Sharpen Your Skills with Expanded Leadership University Course Offerings at AAN Annual Meeting

Build your leadership skills to take your career to the next level! This year’s expanded leadership course offerings, set to take place during the 2017 Annual Meeting in Boston, offer something for everyone, at every career stage. As part of the Annual Meeting’s convenient single-registration rate, all Leadership University courses are included in the one low registration price, unless otherwise noted.

**Clerkship and Program Directors Leadership Academy**
Saturday, April 22, 8:00 a.m.–5:00 p.m.
Directors: Jaffar Khan, MD, FAAN; Joseph E. Safdieh, MD, FAAN; Rana R. Said, MD
(Additional registration required)

**Women in Leadership**
Saturday, April 22, 8:00 a.m.–5:00 p.m.
Directors: Orly Avitzur, MD, MBA, FAAN; Barbara L. Hoese; Janice M. Massey, MD, FAAN
(Additional registration required)

Submit Abstracts by February 9 for 2017 Annual Meeting Emerging Science Program
If you conducted major research since the October 24, 2016, AAN Annual Meeting abstract deadline, then be sure and submit your abstracts by no later than February 9 to be considered for the 2017 meeting’s Emerging Science program.

The Annual Meeting is the place to gain significant exposure for your work, drawing a diverse group of experts from around the globe in a wide variety of specialties and subspecialties to help with Advance Care Planning, MACRA Participation

The AAN helps members get their year off to the right start with two practice management webinars that explore timely topics for neurologists.

**How to Approach Advance Care Planning**
January 18, 2017
12:00 p.m.–1:00 p.m. ET
Register by January 17
Director: Farrah N. Daly, MD, MBA

Post-election Capitol Hill Report
The ACA and MACRA: Two Very Different Laws, Two Very Different Futures
MORE OPTIONS
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IT'S THAT SIMPLE!
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**NEWS BRIEFS**

AAN President Terrence L. Cascino, MD, FAAN, has appointed a new Gender Disparity Task Force, chaired by Board Director Elaine C. Jones, MD, FAAN. The task force will provide a report to the Board of Directors at its February meeting on strategies to improve the identified disparities between female and male neurologists including compensation, professional advancement, leadership opportunities, and work/life balance.

Congress passed the 21st Century Cures Act, which includes several pro-neurology provisions advocated for by the AAN and its members. The law includes increased funding for the BRAIN Initiative to $1.51 billion (subject to annual appropriations), authorization for a national neurologic disease data collection system, and a commitment to reduce EHR documentation burden.

Leaders of the AAN’s Science and Government Relations committees recently met with leaders of the National Institute of Neurological Disorders and Stroke (NINDS). Topics included grants, expert review of NINDS publications, and the current funding climate in Washington.
President’s Column

2017 Boston Annual Meeting Builds on 2016 Innovations

Every year, the AAN’s Annual Meeting provides the worldwide neurology community with the latest and greatest in science and education. But 2016’s meeting was something else altogether. The innovations planned and carried out by hundreds of volunteer members and the Academy staff infused the meeting with new energy and excitement and generated multitudes of positive comments from satisfied attendees.

For the 2017 Annual Meeting, the event again has been structured to deliver tremendous value, choice, customization, and innovation to attendees. I’ve asked Stefan M. Pulst, MD, FAAN, chair of our Meeting Management Committee, to share some of the highlights that our members can expect when they come to Boston in April.

What do we have in store for this year’s Annual Meeting?

Our tagline this year is “Advancing Neurology. Advancing You.” And that really says it all. The meeting will bring forward the latest neurology science and education that advances our understanding of the brain and the disorders that affect it and the central nervous system. With more than 3,000 abstracts, 200+ expert-led courses, and exclusive programming for advocacy, practice, and medical economics, attendees will enjoy a wealth of opportunities to advance their knowledge and skills—as well as their enjoyment of their careers in neurology.

What facets of last year’s meeting are being carried over to this one?

Value is always an attribute of the Annual Meeting, but last year was a real game-changer with our all-inclusive registration fee that eliminates pre-registration for individual courses. This gives people the flexibility to choose sessions and move between them as they wish. Attendees can customize their schedule specifically to suit their interests and needs by choosing from 20 subspecialty topics and career-development options.

What about innovation?

We were very happy with how attendees of the 2016 Vancouver meeting embraced the innovative experiential learning formats we introduced. We all acquire information in highly individualized ways. Some like the traditional didactic presentation, and others prefer more dynamic and interactive delivery. So we will continue to break down some walls and have numerous out-of-classroom experiences for learners to enjoy.

We continue to break new ground from a programming standpoint, including the introduction of new Neuroscience in the Clinic sessions. These will feature a mix of scientists and clinicians sharing case discussions and poster and panel presentations to integrate scientific

Continued on page 14
Meet Your Leader

Lisa M. DeAngelis, MD, FAAN

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

Lisa M. DeAngelis, MD, FAAN, has been chair of the neurology department at Memorial Sloan-Kettering Cancer Center since 1997, having joined the faculty in 1986 after a fellowship in neuro-oncology. DeAngelis has published extensively on a wide variety of topics in neuro-oncology and is the author with Jerome Posner, MD, FAAN, of *The Neurological Complications of Cancer*. She completed two terms as vice president on the AAN Board of Directors and has continued on the Board as chair of the Science Committee since 2011. She has served on numerous committees of the AAN and is a member of the editorial board of *Neurology®*.

What moved you to join the Board of Directors?
The chair of the Science Committee is automatically a member of the Board of Directors, and I will complete my final year in April 2017. Having the chairs of the major AAN committees serve on the Board of Directors is critical in keeping the committee members informed about the direction and priorities of the Board. In addition, it creates the opportunity to bring the collective ideas of committee members back to the Board so they receive input from a large group of involved members.

What experiences and viewpoints do you bring to this role?
I served on the Board of Directors previously a number of years ago and I finished a period of service as vice president in addition to Science chair about two years ago. In my long association with the AAN, I have seen enormous changes in the focus of the Board of Directors as it has become increasingly strategic. The Board is committed to developing a vision of the organization’s role for the future, and is deeply committed to enhancing the delivery of excellent neurologic care as well as career satisfaction for neurologists. By taking a long range view of the field and where health care is going, the Board of Directors is better able to develop a strategic plan for the organization that will meet the needs of our members.

From your experiences as an AAN leader, what is one of the more common misperceptions members may have about the Academy?
I think many of the members of the AAN think the organization is devoted to academics and that we don’t have an appreciation of the challenges facing clinicians today. However, the organization is very focused on clinical practice and recognizes the growing challenges of practicing neurologists. The AAN also recognizes that assuring adequate reimbursement is a common issue for both academicians and full-time practitioners. Thus, the AAN is heavily involved in advocacy and is deeply committed to developing tools to help neurologists stay on top of the changing health care environment.

In your view, how does the AAN benefit the field of neurology most?
The AAN supports the field of neurology in many ways. It supports, promotes, and disseminates the latest advances in the field helping to support clinicians by bringing this knowledge to them and their patients. It does so in a variety of ways including our three meetings each year, all of the publications including *Continuum*, as well as the development of more recent educational avenues such as webinars. It is the strongest national voice for the field in Washington, DC, and we are developing strategic partnerships with other medical organizations to advocate for reimbursement for cognitive specialties such as neurology. Finally, it also creates a strong sense of community where neurologists can network together and leverage our collective wisdom for both the benefit of our patients and for achieving optimal career satisfaction. This is accomplished in person at events such as our Annual Meeting or our regional meetings but also virtually through our section newsletters and frequent communications from the AAN.

How should members evaluate the success of the AAN and the Board of Directors in supporting their careers and in neurology in general?
Members should be able to turn to the AAN for help and guidance with the latest challenges in the health care environment, such as MACRA, and the organization is devoted to helping practitioners meet those requirements. The AAN should be able to meet all CME requirements in whatever format the member finds most satisfactory and it should be the place to turn for synthesis of the latest scientific advances in the field of neurology.

How do you deal with the challenges of balancing the demands of your work and personal life?
Personally, I have never cared for the concept of work-life balance as I find “balance” is the wrong word to describe the complicated and intricate interweaving of one’s personal and professional life. I have devoted myself to achieving my best professionally, including participating in AAN activities which I find enormously gratifying, but I also recognize the primacy of the people in my personal life. Spending time with family and friends is an enormous source of happiness and renews my energy to tackle work. They are the most important people in my life. *
Practice

Podcast Central
Your Guide to New and Recent AAN Podcasts

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

Available by January 1, 2017
- Neurology: Systematic Review and Statistical Analysis of the Integrity of 33 Randomized Controlled Trials
  Ted M. Burns, MD, and Mark Jonathan Bolland, MD
  Michelle Fullard, MD, and John Weyl Winkelman, MD
- Neurology: Genetics: Clinical and Genetic Features of Cervical Dystonia in a Large Multi-center Cohort
  Michelle Fullard, MD, and Mark S. LeDoux, MD, PhD
- Neurology: Neuroimmunology & Neuroinflammation: Next-generation Sequencing in Neuropathological Diagnosis of Infections of the Nervous System
  Heather D. Harle, MD, MD, and Carlos A. Pardo, MD

Over 10 million downloads... and growing!

Upon completion, you should be able to:
- Employ tactics to initiate conversations about advance care planning with patients
- Identify care planning tools to use with patients
- Document the conversation
- Establish and document patients’ goals of care and preferences in the event of a serious illness

Successfully Participate in MACRA
February 7, 2017, from 12:00 p.m.–1:00 p.m. ET
Register by February 6
Directors: Lyell K. Jones, MD, FAAN, and William S. Henderson, FACMPE

Upon completion, you should be able to:
- Understand MACRA’s Quality Payment Program systems: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APM)
- Implement strategies to report under MIPS
- Explore opportunities to participate in Advanced APMs
- Calculate the potential changes and difference in reimbursement based on the new MIPS and APMs systems

AAN practice management webinars provide the valuable insights and tools you need to navigate through the ever-changing health care landscape. Single webinars are $99 but AAN members get the greatest value with the $189 subscription to all 10 live one-hour webinars. All webinars include access to presentation slides and recordings if you miss the live event. Physicians receive 1 AMA PRA Category 1 Credit™ per webinar; nonphysicians receive a certificate of completion. Visit AAN.com/view/pmw17 to learn more and register. •

Farrah N. Daly, MD, MBA  Lyell K. Jones, MD, FAAN  William S. Henderson, FACMPE
2017 Neuro Film Festival Introduces New Categories, Expanded Mission

The AAN’s Neuro Film Festival®, now in its eight year, has made some changes to help expand its mission and reach in 2017. In an effort to support the objective of the Academy’s Neuroscience Is…™ program to build public awareness for neuroscience research and demonstrate its importance, four new submission categories have been created, including one targeted specifically for kids ages 13-17 to help foster in them a lifelong interest in and commitment to the neurosciences.

One Grand Prize winning video from each of the following categories will receive $1,000:

1. “Why I think Neuroscience Is Cool”—Tell us why the brain is fascinating (ideal category for kids ages 13–17)
2. “Why I think Neuroscience Is Rewarding”—Tell us how discovery opens doors (ideal category for undergraduate and graduate students, medical students, and residents)
3. “Why I think Neuroscience Is Essential”—Tell us why research is key (ideal category for patients, families, and caregivers)
4. “Why I think Neuroscience Is Critical”—Tell us why advocacy makes an impact (ideal category for advocates, patient groups, and neurology professionals)

Aside from the category reserved for ages 13-17, filmmakers can enter their work—up to five minutes in length—in any one category that best suits their story and helps build the case for more research into causes, treatments, and cures for brain disease. Through the Neuro Film Festival, the AAN aims to:

- Encourage interest in careers in neuroscience research that are essential to finding cures and caring for patients with brain disease.
- Use creative videos to demonstrate how advocacy is critical in building awareness and research funding for brain disease.

Since its inception, more than 500 videos have been accepted into the Neuro Film Festival—garnering nearly 142,000 views on the festival’s YouTube channel—each relaying its own unique story about the devastating effects of neurologic disease.

The deadline for AAN members and the public to submit videos is March 10, 2017. To learn more about the contest, get inspiration for topics within each category, and submit an entry, visit NeuroFilmFestival.com.

neuro film festival
Sharpen Your Skills with Expanded Leadership University Course Offerings at AAN Annual Meeting  

**Gender Issues in Leadership**  
**Sunday, April 23, 1:00 p.m.–5:00 p.m.**  
Directors: Barbara L. Hoese; Lyell K. Jones, MD, FAAN; Maisha T. Robinson, MD, MS; Bert B. Vargas, MD, FAAN

**Leadership Challenges in Practice**  
**Sunday, April 23, 1:00 p.m.–5:00 p.m.**  
Director: James C. Stevens, MD, FAAN

**Mentoring…Growing the Next Generation of Neurologists**  
**Monday, April 24, 1:00 p.m.–3:00 p.m.**  
Director: Joanne Smikle, PhD  
(Additional registration required)

**Improving Your Leadership Skills: A Practical Approach**  
**Monday, April 24, 1:00 p.m.–5:00 p.m.**  
Directors: Terrence L. Cascino, MD, FAAN; Ralph L. Sacco, MD, MS, FAHA, FAAN  
(Additional registration required)

**Advanced Leadership Training: Life after the Limelights**  
**Tuesday, April 25, 1:00 p.m.–5:00 p.m.**  
Director: Robert C. Griggs, MD, FAAN

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**The Most Important Tool in Your Black Bag: Gallup StrengthsFinder™ Education Workshop**  
**Tuesday, April 25, 1:00 p.m.–5:00 p.m.**  
Directors: Julie Anderson, Keri Bischoff  
(Additional registration required)

**The Most Important Tool in Your Black Bag: Gallup StrengthFinders™ Assessment: Advanced Workshop**  
**Wednesday, April 26, 1:00 p.m.–5:00 p.m.**  
Directors: Julie Anderson, Keri Bischoff  
(Additional registration required)

**Being a Resilient Leader: How Do You Lead the Change**  
**Thursday, April 27, 1:00 p.m.–5:00 p.m.**  
Directors: Jennifer Rose Molano, MD, FAAN; Heidi B. Schwarz, MD, FAAN

For more information, visit AAN.com/membership/leadership-programs/leadership-university.

Submit Abstracts by February 9 for 2017 Annual Meeting Emerging Science Program  

Collaborate on and discuss the latest research. In addition, Annual Meeting abstracts are often picked up by major media outlets, including the *New York Times*, *USA Today*, CNN, Associated Press, and others.  

Visit AAN.com/view/17emergingscience for eligibility requirements and to conveniently submit online.  

For more information, contact science@aan.com or (612) 928-6088.

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Visit AAN.com/view/17emergingscience for eligibility requirements and to conveniently submit online.
Hear from Cerebrovascular Disease Experts with Continuum Audio

Listen to updates from experts on cerebrovascular disease with the latest Continuum® Audio series.

“From stroke risk factor management to treatment of acute ischemic stroke, this series offers a broad overview of cerebrovascular disease as well as discussion of less common topics such as arterial ischemic stroke in children and young adults and inherited and uncommon causes of stroke,” said issue host and Associate Editor David C. Anderson, MD, FAAN, of the University of Minnesota in Minneapolis.

The first two hours of the series are currently available; the second two hours will be available in February.

Hour 1:
- Clinical Evaluation of the Patient with Acute Stroke
  Andrew M. Southerland, MD
- Treatment of Acute Ischemic Stroke
  Alejandro A. Rabinstein, MD, FAAN
- Diagnosis and Management of Transient Ischemic Attack
  Shelagh B. Coutts, MD

Hour 2:
- Stroke Epidemiology and Risk Factor Management
  Amy Guzik, MD
- Large Artery Atherosclerotic Occlusive Disease
  John W. Cole, MD, MS
- Cardioembolic Stroke
  Cumara O’Carroll, MD, MPH

Hour 3:
- Inherited and Uncommon Causes of Stroke
  Jennifer Juhn Majersik, MD, MS
- Arterial Ischemic Stroke in Children and Young Adults
  Warren D. Lo, MD
- Management of Unruptured Intracranial Aneurysms and Cerebrovascular Malformations
  Kelly D. Flemming, MD

Hour 4:
- Stroke Rehabilitation
  Samir R. Belagaje, MD
- Prevention and Management of Poststroke Complications
  Josephine F. Huang, MD
- Discussing Life-sustaining Therapy with Surrogate Decision Makers
  David Y. Hwang, MD

Continuum Audio is a biweekly 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.
Recertification approaching? Looking for a comprehensive review in key areas of clinical neurology? The AAN’s Neurology MOC Prep Course is now available in both online and in-person formats to better meet your schedule and preferred learning style so you can get the help you need—when you need it—to prepare for the American Board of Psychiatry and Neurology (ABPN) Maintenance of Certification (MOC) examination in clinical neurology.

**Online**
Available 24/7, the new online MOC Prep Course offers easy access to syllabi highlighting new developments on each topic over the past several years, audio interviews from syllabi authors, and a self-assessment exam offering a chance to earn up to 15 self-assessment CME. Features include:

- Written by neurologists for neurologists
- Content selected to reflect the ABPN content outline for the cognitive expertise component (Part 3) of MOC
- Syllabi cover new and updated science and therapies
- Audio interviews allow for on-the-go listening
- 100 multiple-choice questions help you determine your strengths and areas for improvement
- Exam feedback by subspecialty areas and suggestions for further reading
- Performance results compared to other neurologists

- Convenience: Take on your own time, at your own pace
- 15 self-assessment CME upon successful completion

**In-person**
These programs cover areas of neurology that are both heavily weighted on the ABPN examination and that have recently been added to the examination, including interpersonal and communication issues, systems-based practice issues, diagnostic procedures, and neuro-rehabilitation.

- **Breakthroughs in Neurology Conference**
  Sunday, January 15, 2017, 8:00 a.m.–5:00 p.m.
  Monday, January 16, 8:00 a.m.–12:00 p.m.
  Self-Assessment CME: 11.25 hours

- **AAN Annual Meeting**
  Saturday, April 22, 2017, 8:00 am to 5:00 pm
  Self-Assessment CME: 6.5 hours

Visit [AAN.com/view/MOCPrep](http://AAN.com/view/MOCPrep) to get started.

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Directrices Selectas Ahora Disponible en Español

The American Academy of Neurology has collaborated with the Mexican Academy of Neurology to produce translations of select AAN clinical guidelines from English into Spanish.

Access these translations at [AAN.com/view/MultipleLanguages](http://AAN.com/view/MultipleLanguages).
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.

The ACA and MACRA: Two Very Different Laws, Two Very Different Futures

With the election of Donald Trump to the presidency and his call for repeal and replacement of the ACA a distinct possibility, AAN members have been asking how this change, if successful, will impact the new physician payment system under MACRA.

The ACA and MACRA, defined:

Affordable Care Act (ACA): Also known as “Obamacare.” Law passed in 2010. Intended to increase health insurance quality and affordability, lower the uninsured rate by expanding insurance coverage, and reduce the costs of health care.

Medicare Access and CHIP Reauthorization Act (MACRA): Law passed in 2015. Commonly called the “Permanent Doc Fix,” eliminates the Sustainable Growth Rate formula by establishing a new way to pay doctors who treat Medicare patients.

The first thing to know is that although both laws deal with health care, they are very different in substance and each passed Congress under very different circumstances.

In early 2010, the ACA passed with exactly zero Republican votes. Since taking over the majority in the House in 2011 and the Senate 2015, Republicans have voted dozens of times to repeal all or part of the law. With President-elect Trump’s campaign promises, any legislation repealing the ACA that hits his desk is sure to be enacted rather than facing the certain veto of President Obama.

MACRA is completely different. This was bipartisan legislation passed in March of 2015 on a vote of 392-37 in the House and 92-8 in the Senate. With broad support, there isn’t anyone in Congress calling for repeal of MACRA. The Centers for Medicare and Medicaid Services (CMS) just published the first rules on MACRA and many, including the AAN, are looking for some changes, but not a repeal.

President-elect Trump is laying out plans for his first 100 days and repeal of some or all of the ACA is on the table, but he still has to deal with the Senate minority. Democrats picked up two seats with victories over Republican incumbents in New Hampshire and Illinois. Senate rules require legislation to move forward with unanimous consent or reach a 60-vote majority. Republicans are likely to have just 52 votes, making a total repeal of the ACA very difficult.

MACRA’s new payment system has broad congressional support and the AAN is committed to doing everything possible to ensure our members can successfully participate. MACRA is not Obamacare. Although some parts of these laws are intertwined, the impact of a repeal of the ACA will not eliminate MACRA. •
Discover the Annual Meeting Everyone’s Talking About!

“I LOVE the new format.”

“There is energy at this meeting I haven’t seen in many years.”

“The one registration fee with freedom to move about was an AMAZING improvement to the meeting.”

“These changes enabled me to tailor my learning and get the most out of the conference to benefit my patients!”

“The clientele are changing and the AAN meeting has changed to meet the demands.”

What will you say?
Register now at AAN.com/view/AM17

Early registration discounts end March 30.
Hotel registration ends March 8.
Membership

A Banner Year for the AAN in Media

The AAN was highly successful in commanding media attention in 2016, as evidenced by just a few of the key outlets below. Research published in Neurology®, coverage of the Annual Meeting in Vancouver, and promotion of concussion awareness and Lewy Body dementia via the experiences of Ben Utecht and Robin Williams’ widow Susan Schneider Williams figured prominently. Followers on the AAN’s social media channels grew to more than 278,000 during the year.

Take Advantage of AAN/EAN Joint Membership Discount

Individual members of the European Academy of Neurology are eligible for a 10-percent discount off annual membership dues with the AAN. To learn more and join or renew at the discounted rate, contact AAN Member Services at memberservices@aan.com.

President’s Column

2017 Boston Annual Meeting Builds on 2016 Innovations

Continued from page 3

research with clinical application. The topics will include concussion, neuroendocrine, critical care, vision and neurodegeneration, the Zika virus, functional recovery, and language and neurobiology.

Boston is a marvelous site for our Annual Meeting, isn’t it?

Definitely. Along with being integral to America’s history, Boston has been a vibrant hub for neurology, with top universities and legendary hospitals. It has proven to be a popular destination for past AAN Annual Meetings, offering unique character, charm, and cultural activities you can’t experience elsewhere. And with no Annual Meeting programming scheduled in the evenings, you’ll have more opportunity to explore this great city—on your own, with colleagues, or with family.

To take advantage of this Annual Meeting’s fabulous value, choice, customization, and innovation—and your best savings as an AAN member—be sure to visit AAN.com/view/AM17 to learn more and reserve your hotel accommodations by March 8 and register for the meeting before the March 30 early registration deadline.

I hope to see you in Boston!

Terrence L. Cascino, MD, FAAN
President, American Academy of Neurology
tcascino@aan.com
Look for Neurology Today’s Best Advances of 2016 in January

The Best Advances feature in Neurology Today® has become an annual staple at the start of a new year, and 2017 is no different. In the January 19 issue, members of the publication’s editorial advisory board will once again highlight the past year’s most noteworthy advances or developments—including clinical, basic science, and policy developments—complete with brief descriptions of the advances and why they are important for the field.

Look for our experts’ top picks from 2016 in such areas as neuroethics, professionalism, epilepsy, stroke, movement disorders, neurogenetics, dementia, peripheral neuropathy, and more.

“We recognize that our readers are bombarded with new information every day,” said Neurology Today Editor-in-Chief Steven P. Ringel, MD, FAAN. “With the guidance of our advisory board—all leaders in their specialties—we hope to separate the hope from the hype.”

As a new feature this year, Neurology Today will highlight the top abstract picks by the science chairs of eight major annual neurology specialty meetings—including the AAN, the International Stroke Conference, the Movement Disorders Society, the American Epilepsy Society, and the other meetings that have been covered in the Neurology Today Conference Reporters.

Neurology Today’s coverage from the 2016 Neurology Today Conference Reporters is available online at NeuroTodayonline.com.

Live Well
Taking Care of Your Patients Starts with Taking Care of You

Neurologists have one of the highest rates of burnout and lowest rates of work-life balance among medical specialties.

Find practical solutions to revitalize your well-being. AAN.com/LiveWell
We’re excited for the New Year ahead and have many exciting new changes that we will be announcing. Most notably, we will be expanding our research funding by launching new online initiatives. 

Visit AmericanBrainFoundation.org for more information.
Neurologists | Well-established, quality oriented neuroscience group seeking to add additional neurologists. Opportunity for subspecialists and general neurologists. We are a multidisciplinary neuroscience group providing a strong team oriented environment and opportunities for professional growth. Our location offers access to the cultural institutions of Boston, as well as the recreational and historical attractions of the area. Send Curriculum Vitae to Peter J. Grillo, MD, Medical Director, New England Neurological Associates, 534 Merrimack Street, Lawrence, MA 01843, or Email to jfj@neuneuro.com. Visit us on the web at www.neuneuro.com.

Maine Central Maine Medical Group is seeking a BE/BC neurologist to join an established adult neurology practice primarily associated with Central Maine Medical Center. A focused interest in stroke, muscle disease, headache/migraine, epilepsy, or movement disorder would be a welcome addition, but is not required. Our diagnostic capabilities include: 1.5 T MRI, CT angiography, EMG, Evoked Potentials, EEG, and 24-72 Hour Ambulatory EEG. We also have an active Telemedicine service that is affiliated with Massachusetts General Hospital. Central Maine Medical Center is the flagship hospital of Central Maine Healthcare. The medical center has 250 inpatient beds and offers a broad range of services that include, among many, neurosurgery, a Level II trauma center, cardiovascular medicine, vascular and cardiac surgery, and medical and radiation oncology. The Central Maine Medical Group comprises of approximately 350 providers, approximately half of which are in primary care. The group delivers care across almost 2500 square miles at numerous outpatient sites and four hospitals. A competitive salary and attractive benefits package are enhanced by the scenic beauty and abundance of outdoor adventure found in Maine. Interested candidates, please send CV to Gina Mallozzi, Central Maine Healthcare, 534 Merrimack Street, Lewiston, ME 04240. Fax: 207/795-6696, e-mail: MallozGi@cmhcmc.org, or call: 800/445-7631. Not a J1 Opportunity.

Board Certified Neurologist Needed in SW Pennsylvania; Sign-on Bonus Available: Excela Health Medical Group (EHMG), a 220+ provider multi-specialty medical group in SW Pennsylvania just outside of Pittsburgh has an immediate opportunity for a clinical neurologist. Join a highly motivated team of three physicians and five physician assistants. Prefer board certified candidates. Epilepsy monitoring, immunotherapy, and balance disorder services provided onsite. Defined benefit package, MGMA comp model, sign-on bonus, relocation allowance, incentive bonus, paid malpractice with tail coverage, CME reimbursement, ATO allowed time off. Please forward CV to Kathy Dobrosky, Provider Recruitment, kdobrosky@excelahealth.org

Movement Disorders Neurologist: Help Build a Gateway for Setter Health. At Northwest Permanente, P.C., we want every patient we see to receive the medical care they need to live long and thrive. You’ll benefit from a comprehensive network of support services and a talented team of colleagues who share your passion for medicine and patient care within our self-governed, physician-led, multi-specialty group of over 1,500 physicians, surgeons and clinicians who care for over 540,000 members throughout Oregon and Southwest Washington. Opportunities are available for individuals with subspecialty, general neurology and inpatient hospital responsibilities. Clinical excellence and an interest in helping to pioneer new ways of providing the right neurological care at the right time for the right person will be essential to these positions. We invite you to join our 11 Neurologist department that is pioneering integrated medical practice and is leading the way to the future of medical care. Movement Disorders Neurologist: Opportunity in the Pacific Northwest. Join us in the beautiful Pacific Northwest and enjoy a competitive salary in addition to an extensive benefit package which includes medical, dental, disability and life insurance; company funded generous retirement plans; vacation, sabbatical and educational leave; and professional liability coverage. Physicians who are Board Certified are also eligible for Senior Physician and Shareholder standing after approximately three years with the group. To apply, please visit our Web site at: http://nwp.kpphysiciancareers.com. For more information, call Tiffany Pitre at (503) 813-3527 or emailTiffany.k.pitre@kp.org. No J1 opportunities. We are an equal opportunity employer and value diversity within our organization.

Neurology Opportunity in Champaign, Illinois - Home to the University of Illinois, Champaign, Illinois is currently seeking a BE/BC Neurologist to join 3 others in practice. This opportunity is primarily a general Neurology position, yet a subspecialty area would be accommodated. Christie Clinic has over 40 departments and 35 specialties, and can take care of virtually every aspect of a family’s health. The clinic continuously invests in new technology to provide its professionals with the tools they need for diagnosis and treatment. Christie Clinic is dedicated to serving its community, and sponsors the Illinois Marathon every year. Home to the University of Illinois, Champaign/Urbana is a growing community with a thriving downtown, an extensive park system, and activities for all tastes, ranging from art and film festivals to U of I sporting events and state and high school athletic tournaments. Parks offer a variety of festivals, holiday celebrations and family-friendly events. Shannon McKay, Adkisson Search Consultants at 956.311.0010 or shannon@adkissonsearch.com

Neurologist: A large highly regarded Neurology practice in Northern New Jersey is seeking full time or part time sub-specialty trained Neurologists. The practice provides adult and pediatric Neurological care at a single office and single hospital, with multiple established sub-specialties. We are seeking to expand existing and establish additional areas of expertise in the following fields: Dementia/cognitive disorders, Headaches, Neuro-hospitalist, Neuro- oncology, Multiple sclerosis and other sub-specialties considered. The practice is physician owned and a partnership track is offered. The practice is located in an affluent suburban community thirty minutes from NYC, with excellent lifestyle and school system. E-mail CV to hjihm@neurobergen.com; www.neurobergen.com

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AAN.com/view/Breakthroughs

JANUARY 17
Application Deadline:
UCNS Neuro-oncology Certification and Recertification Examinations Deadline
UCNS.org/go/subspecialty/neuro-oncology/certification

JANUARY 18
Webinar: How to Approach Advance Care Planning
(Register by January 17)
AAN.com/view/pmw17

FEBRUARY 7
Webinar: Successfully Participate in MACRA
(Register by February 6)
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MARCH 8
Deadline: Annual Meeting Hotel Reservation
AAN.com/view/AM17

MARCH 8
Webinar: Getting What You Deserve—A Primer on Contracting
(Register by March 7)
AAN.com/view/pmw17

MARCH 28
Webinar: Thriving in Small and Solo Neurology Practices
(Register by March 27)
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Deadline: Annual Meeting Early Registration Discount
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SAVE THE DATES!

APRIL 22–28, 2017
AAN Annual Meeting, Boston
WARNING: SERIOUS DERMATOLOGIC REACTIONS and APLASTIC ANEMIA AND AGRANULOCYTOSIS

Serious dermatologic reactions and APLASTIC ANEMIA AND AGRANULOCYTOSIS occur at any point during treatment with EQUETRO. Aplastic anemia and agranulocytosis can occur during treatment with EQUETRO.

The risk of developing these reactions with EQUETRO is 5-8 times greater than in the general population. However, the overall risk in the general population is low (6 cases in a population of one million per year for agranulocytosis and two cases in a population of one million per year for aplastic anemia). Obtain a complete blood count before initiating treatment with EQUETRO, and monitor CBC periodically.

Consider discontinuing EQUETRO if significant bone marrow depression develops (see Warnings and Precautions).

INDICATION: EQUETRO is indicated for the treatment of:

- partial seizures with complex symptomaticity (e.g., psychomotor, temporal lobe)
- generalized tonic-clonic seizures (grand mal)
- mixed seizure patterns, which include the seizure types listed here or other partial or generalized seizures.

EQUETRO is not indicated for the treatment of absence seizures (petit mal). Carbamazepine has been associated with increased frequency of generalized convulsions in these patients.

Potential for Cognitive and Motor Impairment. EQUETRO has the potential to cause impairment in judgment, cognition, and motor function. Caution patients about operating hazardous machinery, including automobiles, until they are reasonably certain that EQUETRO does not affect them adversely.

Potential for Loss of Virologic Response to Non-nucleoside Reverse Transcriptase Inhibitors that are substrates for CYP3A4 with Concomitant use of EQUETRO. Co-administration of delavirdine and EQUETRO can decrease delavirdine concentrations by 90%.

LIVER DAMAGE. Hepatic effects ranging from slight elevations on liver enzyme to rare cases of liver failure including vanishing bile duct syndrome have been reported.

Hepatic Porphyria. The use of EQUETRO should be avoided in patients with a history of hepatic porphyria. Acute attacks have been reported in such patients receiving carbamazepine therapy.

General. Patients with a history of adverse hematologic reaction to any drug may be particularly at risk of bone marrow depression.

Withdrawal Precipitated Seizure, Status Epilepticus: In patients with seizure disorder, carbamazepine should not be discontinued abruptly because of the strong possibility of precipitating status epilepticus with attendant hypoxia and threat to life. Carbamazepine has shown mild anticholinergic activity; therefore, patients with increased intraocular pressure should be closely observed during therapy.

Because of the relationship of the drug to other tricyclic compounds, the possibility of activation of latent psychosis, and in elderly patients, of confusion or agitation should be considered.

Co-administration of EQUETRO and delavirdine may lead to loss of virologic response and possible resistance to RESCRIPTOR or to the class of non-nucleoside reverse transcriptase inhibitors.

PRECAUTIONS

General. General Precautions: Prior to initiating therapy, a detailed history and physical examination should be made. Therapy should be prescribed only after critical risk-to-benefit appraisal in patients with a history of cardiac, hepatic, or renal damage; adverse hematologic reaction to other drugs; or interrupted courses of therapy with carbamazepine.

Drug Interactions. Carbamazepine is metabolized mainly by cytochrome P450 [CYP] 3A4 to the active carbamazepine-10,11-epoxide, which is further metabolized to the transdiol by epoxide hydrolase; the potential exists for interaction between EQUETRO and any agent that inhibits CYP3A4 and/or epoxide hydrolase and/or induce CYP3A4.

Usage in Pregnancy: Pregnancy Category D (see WARNINGS).

Nursing Mothers: Carbamazepine and its epoxide metabolite are transferred to breast milk. Milk feeding is not recommended. Discontinue EQUETRO if the patient is breastfeeding.

Pediatric: The safety and effectiveness of EQUETRO have not been established in pediatric patients for indications other than Epilepsy.

See Full Prescribing Information for potential drug interactions.

ADVERSE REACTIONS. The most serious adverse reactions previously observed with carbamazepine were reported in the hemopoietic system and skin and in the cardiovascular system. The frequent reactions, particularly during the initial phases of therapy, are dizziness, drowsiness, unsteadiness, nausea and vomiting. Liver damage and AV heart blockage have also been reported. To minimize the possibility of adverse reactions, therapy should be initiated at the lowest dosage recommended. To report suspected Adverse Reactions, call Validus Pharmaceuticals LLC at 1-866-9VALIDUS [1-866-982-5438] or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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• Partial seizures with complex symptomatology
• Generalized tonic-clonic seizures
• Mixed seizures

Limitations of usage: Equetro is not indicated for the treatment of absence seizures (petit mal).

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