuropathy

5.6 Skin Reactions
Rare cases of Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported in patients with rheumatoid arthritis receiving leflunomide. A similar risk would be expected for AUBAGIO [see Clinical Pharmacology (12.3) in the full prescribing information]. If a patient taking AUBAGIO develops symptoms consistent with peripheral neuropathy, such as bilateral numbness or tingling of hands or feet, consider discontinuing AUBAGIO therapy and initiating an accelerated elimination procedure [see Warnings and Precautions (5.3)].

5.7 Increased Blood Pressure
In placebo-controlled studies, the mean change from baseline to the end of study in systolic blood pressure was +2.3 mmHg and +2.7 mmHg for AUBAGIO 7 mg and 14 mg, respectively, compared with -0.6 mmHg for placebo. Mean changes from baseline in diastolic blood pressure was +1.4 mmHg and +1.9 mmHg for AUBAGIO 7 mg and 14 mg, respectively, and -0.3 mmHg for placebo. Hypertension was an adverse reaction in 3.1% and 4.3% of patients treated with 7 mg or 14 mg of AUBAGIO compared with 1.3% of patients receiving placebo. Check blood pressure before start of AUBAGIO treatment and periodically thereafter. Elevated blood pressure should be appropriately managed during treatment with AUBAGIO.

5.8 Respiratory Effects
Intermittent disease and worsening of pre-existing interstitial lung disease have been reported during treatment with leflunomide. A similar risk would be expected for AUBAGIO [see Clinical Pharmacology (12.3) in the full prescribing information].
patients; 4% of AUBAGIO-treated patients had hypophosphatemia with serum phosphorus levels at least 0.3 mmol/L but less than 0.6 mmol/L, compared to 0.8% of placebo-treated patients. No patient in any treatment group had a serum phosphorus below 0.3 mmol/L.

7 DRUG INTERACTIONS
Effect of AUBAGIO on CYP2C8 substrates Teriflunomide is an inhibitor of CYP2C8 in vivo. In patients taking AUBAGIO, exposure of drugs metabolized by CYP2C8 (e.g., paclitaxel, pioglitazone, repaglinide, rosiglitazone) may be increased. Monitor these patients and adjust the dose of the concomitant drug(s) metabolized by CYP2C8 as required [see Clinical Pharmacology (12.3) in the full prescribing information].

Effect of AUBAGIO on warfarin Co-administration of AUBAGIO with warfarin requires close monitoring of the international normalized ratio (INR) because AUBAGIO may decrease peak INR by approximately 25%.

Effect of AUBAGIO on oral contraceptives AUBAGIO may increase the systemic exposures of ethinylestradiol and levonorgestrel. Consideration should be given to the type or dose of contraceptives used in combination with AUBAGIO [see Clinical Pharmacology (12.3) in the full prescribing information].

Effect of AUBAGIO on CYP1A2 substrates Teriflunomide may be a weak inducer of CYP1A2 in vivo. In patients taking AUBAGIO, exposure of drugs metabolized by CYP1A2 (e.g., alclozotin, duloxetine, theophylline, tizanidine) may be reduced. Monitor these patients and adjust the dose of the concomitant drug(s) metabolized by CYP1A2 as required [see Clinical Pharmacology (12.3) in the full prescribing information].

Effect of AUBAGIO on organic anion transporting polypeptide 1B1 (OATP1B1/3B) substrates Teriflunomide inhibits the activity of OAT3 in vivo. In patients taking AUBAGIO, exposure of drugs which are OAT3 substrates (e.g., cefaclor, cimetidine, ciprofloxacin, penicillin G, ketoprofen, furosemide, methotrexate, zidovudine) may be increased. Monitor these patients and adjust the dose of the concomitant drug(s) which are OAT3 substrates as required [see Clinical Pharmacology (12.3) in the full prescribing information].

Effect of AUBAGIO on BCRP and organic anion transporting polypeptide B1 and B3 (OATP1B1/3B) substrates Teriflunomide inhibits the activity of BCRP and OATP1B1/3B in vivo. For a patient taking AUBAGIO, the dose of rosuvastatin should not exceed 10 mg once daily. For other substrates of BCRP (e.g., mitoxantrone) and drugs in the OATP family (e.g., methotrexate, rifampin), especially HMG-CoA reductase inhibitors (e.g., atorvastatin, ratioglutatin, pravastatin, and simvastatin), consider reducing the dose of these drugs and monitor patients closely for signs and symptoms of increased exposures to the drugs while patients are taking AUBAGIO [see Clinical Pharmacology (12.3) in the full prescribing information].

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
Pregnancy Category X [see Contraindications (4.2) and Warnings and Precautions (5.2)]

When teriflunomide (oral doses of 1, 3, or 10 mg/kg/day) was administered to pregnant rats throughout the period of organogenesis, high incidences of fetal malformation (primarily craniofacial, and axial and appendicular skeletal defects) and embryofetal death were observed at doses not associated with maternal toxicity. Adverse effects on embryofetal development were observed following dosing at various stages throughout organogenesis. Maternal plasma exposure at the no-effect level (1.0 mg/kg/day) for embryofetal developmental toxicity in rats was less than that in humans at the maximum recommended human dose (MRHD, 14 mg /day).

Administration of teriflunomide (oral doses of 1, 3.5, or 12 mg/kg/day) to pregnant rabbits throughout organogenesis resulted in high incidences of fetal malformation (primarily craniofacial, and axial and appendicular skeletal defects) and embryofetal death at doses associated with minimal maternal toxicity. Maternal plasma exposure at the no-effect dose (1.0 mg/kg/day) for embryofetal developmental toxicity in rabbits was less than that in humans at the MRHD.

In studies in which teriflunomide (oral doses of 0.05, 0.1, 0.3, 0.6, or 1.0 mg/kg/day) was administered to rats during gestation and lactation, decreased growth, eye and skin anomalies, and high incidences of malformation (limb defects) and postnatal death were observed in the offspring at doses not associated with maternal toxicity. Maternal plasma exposure at the no-effect dose for pre- and postnatal developmental toxicity in rats (0.10 mg/kg/day) was less than that in humans at the MRHD.

In animal reproduction studies of leflunomide, embryolethality and teratogenic effects were observed in pregnant rat and rabbit at or below clinically relevant plasma teriflunomide exposures (AUC). In published reproduction studies in pregnant mice, leflunomide was embryolethal and increased the incidence of malformations (craniofacial, axial and skeletal, heart, and large vessel). Supplementation with exogenous uridine reduced the teratogenic effects in pregnant mice, suggesting that the mode of action (inhibition of mitochondrial enzyme dihydroorotate dehydrogenase) is the same for therapeutic efficacy and developmental toxicity. At recommended doses in humans, teriflunomide and leflunomide result in a similar range of plasma concentrations of teriflunomide.

Use in Males AUBAGIO is detected in human semen. Animal studies to specifically evaluate the risk of fetal toxicity have not been conducted. To minimize any possible risk, men not wishing to father a child and their female partners should use reliable contraception. Men wishing to father a child should discontinue use of AUBAGIO and undergo an accelerated elimination procedure to decrease the plasma concentration of teriflunomide to less than 0.02 mg/L (0.02 mcg/mL) [see Warnings and Precautions (5.3)].
By participating as an AAN US member in the 2016 Neurology Compensation and Productivity Survey, the information you share confidentially on your 2015 practice experiences becomes part of a nationwide aggregated data set dedicated solely to the neurology profession. The survey compiles standards on physician compensation, productivity, and practice management efficiencies. By completing the survey, you or your practice will receive the final report for free—a $600 value. And with the report, you can use the data as a benchmark for salary, RVU productivity, levels of on call of individuals and group members, and much more.

This is the fourth year of the Neurology Compensation and Productivity Survey. More than 1,300 members completed last year’s confidential survey, and the Academy hopes to see that number increase, as the higher the response rate to the survey, the more the data can be analyzed and interpreted. The data collection process has been refined to improve the user experience and ensure the resulting data is informative and actionable. This will benefit neurologists who use the data results in their practices and help the AAN better advance the field of neurology.

Brad C. Klein, MD, MBA, FAAN, a member of the AAN’s Neurology Compensation and Productivity Work Group, has completed the previous surveys and helped refine the process, and has put the results into practice. “The AAN survey is uniquely customizable and very user friendly, allowing everyone in my practice to easily compare and understand where we succeed and where we can improve. I hope every neurologist considers spending less than 20 minutes to fill it out, then learn from it and find their own ways to use the information to benefit their practices and departments.”

The data requested for the survey can be located easily and submitted on your behalf by your office/practice manager. Submitted data is confidential and is used in aggregate by the AAN for reporting purposes only.

Visit AAN.com/view/2016NeuroSurvey to start completing your survey. The final day to submit survey data for 2015 is April 30, 2016. The exclusive report and customizable online results dashboard that you can use to improve your practice will be available in July 2016.

**Improved User Experience**

Some key changes that make completion quicker and make the survey easier to navigate:

- One section per page
- Demographic data pre-populated
- Save your work and return to the survey without wondering how much you’ve completed

**Attention Business Administrators**

By completing the Neurology Compensation and Productivity Survey on behalf of the neurologists in your practice, you provide the ability to properly assess patient and practice management principles and implement efficiencies. Actionable data is vital to your profession. Unlike other industry reports, this report is dedicated to neurology. This specificity of detail can be essential to inform and drive practice business decisions.

Administrators also will enjoy improvements to the survey that make completion quicker and the survey easier to navigate. You can create a single spreadsheet and group your neurologists together—separate submissions are no longer required. And you can simply upload the spreadsheet to the survey.
Neurology Compensation and Productivity Report

Your reward for completing the survey is free access to the Neurology Compensation and Productivity Report available in July. The report contains survey results that demonstrate the value of your work and help you evaluate factors that affect compensation and compensation methods, so you can determine fair market value. You will receive access to the online dashboard that can be customized to your individual practice and you can compare your data to aggregated data at national and local levels.

Klein’s practice has found several important ways the survey helps. “We need to know that what we do to earn our living is as productive and efficient as possible, without any sacrifice in quality. With the help of the survey, we compare ourselves by gross income to our colleagues of similar size and scope to verify we are on track for appropriate payments for the services we provide. Knowing the average number of hours worked and/or the RVUs generated per neurologist also help us analyze our productivity with our colleagues. With gross income as well as net income information, we can extrapolate to get a sense of efficiencies of other practices compared to ours, such as the overhead percent. This helps us compare our effectiveness at minimizing our costs. Furthermore, the AAN benchmark survey provides average payments, or fair market value, for stroke call as well. With the 2016 survey, neurologists will learn what the fair market value of directorships and other leadership positions are worth. Lastly, the benchmark survey provided us suggestions on ancillary services our colleagues offer. We now consider these other opportunities because we may succeed financially in other opportunities within the practice of neurology.”

Klein continued, “Neurologists need the AAN survey to help them understand the financial value of their services they provide to their patients.”

The Neurology Compensation and Productivity Report is free to US members who complete the survey. 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.

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New (Available by March 1)

- **Neurology**: Orthostatic tremor: Clinical, electrophysiologic and treatment findings in 184 patients
  Jeffrey Ratliff, MD, and Anhar Hassan, MD, BCh, FRACP

- **Neurology**: Mid-life milk consumption and substantia nigra neuron density at death
  Binit B. Shah, MD, and Robert D. Abbott, PhD

- **Neurology® Neuroimmunology & Neuroinflammation**: Vasculitic neuropathy following exposure to minocycline
  Ted M. Burns, MD, and Chafic Karam, MD

- **Neurology® Genetics**: Late diagnosis of cerebral folate deficiency: Fewer seizures with folic acid in adult siblings
  Nathan B. Fountain, MD, and David A. Dyment, MD, DPhil
Capitol Hill Report

Capitol Hill Report presents regular updates on legislative and regulatory actions and how the Academy ensures that the voice of neurology is heard on Capitol Hill. It is emailed to US members twice monthly and is posted at AAN.com/view/HillReport. Below are some recent highlights.

While there are many issues that 210 AAN advocates could bring to Neurology on the Hill (NOH), the most important consideration for the Government Relations Committee is to pick issues that are important to a wide range of AAN members, are as neurology-specific if possible, and have a chance for congressional action. The top priorities chosen are:

- **The Furthering Access to Stroke Telemedicine (FAST) Act (HR 2799/ S 1465):** The FAST Act will make suburban and urban hospitals eligible to receive reimbursements as originating sites for telestroke consultations under Medicare. The inclusion of 20 stroke patients representing key congressional districts during NOH should help encourage congressional leadership to advance the FAST Act to improve the lives of stroke victims and save Medicare money.

- **The BRAIN Initiative:** The Brain Research through Advancing Innovative Neurotechnologies Initiative is an NIH program aimed at revolutionizing our understanding of the human brain. In 2015, AAN NOH advocates were tremendously successful securing an $85 million funding increase for FY 2016, resulting in $150 million total for the year. This year we will focus on achieving $300 million in funding for 2017, which is the ideal amount according to the program’s strategic plan.

- **Meaningful Use:** The Center for Medicare & Medicaid Services continues to move forward with standards for “meaningful use” (MU) of electronic health records. By all reports, MU is not meaningful at all and represents one in a long list of regulatory burdens that lead to physician burnout. MU will be the basis for AAN members to describe these burdens and how current policies do not improve patient care. •
BrainPAC Concludes Record-setting 2015

The AAN’s federal political action committee, BrainPAC, again set fundraising records with $341,876 raised from 1,292 AAN members, up $20,000 from 2014. The contributions were used to support congressional incumbents and candidates throughout the year who side with neurology and educate them on issues affecting the profession and patients.

“AAN member support of BrainPAC is so important to our advocacy efforts in Washington, DC,” said BrainPAC Executive Director Lily Jung Henson, MD, MMM, FAAN. “Sometimes, all it takes to bring a legislator to our side is a conversation. BrainPAC brings the AAN into those discussions.”

The AAN thanks the following members who made contributions of $100 or more during 2015.

*Silver Level ($500-$999)  **Gold Level ($1,000+)  ***Diamond Level ($2,500+)

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New Mexico

Dent Neurologic Institute***

New York

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BrainPAC Concludes Record-setting 2015

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Public Policy

BrainPAC Concludes Record-setting 2015

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Bob and Lee Woodruff

Journalist Bob Woodruff to Be Honored with 2016 Public Leadership in Neurology Award

Former ABC “World News Tonight” co-anchor and current ABC News reporter Bob Woodruff will receive the American Brain Foundation’s Public Leadership in Neurology Award on Tuesday, April 19, during the AAN and American Brain Foundation Awards Luncheon at the AAN Annual Meeting in Vancouver.

The American television journalist is being honored for his commitment to helping people with traumatic brain injury and other related brain diseases.

On January 29, 2006, while reporting on US and Iraqi security forces for “World News Tonight,” the American journalist was seriously injured by a roadside bomb that struck his vehicle near Taji, Iraq. Woodruff sustained shrapnel wounds and a traumatic brain injury, for which he underwent surgery and was kept in a medically induced coma for 36 days to assist his recovery. Just 13 months later, Woodruff made a miraculous return to ABC News with “To Iraq and Back: Bob Woodruff Reports.” The hour-long documentary explored the consequences of traumatic brain injury and highlighted the difficulties brain injured veterans face finding treatment.

Woodruff’s newfound determination to help other Americans similarly wounded in war continued with a series of follow-up reports centering on the problems that wounded American soldiers encounter in their treatment and recovery. In 2006, along with his wife Lee, Woodruff founded the nonprofit Bob Woodruff Foundation, whose mission is to find and fund innovative programs to ensure injured veterans—including those with brain injuries—and their families are thriving long after they return home.

Woodruff was subsequently honored with a Peabody Award for his reporting on traumatic brain injury in the 2007 report “Wounds of War—The Long Road Home for Our Nation’s Veterans.” In his best-selling 2008 memoir, In an Instant, which he co-authored with Lee, Woodruff shares stories about the fragility of life, the strength of family, and the bravery of those who helped save him.

Woodruff joins such illustrious past Public Leadership in Neurology Award recipients as Walter F. Mondale, Dame Julie Andrews, and Michael J. Fox.

Lee Woodruff will be accepting the award on her husband’s behalf. As co-author of In an Instant, Lee has appeared together with Woodruff on national television and radio since February 2007, helping put a face on the serious impact of traumatic brain injury on both patients and family members.
CME & MOC

Hear the Experts Discuss Dementia with Audio Series

Get updated on mild cognitive impairment, frontotemporal dementia, and Lewy body dementias with the latest Continuum® Audio series. Listen to the experts during your commute or your workout to stay up-to-date.

“Dementia is a common neurologic problem that we all encounter in our daily practice,” said S. Andrew Josephson, MD, FAAN, of the University of California, San Francisco, who is host of the series. “In this Continuum Audio series, we provide a practical, simple approach to these diverse disorders that emphasizes advancements in diagnosis and treatment that impact our care of dementia patients in 2016.”

The first two hours of the series are available this month; the second two hours will be available in April.

Hour 1
- Murray Grossman, MD, FAAN / The Mental Status Examination in Patients with Suspected Dementia
- Ronald C. Petersen, PhD, MD / Mild Cognitive Impairment
- Liana G. Apostolova, MD, MS, FAAN / Alzheimer Disease

Hour 2
- Eric Smith, MD, MPH / Vascular Cognitive Impairment
- Stephen N. Gomperts, MD, PhD / Lewy Body Dementias: Dementia with Lewy Bodies and Parkinson Disease Dementia
- Elizabeth C. Finger, MD / Frontotemporal Dementias

Hour 3
- Andrew McKeon, MD / Autoimmune Encephalopathies and Dementias
- Michael D. Geschwind, MD, PhD / Rapidly Progressive Dementia
- Deborah L. Renaud, MD / Adult-onset Leukoencephalopathies

Hour 4
- Chiadi U. Onyike, MD, MHS / Psychiatric Aspects of Dementia
- Michael A. Williams, MD, FAAN / Diagnosis and Treatment of Idiopathic Normal Pressure Hydrocephalus
- Serge Gauthier, CM, MD, FRCCP / Ethical Considerations for the Use of Next-generation Alzheimer Drugs in Symptomatic and At-risk Patients
- Amy E. Sanders, MD, MS, FAAN / Caregiver Stress and the Patient with Dementia

Continuum Audio is an audio CME program based on discussions with the authors of articles published in Continuum: Lifelong Learning in Neurology®, the official CME journal of the AAN. Continuum Audio is available in multiple formats, including apps for iOS and Android devices. This program may be used to meet self-assessment and CME requirements for maintenance of certification as mandated by the American Board of Psychiatry and Neurology. To learn more and subscribe, visit Audio-digest.org/Continuum.

Guidelines

AAN Guideline Update Finds Corticosteroid Treatment of DMD May Be Effective

The AAN has published “Practice Guideline Update: Corticosteroid Treatment of Duchenne Muscular Dystrophy” in the February 1, 2016, online issue of Neurology® and the February 2, 2016, print issue of Neurology.

This guideline update from the AAN shows that prednisone is probably effective, and deflazacort may be effective, in improving muscle strength and lung function in children with Duchenne muscular dystrophy (DMD). The two corticosteroids also may reduce the need for scoliosis surgery and may delay cardiomyopathy.

The preferred dosing regimen of prednisone is 0.75 mg/kg/day but has significant risks of weight gain, hirsutism, and a cushingoid appearance. Over 12 months, prednisone 10 mg/kg/weekend is equally effective, but there are no long-term data available. In some places, only one drug, prednisone or deflazacort, is available.

“Although there is evidence for the use of corticosteroid therapy in treating certain DMD symptoms, much of that evidence is moderate to weak and these medications can cause significant side effects,” said David Gloss, MD, guideline lead author. “We encourage physicians to counsel their patients and the families of those patients about the need to carefully weigh the benefits of treatment with the risks of potential side effects.”

Read the guideline and access PDF summaries for clinicians and patients and a slide presentation set on AAN.com. For more information, email Julie Cox at jcox@aan.com or call (612) 928-6069.
Industry Partnerships Support High-quality AAN Education Opportunities

The AAN has long recognized the value of partnering with industry on projects of common interest. Since 1994, the Industry Roundtable (IRT) of pharmaceutical, medical device, and imaging member companies has partnered with the AAN to share vision, intellect, and financial resources with the focus on improving the quality of patient care.

“Industry support for high-quality education programs—both for our members and for patients and the general public—is no exception,” said Jonathan P. Hosey, MD, FAAN, physician liaison to the AAN’s IRT, who over the past year has focused his efforts on building, nurturing, and providing a new forum for the Academy and industry representatives to share ideas and resources. “This valuable support directly enables the Academy to fulfill its mission of promoting the highest quality patient-centered care.”

Collectively, nearly 30 AAN industry partners support many continuing medical and public education opportunities either through financial or hardware/software contributions. Program support extends to publications, conferences—including the Annual Meeting, Breakthroughs in Neurology, Fall Conference, and the Sports Concussion Conference—and even the Brain Health Fair, the AAN’s free public education event offered each year for residents of the Annual Meeting’s host city.

“Brain Health Fair support helps to significantly defray the cost of this free public offering, and also provides a unique opportunity for partners to gain recognition and exposure, and communicate their value to the public through exhibit booths,” said Hosey.

“Support is already under way for the 2016 meeting in Vancouver, with Allergan, Inc, serving as the fair’s exclusive platinum sponsor, and Eisai, Inc; Supernus Pharmaceuticals; and UCB, Inc, are also on board.”

All industry support is governed by AAN policies outlining the principles of relationships with industry and address conflict of interest and code of ethics. Said Hosey, “The AAN’s relationships with industry are transparent, and the support has no influence on educational or scientific content—but it is essential to providing highest level of education and cutting-edge science that is critical to advancing the highest quality patient-centered care. This is especially critical in light of continued scarcity in funding over the past few years.”
Robin Williams’ Widow to Discuss His Lewy Body Dementia Diagnosis at Annual Meeting Foundation Event

Susan Schneider Williams, an artist and the wife of beloved late actor Robin Williams, will speak at Commitment to Cures—an annual fundraising event for the American Brain Foundation—at the 2016 AAN Annual Meeting. Schneider Williams will discuss Williams’ affliction with Lewy body dementia and diagnosis of Parkinson’s disease and the importance of research during the event, held on Saturday, April 16, from 5:30 p.m. to 8:00 p.m. at the Vancouver Convention Centre, with a VIP reception beginning at 5:00 p.m.

“We are honored to have Ms. Williams share the difficult story of her husband’s struggles with brain disease, which affects one in six Americans,” said Foundation Chair Kevin Goodno. “We hope those who attend will be moved to donate to the American Brain Foundation to support research that can work toward cures for Lewy body dementia, Parkinson’s disease, and other brain diseases.”

A donation of $250 to the American Brain Foundation includes an invitation to this event, which begins with a cocktail reception. Members can make donations when they register for the Annual Meeting at AAN.com/view/AM16. Those donating $500 or above will receive an additional ticket to invite a guest to attend with them. Donors of $1,000 or more will also receive an invitation for themselves and a guest to attend a VIP reception with Williams and the Commitment to Cures event. Members who have already registered for the Annual Meeting and would like to register for Commitment to Cures can edit their registration online or call (800) 676-4226 or (415) 979-2282 (international).

Donations to the American Brain Foundation support vital research and education to discover causes, improved treatments, and cures for brain and other nervous system diseases.

For more information, contact Lauren Ross at lross@americanbrainfoundation.org or (612) 928-6070.
BC/BE Neurologist Needed in Southeast Louisiana
The Ochsner Neuroscience Institute is actively recruiting BC/BE Neurologist to join our expanding practice. Both newly trained and experienced physicians are encouraged to apply. We offer a highly supportive environment with comprehensive benefits. Opportunities exist at our main campus in New Orleans as well as our Baton Rouge, Kenner, North Shore, and West Bank facilities for General Neurologist and those with subspecialty training in the following areas: Cognitive Disorders, Multiple Sclerosis, Epilepsy, Neuromuscular, Headache Stroke/Vascular, Movement Disorders. This is a great opportunity to practice neurology in a collegial and patient-focused environment. Academic appointments are available at our affiliated institutions, including Tulane, LSU, and the University of Queensland.

The Department of Neurology has a complement of 32 neurologists system-wide with subspecialty representation in stroke, neurocritical care, interventional neurology, neuromuscular disease, movement disorders, epilepsy, MS, headache, cognitive disorders, sleep, traumatic brain injury, and sports medicine. We are a Top 25 Neuroscience Center in the latest US News & World Report rankings. Our MS Center offers a multi-disciplinary approach to patient care without regard to race, color, religion, sex, national origin, sexual orientation, disability status, protected veteran status, or any other characteristic protected by law.

Neurology Openings with Dignity Health in Northern California
Join a Dignity Health Medical Group in Northern California. Do you desire: Live/work in California? Benefits of Traditional employment model? Develop full scope outpatient practice (inpatient practice available if desired)? Affordable real estate? Practice highlights include: Tele Neurology services in place with Affiliate Group, Joint Commission-Certified Primary Stroke Centers, No ED call practice options (Red Bluff and Stockton), Medical Foundation aligned with one of the largest health systems in the nation and the largest hospital system in California. Compensation includes: Competitive salary guarantee & bonus incentive, Attractive benefits package including malpractice, Generous time off. Competitive market: Redding, Red Bluff, Redding, Redding, Stockton. For more information, please contact & send your CV to: Physician Recruiting: providers@dignityhealth.org, phone: 8888 599.7787, www.dignityhealth.org/physician-careers.
**Dates & Deadlines**

**SAVE THE DATE!**

**AAN Annual Meeting**  
FRIDAY, APRIL 15–THURSDAY, APRIL 21  
Vancouver, BC, Canada

**MARCH 2016**

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**MARCH 1**  
Video Submission Deadline: 2016 Neuro Film Festival  
NeuroFilmFestival.com

**MARCH 4**  
Application Deadline: 2016 Medical Student Prize for Excellence  
http://bit.ly/1lqwzVw

**MARCH 8**  
Webinar: Get Caught Up: The ICD-10-CM Cross-walk Is Now a Cross-run  
(Register by March 7)  
AAN.com/view/pmw16

**MARCH 22**  
Webinar: Documentation into Dollars: Evaluation/Management  
/Register by March 21)  
AAN.com/view/pmw16

**MARCH 24**  
Early Registration Deadline: AAN Annual Meeting  
AAN.com/view/AM16

**APRIL 2016**

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**APRIL 15–21**  
AAN Annual Meeting  
Vancouver Convention Centre  
Vancouver, BC, Canada  
AAN.com/view/AM16

**APRIL 15**  
Application Deadline: UCNS Headache Medicine Certification and Recertification Examinations  
UCNS.org/go/subspecialty/headache/certification

**APRIL 16**  
AAN Business Meeting  
Vancouver Convention Centre  
AAN.com/view/AM16

**MAY 2016**

| SUN MON TUE WED THU FRI SAT | MAY 11  
|------------------------------|Webinar: Merit, Incentives, Use, and Quality: The Alphabet Soup of Value-based Care  
(Register by May 11)  
AAN.com/view/pmw16

**MAY 16**  
Application Deadline: UCNS Behavioral Neurology & Neuropsychiatry Certification and Recertification Examinations  
UCNS.org/go/subspecialty/behavioral/certification

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**CME & MOC**

**UCNS Certifies New Diplomates in Neurocritical Care**

A total of 163 people are newly certified in Neurocritical Care by the United Council for Neurologic Subspecialties (UCNS). The new diplomates took the certification examination in December 2015 and are listed on the UCNS website at UCNS.org/globals/axon/assets/11994.pdf. Diplomates receive a 10-year certificate, after which they must apply for recertification.®
COMING SOON

Zinbryta™
(daclizumab)