Check out Remaining Integrated Neuroscience Sessions

There are still several Integrated Neuroscience Sessions for you to enjoy today and tomorrow. These sessions use invited speakers, data blitzes, guided poster rounds, and more to illuminate the following topics. Each session runs from 1:00 p.m. to 5:30 p.m.

**Wednesday, April 20**

**I11: Neurocritical Care and Neuroscience Crossroads: From Bench to Bedside**  
**Coordinators:** Holly Hinson, MD, and Susanne Muehlschlegel, MD, MPH

**I12: Amyloid and Beyond: From Bench to Bedside**  
**Coordinators:** David Knopman, MD, FAAN, and Liana Apostolova, MD, FAAN

Continued on page 8

Don’t Miss Clinical Trial Updates and Subspecialty Reviews in Upcoming Plenary Sessions

With updates on clinical trials in multiple sclerosis, secondary stroke prevention, Alzheimer’s disease, and more, this morning’s Clinical Trials Plenary Session focuses on important topics that affect patient care from clinical trials conducted during the last year. The session, moderated by Natalia S. Rost, MD, FAAN, runs from 9:00 a.m. to 11:00 a.m. today.

Speakers at tomorrow’s Neurology Year in Review

Continued on page 8

Repeat Performance for Run/Walk Winners in Trek for Research

See story on page 18

Today’s Invited Science Session to Focus on Multiple Sclerosis

The European Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS) will bring its “best of” lineup of previously presented science to the AAN Annual Meeting beginning at 3:30 p.m. today in East Exhibition Hall A. Cutting-edge abstracts will be presented by their authors in 20-minute platform sessions emphasizing basic, clinical, and translational sciences as they evolve toward a more complete understanding of multiple sclerosis with the overall goal of developing more effective prevention and treatment.

Topics and presenters include:

- Novel In Vivo Immunoglobulin G-driven Model of Multiple Sclerosis / Kevin Blauth, PhD, Aurora, CO

Continued on page 8

Inside

5 Celebrate the End of a Great Meeting at Friday Night’s Closing Party

20 How Are Your Relations with Payers? We’re Here to Help!

29 Don’t Miss These Upcoming AAN Conference Opportunities

30 Join Your Colleagues at Section Meetings

Continued on page 8

Natalia S. Rost, MD, FAAN
In MS, it starts with a flicker...

DISEASE ACTIVITY AND PERMANENT DAMAGE

Even a flicker of disease activity can have potentially substantial consequences for multiple sclerosis patients. In MS, clinical and subclinical disease activity can occur early in the disease course and persist throughout the disease.¹⁻³

IF SUBCLINICAL ACTIVITY IS NOT ADDRESSED EARLIER IN THE DISEASE COURSE, WHAT ARE THE CLINICAL CONSEQUENCES?

LEARN MORE AT MSIMMUNOLOGY.COM

Visit the Roche and Genentech Booth 1327 to learn more about the role of clinical and subclinical disease activity in MS.


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NP/OCRE/1603/0018d
VISIT BOOTH 327

• Learn more about our indications
• Join us for a clinical presentation*

(Aptiom® (eslicarbazepine acetate) tablets)

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The information contained herein does not necessarily reflect the content of the approved Canadian product monograph.
*Presenter is a consultant of Sunovion Pharmaceuticals Inc.
Please note that this is a non-CME program, and no CME credits will be given for attendance.
This is not an official event of the 2016 AAN Annual Meeting, and it is not sponsored or endorsed by AAN.
Wednesday, April 20

1. Check out Remaining Integrated Neuroscience Sessions
2. Don’t Miss Clinical Trial Updates and Subspecialty Reviews in Upcoming Plenary Sessions
3. Repeat Performance for Run/Walk Winners in Trek for Research
4. Today’s Invited Science Session to Focus on Multiple Sclerosis
5. New Research in Multiple Sclerosis, Epilepsy, and More Featured in Today’s Emerging Science Program Schedule
6. Attend Thursday’s Closing Party Happy Hour to Cap off a Great Week
7. Poster Discussion Sessions Highlight Popular Neurology Topics
8. Behind the Scenes: Building a Measurement Set for MS
9. What’s Happening Wednesday and Thursday in the Experiential Learning Areas!
10. New! Today’s Curbside Consults to Focus on Movement Disorders
11. AAN, WFN Leaders Convene
12. How Are Your Relations with Payers? We’re Here to Help!
13. Power Your Practice: Understand Your Alternative Payment Options
14. Happy 50th, Dr. Rosenberg!
16. Don’t Miss These Upcoming AAN Conference Opportunities
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Daily Reminders

Education Program Syllabi and Slides Available Online Only

Education Program syllabi and slides are available online only at AAN.com/view/syllabi or through the Annual Meeting Mobile App at AAN.com/view/app.

May 2 Is Deadline to Submit Online Evaluations for Annual Meeting CME

Complete your evaluations to get your CME hours by using the Annual Meeting Mobile App at AAN.com/view/app or by visiting AAN.com/view/CME. CME requests may be made until May 2, 2016.

Save 10 Percent Shopping Online at The AAN Store®!

This year, Annual Meeting attendees can receive 10 percent off online orders placed by April 22 at AAN.com/AANStore. Go online, shop, and use Promo Code AM10 at checkout for your Annual Meeting discount.
New Research in Multiple Sclerosis, Epilepsy, and More Featured in Today’s Emerging Science Program Schedule

Today’s Emerging Science program covers research that is new and of sufficient scientific importance to warrant expedited presentation and publication. Abstracts qualified by having key aspects of research conducted after the October 26, 2015, abstract submission deadline.

Emerging Science Poster Presentations—Poster Session V
8:30 a.m.–7:00 p.m.  Presenters Stand by Posters 5:30 p.m.–7:00 p.m.

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

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

P5.405 Marked Reduction in Secondarily Generalized Seizures (SGS) in Patients Treated with Perampanel for 3 and 4 Years
Emilio Perucca / Pavia, Italy

P5.406 Neuroprotective and Oligodendrocyte Precursor Cell Differentiation Promoting Activities of the RXR Nuclear Receptor Agonist IRX4204 Are Potentiated by Thyroid Hormone
Martin Sanders, MD / Hillsborough, CA

P5.407 Four-year Longitudinal Index Stability Data from STRATIFY-2 Support the Clinical Utility of Index for Risk Stratification of Natalizumab-associated Progressive Multifocal Leukoencephalopathy
Denise I. Campagnolo, MD, MS / Phoenix, AZ

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

Attend Thursday’s Closing Party Happy Hour to Cap off a Great Week

Join your friends and colleagues tomorrow from 5:30 p.m. to 7:00 p.m. in West Ballroom CD of the convention center to cap off a great meeting with music, drinks, games, a photo booth, and socializing. This special happy hour is open to all Annual Meeting attendees, and the early ending time will offer plenty of time to get out and explore beautiful Vancouver afterwards!
Don’t Miss Clinical Trial Updates and Subspecialty Reviews in Upcoming Plenary Sessions
continued from page 1

Plenary Session will highlight the latest research in six subspecialty areas: genetic disorders, neuro-infectious disease, peripheral nerve disorders, neurodevelopmental disorders, neuroimaging, and headache. Moderated by Lisa M. DeAngelis, MD, FAAN, the session runs from 9:00 a.m. to 11:30 a.m. Thursday.

Clinical Trials Plenary Session / Today

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

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
Florian Eichler, MD
Massachusetts General Hospital Boston, MA

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

Ocrelizumab No Evidence of Disease Activity (NEDA) Status at 96 Weeks in Patients with Relapsing Multiple Sclerosis: Analysis of the Phase III Double-blind, Double-dummy, Interferon Beta-1a-Controlled OPERA I and OPERA II Studies
Anthony Traboulsee, MD
University of British Columbia Vancouver, BC, Canada

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

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

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
Kurt A. Jaeckle, MD, FAAN
Mayo Clinic, Jacksonville, FL

Adjunctive Everolimus Therapy for the Treatment of Refractory Seizures Associated with Tuberous Sclerosis Complex: Results from a Randomized, Placebo-controlled, Phase 3 Trial
Jacqueline French, MD, FAAN
NYU Comprehensive Epilepsy Center New York, NY
Neurology Year in Review / Thursday

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

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

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

Neurodevelopmental Disorders
Rujuta Bhatt, MD
UCLA, Los Angeles, CA

Neuroimaging
A. Jon Stoessl, MD, FAAN
University of British Columbia
Vancouver, BC, Canada

Headache
Richard B. Lipton, MD, FAAN
Albert Einstein College of Medicine
Bronx, NY

THE MORE DIFFICULT THE CASE,
THE LESS DIFFICULT THE CHOICE OF HOSPITAL.

VISIT OUR BOOTH #1208

The Mount Sinai Hospital is ranked in the top fifteen by U.S. News & World Report in Neurology & Neurosurgery, 2015-16. Our world-class specialists are committed to the discovery of new treatments for neurological conditions and hold faculty appointments at Icahn School of Medicine at Mount Sinai, ranked among the nation’s top 20 medical schools by U.S. News & World Report.

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- Parkinson’s and Movement Disorders Center
- Multiple Sclerosis Center
- Pituitary Center
- Center for Headache and Pain Medicine
- Neuromuscular Disease Division
- Center for Neuromodulation
- Skull Base Surgery Center
- Center for Cognitive Health
- NeuroAIDS Program
- Epilepsy Center
- Neuro-Oncology Program
- Neurosurgery Spinal Disorders Program
- Neurocritical Care Program

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Poster Discussion Sessions Highlight Popular Neurology Topics

Posters have long been a highly popular mainstay of AAN Annual Meetings. These photos attest that posters continue to be a very effective way to impart information, with daily viewings in the Poster Hall and at Poster Discussion Sessions and Guided Poster rounds.

And don’t miss today’s Poster Session V in East Exhibition Hall B! ●

Today’s Invited Science Session to Focus on Multiple Sclerosis  continued from page 1

- PML Risk Stratification During Natalizumab Therapy Using Anti-JCV Antibody Index and L-selectin / Nicholas Schwab, PhD, Münster, Germany
- Efficacy and Safety of Ocrelizumab in Relapsing Multiple Sclerosis – Results of the Interferon-beta-1a-Controlled, Double-blind, Phase III OPERA I and II Studies / Stephen L. Hauser, MD, San Francisco, CA
- Minocycline Reduces the Relative Risk of Multiple Sclerosis in People Experiencing Their First Demyelinating Event by 44.6%; Results of Phase III Double-blind Placebo-controlled Canadian Multicentre Trial / Luanne Metz, MD, Calgary, AB, Canada
- Dynamic Model for Predicting Prognosis in CIS Patients / Mar Tintore, MD, Barcelona, Spain
- Functional Consequences of Risk Genes / Calliope A. Dendrou, PhD, Oxford, United Kingdom ●

Check out Remaining Integrated Neuroscience Sessions  continued from page 1

Thursday, April 21

   Coordinators: Laura Balcer, MD, MSCE, FAAN, and Steven Galetta, MD, FAAN

I14: Practical Approaches to Narrowing the Epilepsy Treatment Gap
   Coordinators: Gretchen L. Birbeck, MD, MPH, DTMH, FAAN, and Steven C. Schachter, MD, FAAN ●
NORMAL IS AMAZING.

When you’ve had seizures every day of your life for as long as you can remember, a day spent going to class, talking to friends and hanging out feels pretty amazing. NewYork-Presbyterian’s team of neurologists and neurosurgeons used advanced brain-mapping techniques so that Maddy’s epilepsy-causing lesion could be surgically removed without harming other vital functions like speech and memory. Three months after surgery, Maddy’s seizures stopped. And her amazing normal life began.

nyp.org/amazingthings
Behind the Scenes: Building a Measurement Set for MS

Last fall, the AAN published a quality measurement set for multiple sclerosis. To help members better understand the general process of developing quality measures and their important role in a neurologist’s practice, we invited Alexander D. Rae-Grant, MD, to share his work group’s experience with the MS measures.

You were the co-leader for the multiple sclerosis measurement set. What was the good, the bad, and the ugly about the development process?

“First of all, on behalf of the multiple sclerosis quality measures work group, I have to say the staff at the AAN was fabulous in supporting this project. Academy staff member Amy Bennett and her team provided a seamless structure for us to come up with useful measures in a reasonable timeline with the least amount of inefficiency and fluster possible. We could never have done this without them and the overarching support of the AAN. It was a great pleasure to work with the multidisciplinary team on this project, and the level of engagement in the process was truly outstanding.

“The bad and ugly were no more or less than one might have predicted. The public comments were sometimes quite pointed, but always had a point. We were told the measures were too broad and too narrow. We heard that we didn’t represent particular constituents, and that we over-represented others. We heard that the measures were too onerous, and that they didn’t go far enough. So it’s probably safe to say we satisfied no one completely in this process, which means we probably achieved the goals that were set for us by the Academy.”

The multiple sclerosis measurement set has process and outcome measures. What is the difference between the two? For the MS depression outcome measure there was a process measure as well. Why aren’t process measures developed for all the outcome measures?

“Quality measures come in all sorts of shapes and sizes, and part of what determines useful quality measures for a particular area of medicine is set by the kinds of problems, decisions, timelines, and outcomes related to that problem. MS is unique in that these issues vary dramatically across a population, and we wanted to encompass measures at all points of the disease spectrum for this heterogeneous group.

“Process measures are focused on what we do in care. Are we using appropriate diagnostic strategies? Do we screen for problems such as cognitive impairment and depression? Do we counsel about exercise? In a condition such as MS, there are a number of process activities which the work group felt should be monitored due to their importance to the MS population.

“Outcome measures are focused on what actually happens. In acute surgical settings, outcome measures can be somewhat obvious; were there postoperative infections; did the patient die in the 30-day postoperative period? For MS, outcomes are not as easy, particularly recognizing that none of our medicines completely eradicate ongoing disease activity or disability. However, the work group decided that we needed to include outcome measures to focus attention not just on what we do (process), but how the people we treat are doing (outcome). There were many outcome measures that we did not adopt.

Your invitation to the Industry Therapeutic Update from Novartis Pharma AG

A switch in time

Wednesday, 20 April 2016, 19:00–20:30
Waterfront Ballroom ABC, Fairmont Waterfront Hotel, Vancouver, BC, Canada

This is not a CME program nor will CME credits be given for attendance. This meeting is not an AAN-endorsed event.
this time around, often due to the problem of defining these outcomes and measuring them in a reasonably time effective manner (relapses is an obvious example). This doesn’t mean they are bad outcome measures, just that at present these did not make our list for various reasons.

“Depression is extremely common in the multiple sclerosis population and one that is correlated with negative quality of life and social measures. In addition, the work group noted that this may be an area where there is a gap in care both in terms of screening and treatment, one which rose to the level of needing both an outcome and a process measure.”

**Are you worried that collecting outcome data will result in providers being penalized, knowing the long-term outcomes for patients with MS are not positive?**

“The last thing this work group or the Academy want to do is to punish providers for giving comprehensive, caring, and collaborative care. Dealing with people going through a long term, difficult, and multifaceted illness is taxing, tiring, and at times traumatic. The work group discussed in detail concerns about how these measures might be used by external agencies. We sweated about such concerns. However, the work group and AAN decided that it would be far better for providers of MS care to be measured using yardsticks that people who know about MS developed rather than something cooked up by a faceless, nameless bureaucrat in some small office. The train of measuring what we do has left the station; we wanted to make sure we were driving rather than hanging off of the caboose.”

**The AAN develops both guidelines and quality measures. What is the difference between these two? How are guidelines used in the development of measures?**

“Guidelines are developed using systematic reviews of the available literature to guide diagnosis and treatment of medical issues. Guidelines tell us what the best evidence is, and try as much as possible to get to the ‘truth’ of what works for our patients and what doesn’t. Quality measures are grounded in guidelines and best evidence to provide a way to measure what we are doing in care. The guideline process and quality measure process are two sides of a coin. At the end of the day, treating the right patient with the right tools at the right time is core to both of these processes.”

**What are some tips for those wishing to implement these measures?**

“The work group and staff worked hard with this measure set to find measures that covered the span of the condition while being measurable (particularly in the electronic medical record), readily extractable from the chart, and time efficient. In implementation, systematizing how these are measured would go a long way to making them easier to use. For example, in some clinics some of these measures may be self-reported, and some may be measured by support staff, taking the burden off the provider. For some measures, such as cognitive impairment testing, very simple items can be used rather than the most complex, time consuming items. In addition, some items occur annually, so a reminder system for this measure would help the provider know when a measure is due.”
TURNING NEUROLOGY RESEARCH INTO RECOVERY — FASTER.
THAT'S THE DIFFERENCE BETWEEN PRACTICING MEDICINE AND LEADING IT.

At Houston Methodist, we are pioneering research in neurostimulation and neuroregeneration to restore mobility and cognitive function in patients with neurological disorders. In both science and clinical trials, we are broadening our understanding of stroke, Parkinson's disease, Alzheimer's disease, amyotrophic lateral sclerosis (ALS), brain tumors, epilepsy, and spinal disorders, and getting new technologies and treatments to our patients — faster.

Visit houstonmethodist.org/ni and explore all the ways we're leading medicine.

Visit us at Booth #1210.
Quotable Quotes

How does this meeting compare to other ones and what do you like best about the new format?
I like the open format—the openness of the format—in the sense that you can do a variety of things at any point in time. A perfect example is that you can be attending more of an academic day, but break it up with an I Talk, which talks about how to do a good PowerPoint presentation. Or, you can break up your day, instead of doing just strictly intense science stuff and go over and just hear a quick talk about how to develop your career further. And I think that this is the first meeting in all my years that really paid specific attention to our younger members. I see so many younger members here—either residents or fellows—I was at the Resident and Fellow section last night, which was tremendous for me to see as a more senior member of the Academy.

What do you think of the new Annual Meeting format? What have you liked best so far?
It seems that there have been changes that have been made towards encouraging people who have not previously been involved—or are more junior—to become more involved. That, to me, seems like the biggest thing I’ve seen: a real effort to engage more people.

What did you think of the single-rate registration and the flexibility to come and go from almost any of the sessions you like? How has that been working for you?
I haven’t tried it too much. I might go to a course or two that maybe I wouldn’t have gone to before, so I think that might be a good thing. When you had to purchase courses separately you might have thought twice about going to a certain course. But on the other hand, you pay less money, and don’t have the higher cost of registration. I don’t think it’s either good or bad. I think it’s a reasonable way to do it.

What have you liked best so far, or what has been the most surprising or valuable thing you’ve learned or experienced?
A couple of strengths jump right out. First of all, the site location. You couldn’t have picked a better city, and the convention center is just phenomenally beautiful. The organization of the meeting—having the open attendance where you register once and come and go from whatever you want—has also been excellent. And then also the collegiality, and the mixers, and the social events have been particular strengths of the meeting.

First-time Attendee: These Orientation Sessions Are for You!
Get the most out of your first Annual Meeting experience at one of the daily Annual Meeting Orientation Sessions designed to cover a basic overview of the Annual Meeting. Sessions are being held daily throughout the week, prior to the plenary sessions, from 8:30 a.m. to 8:50 a.m. in the Learning Lab of the Vancouver Convention Centre. Stop by to learn about:
- Programs and events going on throughout the week
- Information on networking opportunities
- Valuable AAN resources designed for all member types and career stages
- How to use the Annual Meeting Mobile App
- Tips on can’t-miss social and networking events
What’s Happening Wednesday and Thursday in the Experiential Learning Areas!

**Wednesday, April 20**

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<th>Time</th>
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<tr>
<td>7:00 a.m.–7:45 a.m.</td>
<td>Yoga</td>
<td>West Level 2 Ocean Foyer</td>
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<tr>
<td>8:00 a.m.–8:30 a.m.</td>
<td>Choosing a Career in Clinical Practice.</td>
<td>West Level 2 Burrard Foyer</td>
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<tr>
<td>8:00 a.m.–9:00 a.m.</td>
<td>Telemovement Demonstration</td>
<td>West 110</td>
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<td>8:30 a.m.–8:50 a.m.</td>
<td>Annual Meeting Attendee Orientation Session</td>
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<td>11:00 a.m.–11:45 a.m.</td>
<td>The Neurohospitalist Model</td>
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<td>11:15 a.m.–11:45 a.m.</td>
<td>Career Stories: Challenges for the Professional</td>
<td>West Level 2 Burrard Foyer</td>
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<td>12:00 p.m.–12:15 p.m.</td>
<td>LIVE Neurology® Podcast, Plenary Interview with Alireza Atri, MD, PhD</td>
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<td>12:15 p.m.–12:30 p.m.</td>
<td>Neurology Is Cool—SIGN Up</td>
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<td>12:15 p.m.–12:45 p.m.</td>
<td>Interviewing Skills</td>
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<td>1:00 p.m.–1:15 p.m.</td>
<td>Open Mic Opportunity</td>
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<tr>
<td>1:00 p.m.–1:30 p.m.</td>
<td>Make the Most out of Your Neurology Clerkship: The Stanford Experiences</td>
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<td>1:00 p.m.–2:00 p.m.</td>
<td>Personalized Neurogenomic Medicine</td>
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<td>1:00 p.m.–2:00 p.m.</td>
<td>Integrating Management of Activity and Exercise in Routine Clinical Practice</td>
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<tr>
<td>1:00 p.m.–3:00 p.m.</td>
<td>Ask the Expert: Telemedicine</td>
<td>West Level 1 City Foyer</td>
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**New! Today’s Curbside Consults to Focus on Movement Disorders**

Be sure to attend this unique opportunity to discuss your most challenging cases with a movement disorders expert. There’s no sign-up required—just show up! Even if you don’t have a challenging case to discuss, come and listen and learn from other cases.

**Expert:** Cynthia Comella, MD, FAAN

*Wednesday, April 20, 2:30 p.m.–4:30 p.m.*

VCC West Level 1 Burrard Foyer

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<tr>
<td>2:00 p.m.–2:15 p.m.</td>
<td>Do the AAN Guidelines Advance Neurologic Care?</td>
<td>West Level 1 Ballroom Foyer</td>
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<td>2:15 p.m.–2:45 p.m.</td>
<td>Subspecialty Sessions: IOM and cEEG</td>
<td>West Level 2 Burrard Foyer</td>
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<td>2:30 p.m.–3:15 p.m.</td>
<td>Participating in Advocacy</td>
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<td>3:00 p.m.–3:15 p.m.</td>
<td>Brainstem Anatomy the Fun Way</td>
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<tr>
<td>3:00 p.m.–4:00 p.m.</td>
<td>Guts and Glory: The Importance of Diet and Exercise in Managing Persons with Multiple Sclerosis</td>
<td>West Level 2 Ocean Foyer</td>
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<tr>
<td>3:30 p.m.–4:00 p.m.</td>
<td>Choosing a Career in Neurocritical Care</td>
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<td>3:30 p.m.–4:15 p.m.</td>
<td>Fellowship Panel: Find out How to Search for a Fellowship, How Program Directors Select Fellows, and How a Fellowship Could Benefit Your Career</td>
<td>West Level 2 Burrard Foyer</td>
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<tr>
<td>3:30 p.m.–4:30 p.m.</td>
<td>Mastering EMG Waveform Recognition Skills in One Hour!</td>
<td>West Level 1 City Foyer</td>
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**Continuum® Audio**

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<tr>
<td>4:45 p.m.–5:15 p.m.</td>
<td>Professional Engagement Through Your Career</td>
<td>West Level 2 Burrard Foyer</td>
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<td>5:00 p.m.–5:15 p.m.</td>
<td>Continuum® Audio</td>
<td>West Level 1 Ballroom Foyer</td>
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Thursday, April 21

7:00 a.m.–7:45 a.m.
Entertaining Yoga . . . . . . . . . . . . . . . . . . . . . West Level 2 Ocean Foyer

8:00 a.m.–9:00 a.m.
It’s a Bird, It’s a Plane, It’s...The Doctor Who Cured My Benign Paroxysmal Positional Vertigo. . . . . . . . West 110

8:30 a.m.–8:50 a.m.
Annual Meeting Attendee Orientation Session . . . West Level 1 Ballroom Foyer

11:55 a.m.–12:10 p.m.
LIVE Neurology® Podcast Plenary Interview with Richard B. Lipton, MD, FAAN . . . . . . . West Level 1 Ballroom Foyer

1:00 p.m.–1:15 p.m.
Transparency in Reporting, Reproducibility, and Ethics in Trials . . . West Level 1 Ballroom Foyer

1:00 p.m.–3:00 p.m.
Ask the Expert: How to Become an AAN Advocate . . . West Level 1 City Foyer

2:00 p.m.–2:15 p.m.
Open Mic Opportunity . . . . West Level 1 Ballroom Foyer

3:00 p.m.–3:15 p.m.
Open Mic Opportunity . . . . West Level 1 Ballroom Foyer

4:00 p.m.–4:15 p.m.
Open Mic Opportunity . . . . West Level 1 Ballroom Foyer

5:00 p.m.–5:15 p.m.
Open Mic Opportunity . . . . West Level 1 Ballroom Foyer

See what’s new with GILENYA

• Watch The Story of GILENYA: inspired by nature, refined by science
• Experience a virtual MOA with Oculus Rift technology

Kristin is an actual GILENYA patient. She was compensated for her time.
Join ACADIA Pharmaceuticals Inc. for a virtual reality experience that will transform how you see PD psychosis.

WHAT ARE YOUR PATIENTS WITH PD PSYCHOSIS HOLDING BACK?

See what they see
Booth #541 at the AAN Annual Meeting

For more information, visit PDpsychosis.com.
WHAT ARE YOUR PATIENTS WITH PD PSYCHOSIS HOLDING BACK?

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See what they see
Booth #541 at the AAN Annual Meeting

For more information, visit PDpsychosis.com.

Parkinson’s disease (PD).
Repeat Performance for Run/Walk Winners in Trek for Research  

Both the men’s and women’s champions of Tuesday morning’s Run/Walk for Research were retaining their titles from wins in 2015.

Corey R. Fehnel, MD, took the trophy in the men’s division with a time of 16:42 and Lisa Thomas topped the women’s division in 19:15.

The weather provided a warm and sunny April morning as more than 600 Annual Meeting attendees participated in the yearly Run/Walk. The course along the Vancouver river front was filled with fleet-footed philanthropists who had fun raising funds in a physically fit fashion to support vital brain research.
AAN, WFN Leaders Convene

Leaders from the AAN and World Federation of Neurology (WFN) met during the Annual Meeting. From left, Timothy A. Pedley, MD, FAAN, AAN Past President; William M. Carroll, MD, FRACP, FRCP(E), WFN Vice President; Ralph L. Sacco, MD, MS, FAHA, FAAN, AAN President Elect; Raad A. Shakir, MD, FRCP, FAAN, WFN President; Catherine M. Rydell, CAE, AAN Executive Director/CEO; Terrence L. Cascino, MD, FAAN, AAN President; Riadh Gouider, MD, WFN Trustee; Wolfgang Grisold, MD, WFN Secretary General; Steven L. Lewis, MD, FAAN, WFN Trustee.

INDUSTRY THERAPEUTIC UPDATE FROM BIOGEN

OPTIMIZING MS OUTCOMES: PATIENT ASSESSMENT AND TREATMENT SELECTION

Tuesday, April 19, 2016, 7:00pm – 9:00pm  (Dinner from 7:00pm – 7:30pm)
Pan Pacific Hotel, Crystal Ballroom (Lobby Level), Vancouver, BC, Canada

INTRODUCTION AND OPENING DISCUSSION
Daniel Selchen, MD, FRCPC (Chair)
Toronto, Ontario, Canada

PATIENT ASSESSMENT: THE RIGHT THERAPY AT THE RIGHT TIME
Barry Singer, MD
St. Louis, Missouri, USA

SETTING GOALS: THRESHOLDS FOR TREATMENT SEQUENCING
Jacqueline Nicholas, MD
Columbus, Ohio, USA

VIGILANT MONITORING: TREATMENT RESPONSE AND SAFETY
Bhupendra Khatri, MD
Milwaukee, Wisconsin, USA

BENEFIT-RISK: REAL-WORLD EVIDENCE, BEYOND PIVOTAL TRIALS
Daniel Selchen, MD, FRCPC
Toronto, Ontario, Canada

For more information, please visit Biogen Booth #815 or #613
How Are Your Relations with Payers? We’re Here to Help!

Even in the best of times, receiving prompt and proper reimbursement for treating your patients can hit some snags. But in today’s complicated and fast-moving environment, these snags can begin to shred your bottom line, and prickly conversations with disembodied payers can get your blood boiling.

However, you can reduce—and even avoid—these irritations by using exclusive tools and information assets the Academy has produced to help empower you to establish and improve your relationships with payers. These free online resources can help you navigate administrative and contractual issues and move to quicker, more successful resolutions.

“Our members in practice asked for these resources and insights, and their creation has been guided by practicing members on our committees and in leadership who personally know the challenges neurologists face when working with payers,” said AAN Board Member Elaine C. Jones, MD, FAAN, chair of the Payment Policy Subcommittee and solo private practice neurologist. “We have compiled email alerts sent to members to notify them about specific policy changes in their states. I’m sure all of us could benefit in some way from the information that is collected and provided on our website.”

Visit AAN.com/practice/payer-relations, where you will find:

**Payer Relations Toolkit**
Establish productive relationships with payers with invaluable tips from the AAN’s Payer Relations Toolkit.

**Physician Profiling and Tiering**
Use these tailored resources to help you understand and prepare for profiling.

**Payer-specific Policies**
Access useful, but hard-to-find, information and links to payers.

**Payment Policy Perspectives**
Help educate payers by sharing these companion documents on select AAN guideline topics that incorporate value and priorities, and help translate the evidence into human benefit.
A FACE WITH TARDIVE DYSKINESIA (TD) SPEAKS A THOUSAND WORDS. IT’S TIME TO LISTEN.

Learn about the impact of TD¹ and the potential role of VMAT2* inhibition in reduction of presynaptic dopamine release.²

Visit us at booth #1405 or at www.takeonTD.com


*VMAT2=vesicular monoamine transporter 2.

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Advancing the science of hyperkinetic movement disorders
Power Your Practice: Understand Your Alternative Payment Options

According to the latest AAN Neurology Compensation and Productivity Survey, 25 percent of neurologists were working in an accountable care organization (ACO) in 2014. A much smaller number participated in bundled payments (5 percent) or a patient-centered medical home (8 percent). It may be reasonable to expect these numbers have risen over the past year, with both CMS and commercial insurers moving toward more payments coming from value-based payments and other alternative payment models.

Yet many neurologists who are part of an ACO have little understanding of what that means for them or feel it has no impact on the way they practice or get paid. Many other neurologists may wonder if they should participate in an alternative payment model (APM). Depending on your geography and practice type, the range of available APMs for neurologists will vary. Neurologists may be able to integrate with other practices or form a patient-centered specialty practice focused on a neurologic disease, such as MS or ALS.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) established a new committee within the Government Accountability Office that will review proposals for new APMs, so you can expect more alternative payment options to be available in the coming years. The AAN is beginning work on developing an APM option that would be relevant for private neurologists in small practices.

**MACRA Participant Eligibility Requirements for APM**

Physicians must receive at least 25 percent of their revenue in qualified APMs. That percentage of payment increases over the years to 50 percent, and eventually 75 percent of payments. Payments coming from APMs through commercial insurers also can be counted toward that total beginning in 2021. MACRA also requires that APMs must use a certified electronic health record (EHR), use quality measures, and bear financial risk.

**APM Bonus Payments**

Physicians who meet the qualifications will get an automatic 5-percent lump sum bonus payment on all of their Medicare professional services, not just for the care provided to the APM patients. The bonus payment is on top of any extra payments they receive through the APM, such as shared savings or per member per month payments. Physicians also will be exempt from the Merit-based Incentive Payment System (MIPS) program that begins in 2019 and not subject to those program penalties.

However, one should keep in mind the bonus goes to the APM entity, so it’s possible that individuals participating in the APM may not see the full 5-percent bonus depending on contract terms. Nonetheless, the individual neurologist still would be exempt from MIPS, so that’s positive.

The AAN is aware that the existing APM options favor primary care providers. For several years, the Academy has stressed in meetings with CMS the need to develop more specialty options. The AAN is optimistic that this dialogue eventually will bring about the changes that provide more fairness to specialists such as neurologists.

Learn more about MACRA and its implications for your practice at AAN.com/View/MACRA.

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Happy 50th, Dr. Rosenberg!

In the front row at Sunday’s Presidential Plenary Session was former AAN President Roger N. Rosenberg, MD, FAAN (1991–1993). He is attending his 50th AAN Annual Meeting this year! Rosenberg, as president elect, instigated conversations with then-President Louis P. Rowland, MD, FAAN, and board member Francis J. Kittredge, MD, FAAN, about the need for the AAN to launch a fundraising body to seed fellowships and research grants—the body that today is known as the American Brain Foundation.

Rosenberg has been impressed with the changes at this year’s meeting. “I think that having the plenary sessions every day with six speakers covering a broad spectrum of neurologic disease in depth is of great value as an educational approach and I think also being able to go in and out of all educational and scientific programs without a ticket or a pass for each one as in the past, that you’re free to move around and be kinetic and flexible, is good.”

Of those 50 Annual Meetings, the biggest highlight came quickly to Rosenberg. “The one that stands out was in 1992, when the Presidential Plenary lecture was given by Francis Crick on consciousness, I think it brought the molecular and contemporary neuroscience and computational bioinformatics to the bedside.”

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[Image of Dr. Rosenberg and colleagues at the 1992 Annual Meeting in San Diego.]

Stanley B. Prusiner, MD; AAN President Roger N. Rosenberg, MD, FAAN; Francis Crick, PhD; and William Oldendorf, MD, at the 1992 Annual Meeting in San Diego.
YOUR GUIDE TO
MACRA

Medicare Access and CHIP Reauthorization Act of 2015

(MACRA) significantly changes how Medicare will reimburse physicians in the future, emphasizing quality, value, and physicians taking more financial risk.

CMS estimates savings of $39.5 billion over 10 years

Medicare targets % payments to pay-for-performance (value):
30% by 2016 | 50% by 2018

Repeals SGR
Sustainable Growth Rate

Extends CHIP
Children’s Health Insurance Program

Shifts FFS to P4P
Medicare shifts from fee-for-service to pay-for-performance

Choose Payment System

MIPS
Merit-based Incentive Payment System

APM
Alternate Payment Models

Current System
Three separate systems

New System
One composite score and report

Value-based payment models that incentivize providers on quality, outcomes, and cost containment

Meaningful Use EHR
Electronic health record

Value-Based Modifiers

PQRS
Physician Quality Reporting System

Meaningful Use EHR
Electronic health record

Resource Use

Quality

Clinical Practice Improvement

ACOs
Accountable care organizations

Bundles
Bundled payment models

Medical Homes

To earn a bonus and avoid penalties, you must successfully participate in MIPS or APM
Employment Strategies for Immigrant Physicians: Tips for Employers and Candidates

When it comes to staffing for health care, very few things are as intimidating as hiring foreign-born physicians. Unless, of course, it’s being the foreign-born candidate yourself. It’s not that the legal code is so difficult to comprehend. Nor is the difference in cultures the culprit, or even the interviewing process. There are guides and people to help with each of these steps and thousands have walked the path already. Indeed, no single thing makes the process overwhelming, but the gestalt of the situation gives one pause.

Nevertheless, communities need the talents of these doctors and the doctors themselves want to continue the journey they started when coming to the United States for training. How to break the logjam?

UNDERSTANDING THE OPTIONS

The first step for both employers and candidates is to gain a basic understanding of the options available to foreign-born physicians who want to work in the United States. While each situation is different and needs its own solution (best identified by a qualified attorney), these are the relevant visa options both candidates and employers should know about:

**J-1 visas** are used by foreign nationals who come to the United States for enrollment in medical school or other full-time education.

**J-1 visas** are used by foreign-born physicians (or other professionals) who attained their medical degrees in their home countries before coming to the United States to complete residency or fellowship training.

**J-1 visas waivers** are needed in order for foreign nationals to stay on in the United States to apply for work. Without the waiver, the candidate must return to his or her home country for two years before being eligible to come back to the United States.

**J-1 visas** are the most common work visas used by foreign-born physicians (and others with bachelor’s degrees or higher) who seek employment in the United States. These visas must be sponsored by employers, and the physician must be licensed as well as degreed.

**Additional visas.** In more extraordinary situations, O-1, TN, or E-2 visas may also be applicable to foreign-born physicians seeking work in the United States.

All visas noted above are temporary work or education visas and must be renewed according to their specific criteria.

**Permanent residency.** Permanent residency (“Green card” status) can be gained through a number of pathways, including employment. In this circumstance, the process must be sponsored by an employer.

**US citizenship.** A period of three or five years of permanent residency is normally required before one is eligible to apply for naturalization as a United States citizen.

TIPS FOR EMPLOYERS

Employers cite a range of concerns about hiring foreign-born physicians. Here are four of the most common and a word of advice from experts.

**Expense.** According to Ann Massey Badmus, an attorney-shareholder who specializes in immigration law with Cowles & Thompson in Dallas, TX, employers sometimes fear that sponsoring J-1 Waiver or H-1B candidates will be prohibitively expensive in terms of legal fees. While she acknowledges visa candidates cost more to hire, she notes that most attorneys handling these cases use a fixed fee. “Generally you can know what the costs would be and budget for them,” she says. Further, unless there’s something unusual about a second or third hire in this category, the company can predict that the fees will be approximately the same each time they employ a candidate on a similar visa.

**Recruiting.** Judy Rosman, president and CEO of Rosman Search, which specializes in placing neuroscience professionals, including neurologists, says that accepting visas is a good way to attract a broader, highly skilled candidate pool for an open position. Although she knows some employers specifically state ‘Sorry, this is not a visa waiver opportunity’ in their advertisements when they are not in a position to support the process, she also knows...
The 2015 AHA/ASA Guidelines* recommend the use of endovascular therapy with stent retrievers – like the Solitaire™ revascularization device – in addition to IV t-PA, for eligible patients experiencing acute ischemic stroke due to a large vessel occlusion of the anterior circulation.

Learn more about how this new standard of care for LVO (large vessel occlusion) strokes can enable physicians to retrieve clots and restore blood flow for patients.


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Retention. While Rosman knows that employers may shy away from visa candidates out of concern that they will leave as soon as their visa requirements are met, she also feels that employers can take a more active role in influencing a doctor’s decision to stay in the community. For example, she describes an Iowa hospital that places an intense focus on onboarding and retention for their foreign-born physicians. “What has impressed me is that they look for connections to make for the physician in their community,” she says. “And they invite them out. I saw that first-hand. They take the doctor out with others in the community and they introduce them. They continue this for quite a long time after the doctors come on board. They know that people who have friends where they work and live are a lot less likely to leave.”

Consulting with professionals. Both Rosman and Badmus emphasize the importance of seeking assistance from legal and placement professionals to ease the process of hiring foreign-born doctors. Even with inhouse recruiters or legal counsel available, they note the value of gaining access to the broader information and reach external professionals are likely to have.

**WHAT CANDIDATES NEED TO KNOW**

Foreign-born job candidates may not realize how active they can and should be in the employment process. These tips provide an initial roadmap to follow.

**Start early.** Badmus counsels that job search and visa issues need to be addressed before the last year of a doctor’s training. “Especially for doctors of neurology who have been using H-1B visas in their training,” Badmus says. “The time limit on H-1B is six years, so assuming they’ve been in training for five years, they have very little time left before they need to be employed on a visa or permanent residency, or leave the country.” Both Badmus and Rosman also note that candidates who have started the visa process will have an edge in interviews. “Employers who haven’t had as much experience with visas are likely to be more comfortable when the candidate has already done the initial legwork,” Badmus says.
**Hire an attorney.** Establishing a relationship with an attorney specializing in immigration and visa issues is critical, Badmus says, both because the law is almost certainly more complex than the doctor appreciates, and because an experienced attorney will be able to identify the best pathway to meet the doctor’s goals.

One mistake to avoid is the assumption that the employer’s attorney can serve the candidate’s needs. Not only will this attorney place the employer’s interests first, but he or she will not be available if the doctor changes jobs. Badmus advises candidates to ensure their attorney has the appropriate expertise, then accept that the cost of legal counsel is a continuation of the investment the doctor has already made in his or her education.

**Understand the employer’s perspective.** Rosman warns doctors that expressing a desire to work in a specialty that isn’t needed by the community, or describing a preference for working in a more urban setting, are mistakes that will keep the doctor from being hired. “I would never suggest somebody not do what they are interested in,” Rosman says. “But I would suggest they be realistic when they embark on their job search. If you want to do specialized fellowship training, do that. But be aware that the specialty you’re choosing might not meet the needs of most of the communities that are likely to offer you a visa waiver.” From her experience placing doctors, Rosman says the strongest pathways to employment on a visa are general neurology and any subspecialty that is part of a general inpatient/outpatient practice, such as headache, EEG, and EMG. She also notes that candidates with stroke fellowships do well in most markets.

**Keep it personal.** “Wherever you go, you need to envision integrating into the community in order to be happy for the long term,” Rosman says. Employers need to envision that connection as well, so Rosman advises candidates to express their enthusiasm for the work, show a warm and engaging personality, and look for ways to fit into the community for themselves and their family members. When counseling doctors with or without families, Rosman suggests they take a closer look at small communities. Even though foreign nationals are often attracted to larger cities, she has observed that smaller communities actually make it easier for families and singles to meet new people and fit in. “In a smaller community,” she says, “the physician holds a position of greater respect, and you might find that people take a greater interest in your happiness when they’re excited to have you there. I can’t tell you how many candidates I’ve had who were surprised at how much easier it was to integrate into a smaller community than they expected.”

**ONE CANDIDATE’S STORY**

Coming from the Philippines with his MD and an internship under his belt, Reiner See, MD, fit the profile of any number of foreign nationals pursuing professional training in United States schools. Arriving on a J-1 visa, he took residencies and fellowships in increasingly specialized areas, from neurology to neuromuscular medicine to intraoperative neurophysiology monitoring. He also developed a relationship with a partner whose location in Boston inspired a strong desire to find employment in the area. In December 2014, he realized that goal when he accepted a dual role as a neurologist specializing in intraoperative neurophysiology monitoring at Massachusetts General Hospital and a faculty appointment in Neurology at Harvard Medical School.

The key to his success, Reiner says, was starting early in his search. “I started looking for a job in my second and third year of residency,” he says. “Knowing that J-1 jobs applicable to my preferences are very tough to find, I think the most important thing is to be patient. I knew that not being a US citizen was a big hurdle for me.”

Although he understood that he’d have better luck searching for a general neurology role in a more rural area, See decided to stay with his goal as long as possible. “I was very positive I would find a job,” he says, “but I still had many, many sleepless nights.”

The most difficult part of the process, he says, was being denied for interviews based on his citizenship status. “Recruiters didn’t even want to go through the visa process. You can get denied multiple times, even though you know the employer likes you.”

See’s strategy also included a three-part back-up plan. If he didn’t find an appropriate position soon enough, he planned to request an extension for his visa while he completed board exams. A second option was to consider more general neurology jobs, and his final option was to return home to the Philippines.

See knows that he was lucky to find the job he wanted, but he also knows he was strategic. His advice for other international candidates? “First, just be patient. Just keep on applying and applying and looking for the job you really want. Start early. But never sign early unless you are sure that’s the job you want. Signing a contract happens usually six or nine months before you really become available. Once you sign a contract, you cannot just suddenly change your mind. Always keep your options open.” And second? “Have a back-up option. Be honest with those who interview you: ‘I have another option that I am considering. If you help me with my visa, we can move forward.’”

Visit the Navigating Your Career Experiential Learning area and the Neurology Career Center booth in West Level 1 for more information.
Don’t Miss These Upcoming AAN Conference Opportunities

2016
SPORTS CONCUSSION CONFERENCE

The World’s Leading Experts Are Hosting the Premier Event on Sports Concussion

Registration is now open for the 2016 AAN Sports Concussion Conference, brought to you by the world’s leading experts on sports concussion—the American Academy of Neurology. Set for July 8 through 10 at the Hilton Chicago, this unique conference is poised to be the go-to meeting for all disciplines involved in the prevention, diagnosis, and treatment of sports concussion, including child, behavioral, and sports neurologists; athletic trainers; and other medical professionals. Encourage your entire care team to attend this excellent opportunity! Visit AAN.com/view/ConcussionConference to register.

Highlights

■ NEW! Concussion Boot Camp: Geared toward a wide range of professionals, this special program will lay the foundation for the remainder of the conference with lively, 20-minute sessions offering a practical, hands-on experience on how to examine an athlete on the sideline or in the office.
■ The conference is structured to engage participants in discussions about the very latest breakthrough science through a variety of formats, including hands-on workshops and debates, networking and sharing of experiences among a range of disciplines, and more.
■ Gain an understanding of post-concussion syndrome and how the field is moving beyond complete rest and toward more active rehab.
■ Apply your skills to the high school, collegiate, or professional arenas.
■ Better understand the continuum of the concussion model from prevention to monitoring to recovery.
■ Earn up to 20 CME.

Seeking Abstracts by May 9

Share your concussion research with the world of neurology! The AAN is seeking abstracts on a variety of topics related to sports concussion, including treatment, prevention, and education to be presented in a poster discussion session or during general poster sessions. The abstract submission deadline is May 9. Visit AAN.com/view/ConcussionConference to submit or contact science@aan.com for more information.

Save $200 When You Register by June 14


Save the Date for the 2016 AAN Fall Conference in Las Vegas!

Quality CME, expert faculty, and the goal of improved patient care are on the docket for the 2016 AAN Fall Conference, set to take place October 14 through 16, 2016, at The Cosmopolitan of Las Vegas.

See What’s New

■ Experience More Value: A new, all-inclusive registration rate provides exceptional value, and discounts are also available for more than two colleagues attending from the same institution.
■ Customization and Flexibility: Always popular Neurology Update and Practice Management programs are now all offered in twelve 90-minute sessions (six Practice and six Neurology Update programs), allowing you to tailor a personal schedule to your interests and needs.

AAN FALL CONFERENCE
Las Vegas, 2016

■ New Topics
  ■ Update in Stroke offered in two 90-minute courses: Update in Stroke I and Update in Stroke II
  ■ Full-day Headache Skills Workshop
  ■ AAN Leadership University Course: Between Mars and Venus: How Great Leadership Adopts Traits from the Best of Both Genders

Learn more at AAN.com/view/Fall.

Breakthroughs in Neurology

Breakthroughs in Neurology to Be Held January 2017

Escape the cold of winter for valuable CME and a year-in-review of the best neurology science and education. The third annual Breakthroughs in Neurology Conference will be held in January 2017. Watch for more details in the coming months.
Tweets of the Day

Alice Chen-Plotkin  @alicechenp
Goodbye Vancouver and #AANAM. The 30 hours I spent here (yes, I am that crazy) were awesome!

Daniel Martinez  @drdanielmtz
Great run in the am #AAN16 #AANAM #Running #Vancouver #Gators @ UFMDC

National MS Society  @mssociety
Dr Tremlett: gut microbiome differences in kids with #MS, potential treatment approaches in the future. bit.ly/1rvvSTF #AANAM

Farrah N Daly  @NeuroHomecareMD
3 of the top 15 causes of death in the US are neurologic #AANAM #neurohpm #hpm

Matthew Robbins, MD  @mrobbinsmd
Post-traumatic #headache, #concussion happens in older adults too but understudied. More from MVAs, falls #AANAM

Barry Singer, MD  @drbarrysinger
#AANAM David Hafler: #MS clusters genetically with other autoimmune diseases, especially Crohn’s and Celiac diseases.

AHs  @ahsheadache
@AANMember Wolff-Graham award presented to Dr. Catherine Chong of @ MayoClinic for her work in #migraine imaging research. #AANAM

Jaime Martin, MD, PhD  @DrJaimeMartin
Kailash Bhatia discussed pioneering woman, Anita Harding. Now Allan Ropper discusses the life of neurology great, Raymond Adams! #AANAM

Andy Southerland  @asouth01
Thx @GreenJournal for hosting our podcast central interview with Andy Solomon on spectrum of misdiagnosis in MS #AANAM

Glen Finney  @GlenFinney
Hmmm...obesity as risk taking behavior - news from the Geas chwind award talk! #AANAM #AAN2016

Join Your Colleagues at Section Meetings

Join a vibrant community of neurologists and neuroscience professionals in your area of interest at AAN section meetings this week. Sections work to enhance and grow their subspecialties or areas of interest and offer bountiful opportunities for networking.

Section meetings today:

12:00 p.m.
Neuromuscular  VCC East Room 9
Women in Neurology  VCC East Room 10
Neuro-ophthalmology/Neuro-otology  VCC East Room 7
Neurogenetics  VCC West Room 112
Neural Repair and Rehabilitation  VCC East Room 18

5:00 p.m.
Behavioral Neurology  Downtown Marriott Pinnacle Ballroom 2

5:45 p.m.
Critical Care and Emergency Neurology  VCC West Room 112

Note: Locations subject to change. Please check the Annual Meeting mobile app.
Migraine presents a huge burden to patients and their loved ones, as well as to the entire healthcare system. This symptom-driven disease has a tremendous impact on patients’ everyday lives. By ensuring patients’ voices and concerns are part of the process, we’re confident that our approach will help those who suffer from migraine.

Sandhya Sapra, PhD  /  Director, Global Health Economics
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