Former Vice President Walter F. Mondale to Receive Public Leadership in Neurology Award During Today’s Awards Luncheon

Former United States Vice President Walter F. Mondale will receive the 2015 Public Leadership in Neurology Award during today’s AAN and American Brain Foundation Awards Luncheon. Mondale is being recognized for his commitment to research into cures for brain disease.

Not only does brain disease affect 1 in 6 Americans, but it has affected Mondale personally through two tragic losses: His wife, Joan, passed away in 2014 from Lewy body dementia, and his 51-year-old daughter, Eleanor, succumbed to brain cancer in 2011.

Continued on page 8

Don’t Miss Thought-provoking Debates and Illuminating Lectures at Plenary Sessions

From debates about whether neurologists should prescribe opioids for chronic pain to talks on autism genetics and how genetic insights in epilepsy are transforming clinical practice, the five remaining plenary sessions this week will give you many insights to consider and put into practice.

Contemporary Clinical Issues Plenary Session

Today / 9:00 a.m.–12:00 p.m.

This session highlights issues most critical to practicing neurologists, including abstracts related to new therapeutic developments, clinical applications of basic and translational research, and innovative technical developments. Commentary and discussion follow each presentation.

Continued on page 18

Media Flocks to Press Room to Deliver Breaking Neurology News

Historically, the AAN’s Annual Meeting has been a magnet for world media, and this year is no exception. As the world’s largest gathering of neurology professionals, with some 13,000 attendees on-site, the meeting draws news reporters from around the globe. This year’s press conferences on first seizure
Join brief (20-minute) data presentations by leading clinicians in Booth 1929
Listen to colleagues review Aptiom® (eslicarbazepine acetate) clinical data.

WEDNESDAY, APRIL 22—12:30 PM and 3:30 PM

Blanca Vazquez-Santana, MD New York University Medical Center

Please note that these are non-CME programs and no CME credits will be given for attendance. These programs are not official events of the 2015 AAN Annual Meeting, and are not sponsored or endorsed by AAN.

Explore an interactive learning activity and help Sunovion support the Epilepsy Foundation

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VISIT BOOTH 1029

Please see full Prescribing Information at this booth for important safety information.
Along with supporting international neurologists in disadvantaged countries by providing free access to the education journal *Continuum*® and reduced dues, the AAN has provided key support to several other humanitarian projects where the skills of expert neurologists are badly needed and in short supply.

**Ecuador Neurology Project**

The Ecuador Neurology Project (ENP) is an ongoing volunteer opportunity promoted by the AAN to its members and financially supported by the Academy, among others, through an annual contribution. The mission of the Ecuador Neurology Project is to enhance the knowledge of Ecuadorian doctors, medical students, and trainees regarding key neurologic conditions and to provide expert neurologic consultation to people living in extreme poverty including underserved patients in public hospitals.

ENP Medical Director Pablo R. Castillo, MD, is a Mayo Clinic neurologist and internist who has been organizing training programs on select neurology topics in Ecuador for the past decade. More than 1,000 local health professionals have attended the lectures, many of them taught by AAN member volunteers.

“An ideal volunteer faculty,” said Castillo, “is a neurologist with recognized teaching skills who wishes to contribute time and expert abilities to provide neurology education for local doctors and medical trainees and assist in the treatment of patients with limited access to subspecialty neurology. Each volunteer faculty will have the opportunity to teach clinical skills, share recent advances in the field of neurology, and contribute to the improvement of clinical care for patients with neurologic diseases in a resource-limited setting, by enhancing neurology education.”

ENP volunteers travel to the city of Guayaquil, Ecuador, to the Luis Vernaza General Hospital. Each year, the project presents a subspecialty conference in Ecuador on specific neurologic diseases and seeks volunteers to serve as faculty, particularly from AAN Sections that represent disorders focused on at the conference.

The next ENP program is scheduled for August 3 to 7, 2015, in Guayaquil, and the program focus will be on neuromuscular diseases and other high impact topics such as stroke therapy (other than thrombolysis), management of advanced...
Across the Globe

Neurology Project by collecting donations, gifts, and grants for the project. The project’s Advisory Council includes Anthony A. Amato, MD, FAAN; Anne M. Connolly, MD; Carlayne E. Jackson, MD, FAAN; and Devon I. Rubin, MD, FAAN.

ENP Project Director Phillip J. Riveness was an administrator with the Noran Neurological Clinic for more than 28 years and is also a former Minnesota state senator. He brings expertise in project management, budgeting, public relations, and fundraising.

“The AAN has supported the Ecuador Neurology Project both administratively and financially from its inception,” said Riveness. “We believe the AAN is strategically positioned to become the educational network through which neurological advances are brought to underdeveloped countries. The ENP is a successful model that can be emulated elsewhere.”

Outreach to Haiti

Following the massive earthquake that struck Haiti in January 2010, AAN member Anthony G. Alessi, MD, FAAN—who already had experience as a physician volunteer in that country—helped galvanize outreach by neurologists to treat the overwhelming number of head and spine injuries as well as other common neurologic diseases. Mill Etienne, MD, CPH, a native of Haiti, rushed to his home country and collaborated with Alessi while the latter worked with quake victims for several weeks at St. Damien’s Hospital.

Beginning in July 2011, the AAN began inviting members to volunteer their time and expertise in Haiti in collaboration with Operation Blessing International. Volunteer physicians traveling to Haiti provide care for a variety of medical needs, including neurologic care, which includes diagnosing, treating, and managing brain disorders such as brain injury, multiple sclerosis, and stroke. Typical trips last one to two weeks, depending on the volunteer’s availability. Alessi continues to actively raise funds to help bring other AAN members to assist in Haiti. Also, Alessi and Etienne worked with Elaine C. Jones, MD, FAAN, and Corey R. Fehnel, MD, to successfully submit a grant request to the AAN in the amount of $21,650 to be provided to the St. Luke Foundation in Haiti to establish the country’s first referral center for neurologic diseases. The St. Luke Foundation is a Haitian-run organization that provides education, medical care, and dignified humanitarian outreach to over 150,000 people per year through life-giving programs that employ over 900 Haitian staff.

At the 2014 Annual Meeting, the AAN’s “Give Back to Haiti” campaign, in partnership with the St. Luke Foundation, provided $6,000 in monetary support to help treat cholera patients, one of the most persistent dangers following the earthquake.

Afghan Neurological Care Fund and Training Scholarship

In 2011, the American Brain Foundation and Sheila Jahan, MD, established the Afghan Neurological Care Fund, thanks to Jahan’s generous donation of $40,000 to the Foundation. The fund supported training in neurologic care for physicians practicing in Afghanistan. Two Afghan physicians were trained at Aga Khan University in Pakistan from 2011 to 2013.

Health Volunteers Overseas

The AAN is a sponsor of Health Volunteers Overseas, an organization founded in 1986 to educate, train, and provide professional support to health care providers in countries challenged by limited resources. The organization currently provides more than 500 volunteers working on over 85 projects in more than two dozen countries. AAN members who would like to volunteer for short-term assignments can begin the process by submitting their CV and application and they will be contacted by a recruiter to discuss various locations of need. Take the first step and learn more by visiting hvousa.org.
Learn About Recent Fellowships—and How You Can Help—at American Brain Foundation Booth

Be sure to visit the American Brain Foundation booth, located in Academy Central in the convention center. Engage with staff and learn more about recent fellowships the Foundation has funded in its quest to find answers to questions about the causes, preventions, treatments, and eventual cures for brain disease.

Take this opportunity to demonstrate your commitment to cures:
- Honor the memory of loved ones by purchasing $10 “Buy a Brain” certificates
- Make a donation to receive a limited-edition American Brain Foundation custom bowtie or beautiful pashmina scarf
- Share your ideas or questions with members of the Foundation staff
- Discuss with Clinical Research Training Fellowship recipients their latest cutting-edge research

To learn more about the American Brain Foundation or to make an online donation to help cure brain disease, visit AmericanBrainFoundation.org. Thanks to a generous matching gift, all donations will have twice the impact!
Reveal LINQ™
INSERTABLE CARDIAC MONITORING SYSTEM

Reveal Atrial Fibrillation in Your Cryptogenic Stroke Patients

84 Days  Median Time to AF Detection in Cryptogenic Stroke Patients

Are You Looking Long Enough to Find AF?

The Reveal LINQ™ Insertable Cardiac Monitor continuously monitors every heartbeat for up to three years, ensuring that you can detect or rule out atrial fibrillation as a condition that needs to be treated to prevent a second stroke.

Learn more about the Landmark CRYSTAL AF Study Results at CRYSTAL-AF.com

Reference

Brief Statement: Reveal LINQ™ LINQ11 Insertable Cardiac Monitor and Patient Assistant

Indications: Reveal LINQ LINQ11 Insertable Cardiac Monitor. The Reveal LINQ Insertable Cardiac Monitor is an implantable patient-activated and automatically-activated monitoring system that records subcutaneous ECG and is indicated in the following cases: patients with clinical syndromes or situations at increased risk of cardiac arrhythmias—patients who experience transient symptoms such as dizziness, palpitations, syncope, and chest pain; that may suggest a cardiac arrhythmia. Patient Assistant: The Patient Assistant is intended for unsupervised patients away from a hospital or clinic. The Patient Assistant activates the data management feature in the Reveal Insertable Cardiac Monitor to initiate recording of cardiac event data in the implanted device memory. Contraindications: There are no known contraindications for the implant of the Reveal LINQ Insertable Cardiac Monitor. However, the patient’s particular medical condition may dictate whether or not a subcutaneous, chronically implanted device can be tolerated. Warnings/Precautions: Reveal LINQ LINQ11 Insertable Cardiac Monitor. Patients with the Reveal LINQ Insertable Cardiac Monitor should avoid sources of diathermy, high sources of radiation, electrosurgical cautery, external defibrillation, ionizing, therapeutic ultrasound and radiofrequency ablation to avoid electrical reset of the device, and/or inappropriate sensing as described in the Medical procedure and EMR precautions manual. MRI scans should be performed only in a specified MR environment under specified conditions as described in the Reveal LINQ MRI Technical Manual. Patient Assistant: Operation of the Patient Assistant near sources of electromagnetic interference, such as cellular phones, computer monitors, etc., may adversely affect the performance of this device. Potential Complications: Potential complications include, but are not limited to, device rejection phenomenon (including local tissue reaction), device migration, infection, and erosion through the skin. See the device manual for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at 1 (800) 328-2514 and/or consult Medtronic’s website at www.medtronic.com. Caution: Federal law (USA) restricts this device to sale only by or on the order of a physician.
Former Vice President Walter F. Mondale to Receive Public Leadership in Neurology Award During Today’s Awards Luncheon

continued from page 1

Long before he was affected by the personal challenges of being a caregiver to his wife and daughter, Mondale served on key health committees during his years in the Senate and worked hard to provide funding for health research.

Along with serving as vice president from 1977 to 1981, Mondale was a senator from Minnesota before he was selected as Jimmy Carter’s running mate in 1976. He also served as US ambassador to Japan during the Clinton administration, and has served for several years on the Mayo Clinic Foundation Board and the UnitedHealth Group Board of Directors.

As the newly appointed honorary chairman of the American Brain Foundation Board of Directors, Mondale stands committed to building awareness of and support for the Foundation’s mission to fund crucial research to discover causes, improved treatments, and cures for all brain diseases, affecting all ages and stages of life.

The Public Leadership in Neurology Award honors an individual or group outside of the medical profession. Honorees are known for advancing public understanding and awareness of neurologic disease, being effective advocates for neuroscience research and making significant contributions to improve patient care. Such illustrious past recipients include Dame Julie Andrews, Michael J. Fox, and Cuba Gooding, Jr.

Department of Neurological Sciences Chairperson
Rush Medical College/Rush University Medical Center

Rush University Medical Center, a nationally recognized clinical and academic institution, invites nominations and applications for the position of Chairperson of the Department of Neurological Sciences. The Department has a long tradition of excellence in clinical care, teaching and research. The Rush medical staff includes nationally respected neurologists and researchers. Many have international reputations for their contributions to research, most notably in movement disorders, Alzheimer’s disease, epilepsy, multiple sclerosis, neurocritical care, brain tumor and stroke. The Department has a highly competitive residency program including 24 total Neurology residents who are integrated with John H. Stroger Jr. Hospital of Cook County. The department also offers several sub specialty fellowships including: Clinical Neurophysiology, Epilepsy, Vascular Neurology, Neurocritical Care, Movement Disorders, Multiple Sclerosis, and Advanced General Neurology Fellowship.

The successful candidate will demonstrate a commitment to research achievement, clinical service and is a creative leader with a strong record of collaborative leadership and commitment to academic excellence and community engagement. The successful candidate will have an established national/international reputation in their neurological sub-specialty and research. In addition, credentials that merit appointment of Professor or senior level Associate Professor, have an MD or equivalent degree, board certification in Neurology, possess a demonstrated commitment to innovation, and have the leadership skills necessary for guiding faculty development and advancement within both research, clinical and academic missions. As a department leader, the Chairperson will provide an energetic and inventive vision for maintaining and growing educational and research programs, developing strategic interdisciplinary teams for furthering research, and continuing faculty development. This leadership opportunity is responsible for a Neurological Sciences department which includes both clinical and laboratory translational programs.

Rush Medical College was established in 1837 and is one of the oldest medical colleges in the U.S. Rush University Medical Center (RUMC) is one of the largest private academic medical centers in Illinois. RUMC has completed the most comprehensive construction and facilities renovation program in its history. The “Rush Transformation” process has invested in new technology and facilities, culminating in a new Tower hospital that opened in January 2012, uniquely designed to deliver patient care safely and efficiently. The stroke program has been certified by the Joint Commission as a comprehensive stroke center and supported by a 28 bed state-of-the-art Neuro Critical Care unit. Rush University has over 2,000 students and offers more than 30 degree or certificate options throughout its four colleges. Rush is consistently ranked as one of the nation’s top hospitals by U.S. News & World Report, and is one of the two top ranked hospitals in Illinois.

We encourage women and minorities to apply. Applications will be accepted until the position is filled. Nominations or letters of interest that include a curriculum vitae should be sent to Courtney Kammer:
Courtney_Kammer@rush.edu, Director Faculty Recruitment

Robert A. Balk, MD, Chair, Neurological Sciences Search Committee
Rush Medical College at Rush University Medical Center

Rush is an equal opportunity / Affirmative Action employer
Rush University Medical Center, a nationally recognized clinical and academic medical center, invites nominations and applications for the position of Chairperson of the Department of Neurological Sciences. The search committee seeks an academic leader with a demonstrated commitment to research achievement, clinical service and is a creative leader with a strong record of collaborative interdisciplinary teams for furthering research, and continuing faculty development.

The successful candidate will have an established national/international reputation. He/she should possess a demonstrated commitment to academic excellence and community engagement. The successful candidate will demonstrate a commitment to research achievement, a strong record of collaborative interdisciplinary teams for furthering research, and continuing faculty development.

The Department of Neurological Sciences offers a dynamic and innovative environment to pursue excellence in clinical care, teaching and research. The Rush medical staff includes nationally respected neurologists and researchers. Many have international reputations for their contributions to research, most notably in movement disorders, Alzheimer's disease, epilepsy, multiple sclerosis, neurocritical care, brain tumor and stroke. The Department has a highly competitive residency program including 24 total Neurology residents who are integrated with John H. Stroger Jr. Hospital of Cook County. The department also offers several sub specialty fellowships including: Clinical Neurophysiology, Epilepsy, Vascular Neurology, Neurocritical Care, Movement Disorders, Neuroimmunology, Transverse Myelitis, Mitochondrial Disease and Pediatric Neurology.

Rush University Medical Center (RUMC) is one of the largest private non-profit academic medical centers in Illinois. RUMC has completed the most comprehensive construction and facilities renovation program in its history. The “Rush Transformation” process has invested in new technology and facilities, culminating in a new Tower which includes both clinical and laboratory translational programs.

Rush University Medical Center has been ranked for 10 consecutive years by U.S. News & World Report as one of the nation’s top hospitals. In 2015, RUMC was ranked #5 in the nation in Neurology & Neurosurgery by U.S. News & World Report. RUMC is a Top 50 hospital by Thomson Reuters and has earned the coveted Commendation for Quality Achievement from the Joint Commission for patient safety. RUMC has been recognized for its stroke program which has been certified by the Joint Commission as a Comprehensive Stroke Center.

The Rush Medical College/Rush University Medical Center

Department of Neurological Sciences Chairperson

ADVERTISEMENT

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Robert A. Balk, MD, Chair, Neurological Sciences Search Committee

Applications should be sent to Courtney Kammer:
Courtney_Kammer@rush.edu

Nominations or letters of interest that include a curriculum vitae should be sent to Courtney Kammer:
Courtney_Kammer@rush.edu

We encourage women and minorities to apply. Applications will be accepted until the position is filled. Nominations or letters of interest that include a curriculum vitae should be sent to Courtney Kammer:
Courtney_Kammer@rush.edu

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TODAY LOOKS BRIGHT...

A NEW treatment for Parkinson’s disease is here.

Impax Specialty Pharma is focused on improving the health of patients suffering from central nervous system disorders.

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More for Your Ears at Interview Central

Watch live podcast interviews as they happen during the 2015 AAN Annual Meeting at “Interview Central.” Today’s scheduled interviews include:

WEDNESDAY

9:30 a.m. Neurology® Resident & Fellow Interview: 2014 Writing Award Winner: Clinical Reasoning: An Unusual Case of Transverse Myelitis
Pavan Bhangava, MD, is interviewed by Carla M. Francisco, MD

10:15 a.m. Neurology Resident & Fellow Interview: Poster Presentation: Lack of Exacerbation of Neurodegeneration in a Double Transgenic Mouse Model of Mutant LRRK2 and Tau
Fadi Mikhail, MD, is interviewed by Sarah F. Wesley, MD, MPH

11:00 a.m. Neurology Resident & Fellow Interview: Poster Presentation: Predicting the Network Effects of Focal Brain Lesions
Aaron Boes, MD, is interviewed by Sarah F. Wesley, MD, MPH

11:30 a.m. Neurology® Clinical Practice Interview: Do Efforts to Decrease Door-to-needle Time Risk Increasing Stroke Mimic Treatment Rates?
Ava Leigh Liberman, MD, is interviewed by David C. Anderson, MD, FAAN

1:20 p.m. George C. Cotzias Lecture: Degenerative Ataxias: From Genes to Therapies
Stefan M. Pulst, MD, FAAN, is interviewed by Alberto J. Espay, MD, MSc, FAAN

2:00 p.m. Neurology Resident & Fellow Interview: Poster Presentation: Defining the Expanding Clinical Spectrum of Pediatric Onset Stiff-Person Syndrome (p-SPS): A Case Series
Anusha Yeshokumar, MD, is interviewed by Sara Stern-Nezer, MD

INTERVIEW CENTRAL

Interview Central is located near Academy Central in the L Street Lobby South. Visit AAN.com/view/AM15 for updates on additional interviews and topics.

Sarah F. Wesley, MD, MPH
Fadi Mikhail, MD, is interviewed by Carla M. Francisco, MD

Alberto J. Espay, MD, MSc, FAAN

Interview: 2014 Writing Award Winner: Clinical Reasoning: An Unusual Case of Transverse Myelitis

David C. Anderson, MD, FAAN

Ava Leigh Liberman, MD, is interviewed by David C. Anderson, MD, FAAN

Alberto J. Espay, MD, MSc, FAAN

George C. Cotzias Lecture: Degenerative Ataxias: From Genes to Therapies

Sarah F. Wesley, MD, MPH

Anusha Yeshokumar, MD, is interviewed by Sara Stern-Nezer, MD

Sara Stern-Nezer, MD

Alberto J. Espay, MD, MSc, FAAN

Stefan M. Pulst, MD, FAAN
Pedley Reviews Academy Challenges and Opportunities

Timothy A. Pedley, MD, FAAN, gave a compelling talk on the state of the AAN and neurology during Tuesday morning’s Presidential Lecture at the Presidential Plenary Session. Entitled “Moving the Academy Forward: Challenges and Opportunities,” Pedley noted, “To paraphrase Dickens, neurologists find themselves experiencing both the best of times and the worst of times.”

Pedley went on to examine current issues and opportunities in payment reform, reviewing how the AAN has kept members informed and provided resources to assist them through these changes. He pointed out how the AAN’s new Axon Registry will benefit neurologists. “These data can then be used to identify gaps in care, areas for improving quality, improving outcomes, and decreasing cost. Importantly, such data should be extremely helpful in demonstrating the value that neurologists add to patient management. The Registry should also be helpful in meeting regulatory reporting requirements.”

He also stated, “The challenge for the AAN to interact more effectively with our colleagues who belong to neurological subspecialty societies has been one of my concerns and priorities in the last four years.” The fear is that the AAN could lose such members to other societies. Pedley believes the synergies between the AAN and subspecialty societies could be improved. “It makes sense from both resource and professional perspectives for the AAN to expand and strengthen partnerships with neurological subspecialty societies in circumstances that have proved effective on a limited scale.

Obvious examples include political advocacy, development of guidelines and position papers and, in at least one instance to date, management services. At the same time, shared activities, including certain programs, may be cost-effective, and such partnerships will serve the important role of reminding all of us, whatever our subspecialty interest may be, that most of us are, first and foremost, neurologists. I have thus proposed establishing a Council of Neurological Subspecialty Societies (CNSS). In cases where a strong national neurological subspecialty society already exists, that organization should be invited to become a member of the CNSS. When there is no major independent neurological subspecialty society (as, for example, in the case of both multiple sclerosis and sleep), we would work with the existing section to assure adequate representation.”

Turning to the anticipated growing shortage of neurologists, Pedley pointed out the Academy’s efforts to attract advanced practice providers (APPs) to the association. Relating his experience with them in the neurology department at Columbia University, he said, “They have added a valuable and important clinical dimension to both our inpatient and outpatient care teams, and they are consistently rated highly in both patient and family surveys. Our neurology house staff and attendings view them enthusiastically as integral parts of the care team.” An Academy work group successfully proposed creating a membership category for neurology APPs and develop special education tracks and materials for them so they could be better integrated into neurology care. “I am confident that neurology APPs will be a growing and vital addition to the Academy’s membership and assist in meeting the increasing need for neurological services.”

After some remarks on recent research into neurologist burnout and the commitment of incoming President Terrence L. Cascino, MD, FAAN, to continue to address causes and seek solutions to this problem, Pedley turned his attention to the recent controversy over Maintenance of Certification.

While agreeing with those who say there is little empirical evidence of how the process improves patient care, Pedley cautioned that physicians must find a way to assure the public that their knowledge and skills are up-to-date. And while the Academy has pushed back on MOC to the American Board of Psychiatry and Neurology and the American Board of Medical Societies, Pedley said the AAN is willing to engage in improving the process for verifying physicians’ skills so it is not so onerous. “I can assure you that the AAN has made the feelings that many—probably a majority—of our members have about MOC unequivocally clear to the ABPN directors and also to the ABMS. And we intend to take the ABPN up on its offer made to us in a letter last month asking us to help the ABPN in its ‘search for other types of acceptable MOC activities and ways in which MOC can be made more relevant and meaningful for [its] diplomates.’ We will do this, because it is important—I would say [beyond question—that we must be] able to demonstrate to our patients, their families, and society at large that as neurologists we remain current in the changing knowledge and skills our practices demand as the time since our initial formal training grows ever more distant.”

Concluding his remarks, Pedley thanked the many members of the Academy who volunteered to help lead the AAN during his tenure, as well as CEO Catherine M. Rydell, CAE, and the AAN staff. “But most of all, thanks to my family, who always make everything worthwhile.”

10 Wednesday, April 22, 2015 • AANextra
The ESCAPE Study demonstrated that among acute ischemic stroke patients with proximal vessel occlusion, small infarct core and good collaterals, rapid endovascular treatment with a stent retriever as recommended primary technique resulted in significant clinical benefit.  

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mRS 0-2 at 90 days

p < 0.001

The Solitaire™ device is the ONLY interventional technology showing improved neurological outcomes in a randomized study vs. IV t-PA alone for patients suffering acute ischemic stroke.


The Solitaire™ 2 revascularization device is intended to restore blood flow by removing thrombus from a large intracranial vessel in patients experiencing ischemic stroke within 8 hours of symptom onset. Patients who are ineligible for intravenous tissue plasminogen activator (IV t-PA) or who fail IV t-PA therapy are candidates for treatment.

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Covidien is joining Medtronic
400+ Turn Out for Yesterday’s Run/Walk for Brain Research

The beautiful Washington, DC, waterfront served as a backdrop for hundreds of Annual Meeting attendees who put their best foot forward in the 5k Run/Walk for Brain Research. Participants were out before dawn to take part in the popular event that raises money for the American Brain Foundation to help support research into brain disease.

Corey R. Fehnel, MD, took the trophy as the fastest male at 16:44. Lisa Thomas won for the women with a time of 19:28.

Congratulate These “Golden Ticket” Winners!

Did you know that just attending the Annual Meeting can reward you with a fun prize? Some lucky people checking in at Registration have had their badges printed at random on prize-winning golden paper. These “Golden Tickets” have won prizes for:

- **Bijal Sheth, PharmD**
  - New York, NY
  - Complimentary Registration for 2016 Annual Meeting

- **Anil Ramineni, MD**
  - New York, NY
  - Finn and Porter Gift Certificate

- **Bianca Cersosimo**
  - Stony Brook, NY
  - Bobby Van’s Grill Gift Certificate

- **Soraya Ertefaie, PhD**
  - Huntington, NY
  - Continuum® Audio 1-year Subscription Certificate

- **Rajesh Karan, DM**
  - Basel, Switzerland
  - Breakthroughs in Neurology Free Registration
I Talks Bring Learning to Life!

Visit the Innovation Room, Salon ABC, in the convention center for a series of special, supplemental educational talks featuring a variety of lectures, presentations, group discussions, and hands-on activities using advanced multimedia formats that bring learning to life! I Talks are free to registered attendees.

**WEDNESDAY**

8:00 a.m.–8:30 a.m.  
**Annual Meeting Orientation Session**  
Tailored for first-time Annual Meeting attendees, this session will include an overview of the meeting.

12:00 p.m.–1:00 p.m.  
**Neurology Compensation and Productivity Survey and Dashboard Report**  
Learn about the only survey and report dedicated solely to neurology compensation and productivity. The presentation will show you how to effectively navigate the survey in a timely manner as well as how to maximize your benefits from the dashboard report feature after the data collection period ends.

1:30 p.m.–3:30 p.m.  
**How to Avoid “Death by PowerPoint” and Workshop**  
This presentation will cover basic guidelines on how to effectively use PowerPoint as a tool to enhance learning. Using an interactive and engaging teaching format called write/think-pair-share, where participants are asked to engage with the person sitting next to them every 10 minutes throughout the presentation, the program will cover general principles, things to avoid, and best practices.

4:00 p.m.–5:00 p.m.  
**Your Abstract Has Been Accepted: Now What? Working with the Media**  
Learn how to work with your institution’s public relations department to promote your research to the media and the public! You will hear from a veteran national health journalist regarding which science topics are typically covered in the news. The AAN Media Department will give you a step-by-step approach to coordinating with your institution’s media relations department or a scientific medical journal to get your study noticed and provide examples of successful promotion of brain research. A public relations contact from the National Institute of Neurological Disorders and Stroke Public Affairs Department will discuss the benefits to you as a researcher and your institution of launching your message to major media outlets across the US and the world.

**THURSDAY**

12:00 p.m.–1:00 p.m.  
**AAN’s Axon Registry: Data Powering Neurology’s Future**  
Join Past President Bruce Sigsbee, MD, FAAN, for this session informing members of the AAN’s registry initiative.

1:30 p.m.–2:30 p.m.  
**AAN Digital Scavenger Hunt**  
Compete to win an iPad Mini or a Google Nexus in this fun and exciting Digital Scavenger Hunt, where you’ll discover a treasure trove of resources to enhance your career! Bring your laptop, tablet, or phone to this I Talk and navigate your way around AAN.com and the AAN apps to find gems like free CME and MOC tools, award/fellowship opportunities, and patient resources for your practice.

3:00 p.m.–4:00 p.m.  
**Your Abstract Has Been Accepted: Now What? Tips for a Successful Presentation**

5:00 p.m.–5:30 p.m.  
**Lessons Learned from Treating an Ebola Patient**  
Richard T. Davey, Jr., MD, Daniel Chertow, MD, and Avindra Nath, MD, of the National Institutes of Health, will discuss the epidemiology, clinical manifestations, pathophysiology and the unique challenges posed in management of the neurological complications of Ebola virus infection.

Visit AAN.com/view/AM15 for more information.

Wednesday, April 22, 2015 • AANextra 13
SEEING BETTER
SO WE CAN HEAL BETTER.
THAT’S THE DIFFERENCE
BETWEEN PRACTICING
MEDICINE AND LEADING IT.

At Houston Methodist, we’re pioneering imaging technologies to treat our patients in unprecedented ways. From isotopes that detect Alzheimer’s disease before symptoms even occur, to five-dimensional imaging that guides brain tumor removal with ultimate precision, we are reducing the risk of some of medicine’s most complex procedures, while leading our patients to faster healing and better outcomes.

Visit houstonmethodist.org/ni to explore all the ways we’re leading medicine.

Get Your Science in Quick, Dynamic Fashion with Today’s Platform Blitz Sessions

For a dynamic review of new research, head to the Platform Blitz sessions today from 4:00 p.m. to 5:45 p.m. The sessions follow the popular Emerging Science session format, with five-minute author presentations followed by five minutes of questions and answers. The sessions conclude with all authors participating in a panel discussion. The sessions and convention center locations are:

S29 Neuroimaging Correlates in Multiple Sclerosis . . . . . . . . . . . . . Ballroom AB
S30 Cerebrovascular Disease and Interventional Neurology: Diagnostics, Biomarkers, and Genetics . . . . . 150 AB
S31 Epilepsy/Clinical Neurophysiology (EEG): Epilepsy Therapy . . . . . . . . . . . . . . . . 147 AB
S32 Movement Disorders: Tremor, Ataxia, and More . . . . . . . . . . . . 152 AB
S33 Aging, Dementia, Cognitive, and Behavioral Neurology: Biomarkers and Pathology . . . . . . . . . . 151 B
S34 Neuromuscular Update . . . . . . . . . . . . . . 143 ABC
S35 Child Neurology and Developmental Neurology . . . . . . . . . . . . . . . . 151 A
S36 Neuroepidemiology: Movement Disorders, ALS, and Aging . . . . . . 146 C
S37 Global Health and Infectious Diseases . . . 149 AB
You Are Invited…

Industry Therapeutic Update From FORUM Pharmaceuticals Inc.

Treatment of Alzheimer’s Disease: Where Are We Now, and Where Are We Headed?

This program will provide an overview of current therapeutic approaches in Alzheimer’s disease (AD) and identify areas of unmet treatment need for the growing number of people affected by AD. The potential role of therapies in development, including the alpha-7 acetylcholine receptor as a promising target for the treatment of AD, will also be discussed.

Wednesday, April 22, 2015

7:30 pm–9:20 pm
Registration begins at 7:00 pm | Complimentary dinner will be served

Independence Ballroom, Marriott Marquis, Washington, D.C.

For more information and to preregister for this program, please visit www.forumalz.com

Please note: No CME will be given by any accredited organization for this program and CME credits will not be given for attendance.

FORUM Pharmaceuticals Inc. welcomes you to AAN
Please visit us at Booth 419

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Neuro Film Festival Winners Announced

The winners of the 2015 Neuro Film Festival were announced during yesterday’s Presidential Plenary Session. Congratulations to the following for sharing their powerful stories about the need for more research to cure brain diseases such as epilepsy, dementia, and Parkinson’s disease.

Grand Prize Winner
Farrah J. Mateen, MD, for her inspiring documentary “The Curse: The Bhutan Epilepsy Project,” which depicts the story of Karma, a boy with epilepsy in the remote, Himalayan Kingdom of Bhutan. Through Karma’s story, we hear the voices of shamans, laypeople, and physicians describe epilepsy in the Bhutanese context. Mateen received $1,000 and a trip to Washington, DC, to see her video premiered during the Annual Meeting.

Runner Up
Pamela Hogan for “Looks Like Laury Sounds Like Laury,” a profound personal portrait of Laury Sacks, an ebullient actress and doting mother with a reputation as the quickest wit in the room who, at the age of 46, began a long, inexorable descent into frontotemporal dementia. Hogan received $500 and a trip to Washington, DC, to see her video premiered during the Annual Meeting.

Fan Favorite
(voted by the public via YouTube)
Jennifer Cody for her moving film “Changing the Face of Parkinson’s,” which was shown during the Annual Meeting.

The Neuro Film Festival, an annual online video competition, helps create awareness for why more research is needed into finding cures for brain disease. The event is sponsored by PSAV Presentation Services.

For more information and to watch the winning videos, visit NeuroFilmFestival.com.

Media Flocks to Press Room to Deliver Breaking Neurology News
Continues from page 1

and top science abstracts highlight a wealth of new information shared at the meeting that will be of interest to both the medical community and the public.

Natalia Rost, MD, FAAN, vice chair of the Science Committee, briefed the media on the top abstracts being presented during the Annual Meeting during a press conference on Tuesday.
Did you know:

1 out of every 13 prescriptions dispensed in the US is a Mylan product¹

Helping in the management of CNS disorders
Mylan generics are helping a variety of different patients in the management of neurological conditions like Parkinson’s disease, epilepsy, migraine, and narcolepsy.

See what we’ve been up to at Booth #1529

Reference
1. IMS Health. Total Prescriptions Dispensed Across All Therapeutic Areas. 2014.

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Adults with Migraine Have Atypical Correlations Between Brain Cortical Thickness and Pain Thresholds
Presenter: Todd J. Schwedt, MD
Mayo Clinic, Phoenix, AZ
Discussant: Peter Goadsby, MD, PhD
University of California, San Francisco, San Francisco, CA

Blood Pressure Control and Risk of Recurrent Lobar Intracerebral Hemorrhage
Presenter: Christopher D. Anderson, MD, MMSc
Massachusetts General Hospital, Boston, MA
Discussant: Kevin N. Sheth, MD, FAHA, FCCM
Yale School of Medicine, New Haven, CT

AAV9-mediated Gene Therapy in a SMARD1 Mouse Model
Presenter: Stefania Corti, MD
University of Milan, Milan, Italy
Discussant: Massimo Pandolfo, MD, FAAN
Universite Libre De Bruxelles, Brussels, Belgium

Invited Speakers
A Decade of Autism Genetics: Building a Foundation for Targeted Treatment Development
Daniel H. Geschwind, MD, PhD
University of California, Los Angeles, Los Angeles, CA

Gray Zones in the Gray Population: Assessment of Cognition in Late Life
Steven T. DeKosky, MD, FAAN
University of Virginia, Charlottesville, VA

Pain in a Dish
Brian Wainger, MD, PhD
Massachusetts General Hospital, Boston, MA

Frontiers in Translational Neuroscience Plenary Session
Thursday, 9:00 a.m.–12:00 p.m.
These presentations focus on translational research related to clinical issues of importance.

Transmission of a B-Synuclein in Parkinson’s Disease: Pathogenesis and Implications for Therapy
Virginia M-Y Lee, PhD
University of Pennsylvania, Philadelphia, PA

Antemortem Signatures of Neurodegenerative Proteinopathies
Keith A. Josephs, Jr., MD
Mayo Clinic, Rochester, MN

Developing Antisense Oligomers as a Genetic Therapy for Duchenne Muscular Dystrophy
Francesco Muntoni, MD
University College London, Institute of Child Health
London, United Kingdom

Immune Mechanisms in Neurologic Diseases
Howard L. Weiner, MD
Brigham and Women’s Hospital, Boston, MA

Towards a New Connectional Anatomy of the Human Brain
Marco Catani, MD
King’s College London
London, United Kingdom
Epilepsy: How Genetic Insights Are Transforming Clinical Practice
Ingrid Scheffer, AO, MBBS, PhD, FRACP, FAHMS, FAA
Melbourne Brain Centre
Heidelberg, Victoria, Australia

Controversies in Neurology Plenary Session
Thursday, 5:30 p.m.–7:00 p.m.
Experts debate the most current and controversial issues in neurology.

Should Whole Exome Sequencing Be Part of Neurologic Care Today?
Pro: Christine Klein, MD
University of Luebeck, Luebeck, Germany
Con: Claes Wahlestedt, MD, PhD
University of Miami Miller School of Medicine, Miami, FL

Is the Science of Stem Cells Ready for Clinical Trials in Neurologic Disease?
Pro: Clive Svendsen, PhD
Cedars-Sinai Medical Center, Los Angeles, CA
Con: C. Warren Olanow, MD, FAAN
Mt. Sinai Medical Center, New York, NY

Should Neurologists Prescribe Opioids for Chronic Pain?
Pro: Charles E. Argoff, MD
Albany Medical Center, Albany, NY
Con: Gary M. Franklin, MD, MPH, FAAN
University of Washington, Seattle, WA

Clinical Trials Plenary Session
Friday, 12:00 p.m.–1:30 p.m.
Learn about important clinical topics identified from other society meetings that affect patient care.

Amifampridine Phosphate (Firdapse™) Is Safe and Effective in a Pivotal Phase 3 Trial in LEMS Patients
Shin J. Oh, MD, FAAN
University of Alabama at Birmingham, Birmingham, AL

Effect of MD1003 (High Doses of Biotin) in Progressive Multiple Sclerosis: Results of a Pivotal Phase III Randomized Double Blind Placebo Controlled Study
Ayman Tourbah, MD, PhD
CHU de Reims, Reims, France

Idebenone Reduces Loss of Respiratory Function in Duchenne Muscular Dystrophy—Outcome of a Phase III Double Blind, Randomised, Placebo-controlled Trial (DELOS)
Gunnar Buyse, PhD, MD
University Hospitals K.U. Leuven, Leuven, Belgium

The Multicenter Randomized Clinical Trial of Endovascular Treatment for Acute Ischemic Stroke in the Netherlands (MR CLEAN): Update and Clinical Implications
Diederik Dippel, MD
Erasmus MC University Medical Center, Rotterdam, Netherlands

Phenytoin Is Neuroprotective in Acute Optic Neuritis: Results of a Phase 2 Randomized Controlled Trial
Raju Kapoor, MD
National Hospital London, United Kingdom

Neurology Year in Review Plenary Session
Friday, 4:30 p.m.–6:00 p.m.
Review the year’s advances in a subspecialty area.

Neuro-oncology
Lisa M. DeAngelis, MD, FAAN
Memorial Sloan Kettering Cancer Center, New York, NY
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 413 at AAN.

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

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For more information, visit PDpsychosis.com.

Parkinson’s disease (PD).
Don’t Miss Thought-provoking Debates and Illuminating Lectures at Plenary Sessions

continued from page 19

Movement Disorders
Michael S. Okun, MD, FAAN
University of Florida, Gainesville, FL

Neuro-rehabilitation
Bruce H. Dobkin, MD, FAAN
University of California, Los Angeles
Los Angeles, CA

Vertigo
David Newman-Toker, MD, PhD, FAAN
Johns Hopkins University School of Medicine, Baltimore, MD

Pediatric Neurology
Nina F. Schor, MD, PhD
University of Rochester Medical Center, Rochester, NY

Multiple Sclerosis and Neuromyelitis Optica
Jeffrey Allan Cohen, MD
Cleveland Clinic, Cleveland, OH

Daily Reminders

Access Education Program Syllabi and Slides
Education Program syllabi and slides are available online only at AAN.com/view/syllabi or through the Annual Meeting Mobile App for your mobile device or tablet.

Request Your CME
Complete your evaluations to get your CME hours by using the Annual Meeting Mobile App or by visiting AAN.com/view/CME. CME requests may be made until May 4, 2015.

Download the Annual Meeting Mobile App at AAN.com/view/AM15
You can find your user name (six-digit AAN ID) and password (Annual Meeting Confirmation Number beginning with letter “A” followed by seven digits) on your badge. For assistance, visit the Mobile App Help Desk in the Grand Lobby of the Walter E. Washington Convention Center, or contact AAN Member Services at (800) 879-1960.

GE Healthcare

At AAN 2015, visit GE Healthcare booth 1443 to learn more.
For more information, visit www.datscan.com and www.gevizamyl.com.
You Are Invited to Attend a Presentation Forum on the Treatment of Seizures

Monday, April 20
5:00 PM – 5:20 PM
Topic: Adjunctive Therapy for the Treatment of Partial-Onset Seizures in Patients 12 Years and Older
Booth 429

Robert T. Wechsler, MD, PhD, FAAN
Owner, Consultants in Epilepsy & Neurology, PLLC
Medical Director, Idaho Comprehensive Epilepsy Center
Boise, ID

Tuesday, April 21
12:30 PM – 12:50 PM
Topic: Adjunctive Therapy for the Treatment of Seizures Associated With Lennox-Gastaut Syndrome
2:45 PM – 3:05 PM
Topic: Adjunctive Therapy for the Treatment of Partial-Onset Seizures in Patients 12 Years and Older
Booth 429

Trevor J. Resnick, MD
Chief, Department of Neurology
Miami Children’s Hospital
Miami, FL

Wednesday, April 22
1:30 PM – 1:50 PM
Topic: Adjunctive Therapy for the Treatment of Partial-Onset Seizures in Patients 12 Years and Older
Booth 429

Robert T. Wechsler, MD, PhD, FAAN
Owner, Consultants in Epilepsy & Neurology, PLLC
Medical Director, Idaho Comprehensive Epilepsy Center
Boise, ID

AGENDA

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<tr>
<td>15 minutes</td>
<td>Presentation</td>
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<td>5 minutes</td>
<td>Question &amp; Answer Session</td>
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These are promotional presentations and are not certified for continuing medical education credit.
Past AAN Presidents Converge, Share Insights

Former presidents of the AAN came together during their yearly Past President’s Council Meeting. They were joined by soon-to-be Past President Timothy A. Pedley, MD, FAAN, whose term concludes at the end of the meeting, and his successor, Terrence L. Cascino, MD, FAAN.

The past leaders, who still remain actively involved in neurology, shared their thoughts on a couple questions posed for their consideration.

With all of the changes to the practice of neurology over the past five years, how confident are you that neurologists will be able to meet these administrative challenges and still deliver high-quality care?

“It is not a matter of will neurologists be able to commit the time necessary but they must protect that time as a matter of the quality of care delivered. We are not passive victims of administrators. It is our responsibility to protect the time.”

—Bruce Sigsbee, MD, FAAN
AAN President 2011-2013

When you look back to when you started your career, has science accomplished more than you thought it would by this point in time? Are we farther ahead—or farther behind—what you would have anticipated seeing 30, 40, or 50 years ago?

“Was it Casey Stengel or Yogi Berra who said it is difficult to predict the future? Neuroscience has produced several advances that could not have been predicted: DNA and ‘individualized’ human genetic diseases; mass genetics in GWAS and human genetics; imaging (CT, MRI, fMRI, and more to come); microvascular angiography and clot-busting. Our major challenge now is Alzheimer disease.”

—Lewis P. Rowland, MD, FAAN
AAN President 1989-1991

“The advance of science is way ahead of my expectations starting in neurology 50 years ago. The sequencing of the human genome providing a roadmap to 21,000 genes responsible for brain development and neurological disease has been a spectacular windfall of translational information. Next generation sequencing using whole genome and whole exome sequencing, copy number variation, indels, RNA sequencing, the analysis of the transcriptome, the proteome, metabolome, lipidome, and the microbiome has quickened the pace in our understanding of neuroscience in health and disease well beyond what we could possibly have imagined in 1965. The BRAIN Initiative announced last year is utilizing computational bio-informatics, exploration of the brain’s connectome, gene expression profiles, and synaptic connectivity to begin understanding of circuit information processing. I never thought 50 years ago we would be today at the edge of understanding how the brain works!”

—Roger N. Rosenberg, MD, FAAN
AAN President 1991-1993

“When I completed neurology residency in 1962, I thought arteriograms and pneumoencephalograms were major advances at the time. Who would have dreamed that we would have sophisticated non-invasive imaging that is far superior? And how about PET and SPECT imaging for biochemical assessments of the living brain? Gene identification of diseases is another dramatic advance, especially in the future understanding of so many of our diseases. Just in my own field, we had only anticholinergics and physiotherapy for Parkinson disease (PD). Who would have believed in 1962 that a simple amino acid, levodopa, would revolutionize the treatment of PD? This drug even spawned the creation of a new subspecialty, movement disorders. I feel fortunate to have lived in an era in which so much progress has been made. Wouldn’t it be great if we could all witness the next 50 years; maybe some of our devastating diseases would have cures by then, and we would look back at our current state as so primitive.”

—Stanley Fahn, MD, FAAN
AAN President 2001-2003

“When I trained we had primitive isotope brain imaging and would often argue about whether a lesion was even present. We had something called the echoencephalogram and we charged for doing them but they were completely worthless. We had to do an arteriogram to be able to see if a subdural hematoma was present. We did pneumoencephalograms which made patients throw up, usually into our shoes or the cuffs in our pants. Have we progressed? You must be kidding. Beyond our wildest dreams. Not to say we are better neurologists. Clinical skills are being lost and many aspects of patient care are suffering. But in many instances technology is saving our collective ass.”

—Thomas R. Swift, MD, FAAN
AAN President 2005-2007

“I never would have imagined so many neurologic advances in the half century since I started medical school. Our ability to diagnose and treat patients has vastly improved but so has the complexity and cost of providing that care. The delivery of neurologic services today is very inefficient and the needs of both patients and neurologists are not being optimally addressed. Our future challenge is to provide neurological care more efficiently and at less cost.”

—Steven P. Ringel MD, FAAN
AAN President 1997-1999

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—Stanley Fahn, MD, FAAN
AAN President 2001-2003
COMING SOON

SAME MEDICATION. ANOTHER WAY TO TAKE IT.

Be one of the first to know more.
Sign up at BETACONNECT.com
Two of the experts at the forefront of movement disorder research.

The Movement Disorders Program at UPMC is employing both medical and surgical strategies to fundamentally change the course of movement disorders, rather than just treating the symptoms. From our groundbreaking gene therapy research and a clinical trial beginning this fall, to our intraoperative neurophysiology research and interventional-MRI deep brain stimulation program, we are expanding our understanding of brain pathophysiology to discover new treatment options. To learn more, visit UPMCPhysicianResources.com/Neuro15.
Attendees Are Encouraged to ‘Give Back’ to Help DC Area’s Neediest Kids

Annual Meeting attendees are encouraged to stop by the AAN Gives Back booth in the Grand Lobby of the convention center to drop off their unused toiletries for this year’s AAN Gives Back partners: Neediest Kids and The Children’s Inn at the National Institutes of Health. The drop off will be available all week long. Attendees can also stop by the Research and Education booth in Academy Central to make a monetary donation to the Neediest Kids.

A quarter of a million students in the Washington, DC, metro area are at or below the poverty line. Education is the key to breaking the cycle of poverty, but for 37 percent of all metro area students, reality includes struggling to master algebra without a calculator, trouble reading the whiteboard without glasses, or facing bitter cold temperatures without a coat. Through its Bridge to Success Program, Neediest Kids partners with local school districts throughout DC, Maryland, and Virginia to ensure that thousands of at-risk, low-income students get the basic essentials they need so they can get the education they deserve. Your donation will help kids thrive by providing the following goods and services based on precise individual needs and without any delays or bureaucracy:

- Eye exams and eyeglasses
- Coats
- Clothes and shoes
- School uniforms
- Groceries
- Personal care items
- School supplies
- School fees
- Transportation
- Other necessities

You also may visit AAN.com/view/AAN Gives Back to donate online.

The AAN is currently selecting partners for the 2016 Annual Meeting in Vancouver, Canada. Send your ideas for potential partners to AAN Gives Back@aan.com!

Testing early can help impact a 13-year average diagnostic delay for Pompe disease.2-4

Learn more about next-generation panel testing for neuromuscular disorders—including Pompe disease.

A complimentary program is available for targeted DNA analysis of up to 31 separate conditions.1

References:
Academy Recognizes New Fellows of 2014

Congratulations to the following AAN members who were recognized as Fellows of the American Academy of Neurology (FAAN) during 2014. Fellow status acknowledges exemplary work and achievements in the neurosciences, the clinical practice of neurology or academic/administrative neurology, in the AAN, and in the community. The Academy thanks the new class of Fellows for their dedication to their profession and their patients, and for their continued commitment to the vision and mission of the AAN.

For more information on how you can attain the prestigious FAAN status, or if you are a current FAAN who wants to nominate an esteemed colleague, visit the AAN Membership Booth in Academy Central—you’ll receive a $10 Starbucks gift card for nominating or applying! You may also go online at AAN.com/membership/become-a-fellow.

2014 Fellows of the American Academy of Neurology

Taoufik Alsaadi, MD, FAAN
Erastus Amayo, MD, FAAN
Wayne Anderson, MD, FAAN
Oliver Bandmann, MD, PhD, FAAN
Ikshvanku Barot, MD, FAAN
Christopher Boes, MD, FAAN
Diego Cadavid, MD, FAAN
Francisco Cardoso, MD, FAAN
Jeffrey Chung, MD, FAAN
Eduardo De Sousa, MD, FAAN
Michael Elliott, MD, FAAN
Murray Engel, MD, FAAN
Marian Evatt, MD, FAAN
Dominic Fee, MD, FAAN
Wendy Galpern, MD, PhD, FAAN
Christopher Gibbons, MD, FAAN
David Greer, MD, FAAN
Mustafa Hammad, MD, DO, FAAN
Claire Henchcliffe, MD, PhD, FAAN
Jennifer Hopp, MD, FAAN
Sandra Horowitz, MD, FAAN
Jihad Inshasi, MD, MBBS, FAAN
Jeffrey Jackson, MD, FAAN
Mamdouh Kalakatawi, MD, FAAN
Walter Kukull, PhD, FAAN
Jin Li, MD, PhD, FAAN
Brandy Matthews, MD, FAAN
Margaret McBride, MD, FAAN
Marco Medina, MD, FAAN
Man Mohan Mehndiratta, MD, MBBS, FAAN
Jose Merino, MD, MPhil, FAAN
Leslie Morrison, MD, FAAN
Gereon Nelles, MD, PhD, FAAN
Darin Okuda, MD, FAAN
Massimo Pandolfo, MD, FAAN
Hema Patel, MD, FAAN
Phillip Pearl, MD, FAAN
Erik Perkins, MD, FAAN
Daniel Potts, MD, FAAN
Craig Powell, MD, PhD, FAAN
Christopher Prusinski, DO, FAHA, FAAN
Goran Rakocevic, MD, FAAN
Richard Rison, MD, FAAN
Howard Rowley, MD, FAAN
Arman Sabet, MD, FAAN
Saud Sadiq, MD, MB, FAAN
Joseph Saflieh, MD, FAAN
Markus Schuerks, MD, FAAN
Sudha Seshadri, MD, FAAN
Nitin Sethi, MD, MBBS, FAAN
Prahla Kumar Sethi, MD, FAAN
Nutan Sharma, MD, PhD, FAAN
Sanjay Singh, MD, FAAN
Anees Singhal, MD, FAAN
Nizar Souayah, MD, PhD, MRCP, FAAN
Jayashri Srinivasan, MD, PhD, FAAN
Michael Waters, MD, PhD, FAAN
Allison Weathers, MD, FAAN
Stop by Today’s Exhibit Hall for Complimentary Lunch and Coffee

Complimentary lunch and afternoon coffee breaks will be available today in the Exhibit Hall AB of the convention center. Lunch will be served between 11:30 a.m. and 1:30 p.m. and a coffee break sponsored by Sunovion Pharmaceuticals, Inc. between 2:30 p.m. and 4:30 p.m., so be sure and stop by to re-fuel while previewing the latest products and services available in the neurologic industry. Mingle with colleagues as well as representatives from more than 250 pharmaceutical companies; medical device, equipment, and technology companies; and voluntary health associations—many of whom make important AAN initiatives possible!

Win Exciting Prizes Through Exhibit Hall Passport Program—Grand Prize Winner to Be Announced Thursday!

Don’t forget to visit participating booths to get your Exhibit Hall “passport” stamped to be entered into a drawing for exciting prizes, including Apple® iPad® Air2 devices, future free AAN conference registration, free one-year AAN membership, a Continuum® subscription, and a special Grand Prize on the last day of the exhibits. The Grand Prize winner of the Passport Program will be drawn at 2:45 p.m. on Thursday at the Eisai booth, and you must be present to win.

Thank you for visiting the 2015 AAN Exhibit Hall!

Get to Know ACADIA Pharmaceuticals Inc.

At ACADIA, we are passionate about improving the lives of patients with neurological and related central nervous system (CNS) disorders. We are building the foundation to become a leading biopharmaceutical company dedicated to developing and commercializing innovative therapies in the CNS area.

Learn more at booth 413
Quotable Quotes
What is the best part of the Annual Meeting for you?

“Meeting with colleagues and networking.”
Jeffrey Buchhalter, MD, FAAN
Calgary, AB, Canada

“I enjoy the diversity of topics presented and being up-to-date with them. I get to see people I haven’t seen for a long time.”
Allan Krumholz, MD, FAAN
Baltimore, MD

“Getting to interact with other scientists and clinicians.”
Todd Grinnell, PhD
Marlborough, MA

Why are you attending the Annual Meeting?

“I’m a researcher in MS and have always wanted to come! This time, my PhD student and I were able to come because of a sponsorship. We are interested in neurological updates.”
Stefanie Kuerten, MD
Wuerzburg, Germany

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

Join your friends and colleagues this Friday from 6:00 p.m. to 8:00 p.m. in Ballroom C of the convention center to celebrate the end of a great meeting. This special early-evening happy hour event will include music, drinks, and socializing—and the early ending time will even give you a chance to explore beautiful Washington, DC, afterwards!

The American Academy of Neurology thanks Peake Delancey Printers for their prompt service, exemplary professionalism, and quality production, as well as their generous donation of the 2015 Brain Health Fair program guide.
RECONSIDER THE POSTERIOR NASAL CAVITY FOR MIGRAINE THERAPY

LEARN MORE AT REROUTEMIGRAINE.COM AND BOOTH 1303

Reroute Migraine is a clinical resource and community for healthcare professionals. Our goal is to keep you informed about advances in migraine therapy administration.
The kaleidoscope of MS – Day 2
Multiple facets: shaping outcomes for patients

Wednesday, April 22, 2015, 7:30–10:00 pm (doors open: 7:00 pm)
Marquis Ballroom Salon 6-10, Marriott Marquis Washington

Opening and welcome
Martin Duddy (Chair), Newcastle, UK

Focusing early
John R. Corboy, Aurora, CO, USA

The hidden picture
Daniel Pelletier, Los Angeles, CA, USA

Changing view
Sven Schippling, Zurich, Switzerland

Viewing the kaleidoscope together
Martin Duddy, Newcastle, UK

Conclusion/Q&A
Martin Duddy, Newcastle, UK

Meet the Experts
Faculty from both days

Refreshments will be served at the start of the event
All delegates must wear their AAN registration badge in order to gain entry to the ITU. This is not a CME program nor will CME credits be given for attendance.

Tweets of the Day

Ana Felix @anacfelix
Dr. Pedley gave an outstanding talk at the plenary session today: What a wonderful speaker! #AANAM Thank you!

Marie Powers @mariempowers
@BioWorld Pedley: Neurologists facing challenges going forward, including attracting best med students to non-procedural specialty #AANAM

Mary Rensel @MRensel1
@brendabanwell is doing amazing things for #pedms #MS #ipmssg, wonderful talk at #AANAM

Nikesh Bajaj @ATaleOf2Halves
After physician visit to Capitol Hill, follow up email or quarterly update to representative make a huge difference #AANAM #AAN2015

Melanie Tucker @MelanieNeuro
Neuroscience is Essential - We all agree! #AANAM #AAN2015 #neurology #neuroscience pic.twitter.com/HClEuCgllT

Hugh Kearney @hugh_kearney
Tapered cessation - a possible strategy to prevent disease rebound activity when stopping natalizumab #AANAM

INDUSTRY THERAPEUTIC UPDATE FROM NOVARTIS PHARMA AG
The kaleidoscope of MS – Day 2
Multiple facets: shaping outcomes for patients

Friday, April 24
6:00 p.m.–8:00 p.m.
Biogen is committed to improving the lives of people with Multiple Sclerosis (MS) by supporting the education of specialists through our MS Clinical Fellowship program as well as our Global MS Registry Research program. To meet these objectives, Biogen is pleased to offer the below fellowship programs tailored specifically to support talented MS Specialists.

- **MS Clinical Fellowship:** We award up to $90,000 for a single academic year in support of MS Clinical Fellows’ salaries.
- **Global MS Registry Research Fellowship:** We award up to €75,000 (or local equivalent) for a single academic year in support of MS Registry Research Fellows’ salaries.

To learn more please contact our Grants Office at 617-914-1299 or send an email to grantsoffice@biogen.com.

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**Closing Party**

Friday, April 24
6:00 p.m.–8:00 p.m.

Celebrate the end of a great meeting at a special early-evening happy hour event!

- Enjoy music, drinks, and socializing with colleagues
- Make plans to explore beautiful Washington, DC, afterwards

**The Biogen Multiple Sclerosis Fellowship Programs**

Biogen is committed to improving the lives of people with Multiple Sclerosis (MS) by supporting the education of specialists through our MS Clinical Fellowship program as well as our Global MS Registry Research program. To meet these objectives, Biogen is pleased to offer the below fellowship programs tailored specifically to support talented MS Specialists.

- **MS Clinical Fellowship:** We award up to $90,000 for a single academic year in support of MS Clinical Fellows’ salaries.
- **Global MS Registry Research Fellowship:** We award up to €75,000 (or local equivalent) for a single academic year in support of MS Registry Research Fellows’ salaries.

To learn more please contact our Grants Office at 617-914-1299 or send an email to grantsoffice@biogen.com.
Please join us at Booth 629 for a presentation from these leading experts:

Fernando Pagan, MD
Associate Professor of Neurology, Director of Movement Disorders Program, Medical Director Georgetown University Hospital National Parkinson Foundation Center of Excellence
Monday, April 20 | 4:45 PM
Wednesday, April 22 | 12:10 PM

Peter A. LeWitt, MD
Professor of Neurology, Wayne State University School of Medicine
Director, Parkinson’s Disease and Movement Disorders Program, Henry Ford Hospital
Monday, April 20 | 5:30 PM
Tuesday, April 21 | 12:10 PM & 12:40 PM

Neal Hermanowicz, MD
Professor, Director of Movement Disorders Program
University of California, Irvine, Eisenhower Medical Center
Wednesday, April 22 | 12:40 PM
Thursday, April 23 | 11:45 AM & 12:30 PM

A (neuro)logical approach to the treatment of patients with symptomatic neurogenic orthostatic hypotension

NORTHERA™ (droxidopa) is a norepinephrine prodrug1 and is the first medication approved for the treatment of orthostatic dizziness, lightheadedness, or the “feeling that you are about to black out” in adult patients with symptomatic neurogenic orthostatic hypotension (nOH) caused by primary autonomic failure (Parkinson’s disease, multiple system atrophy, and pure autonomic failure), dopamine beta-hydroxylase deficiency, and non-diabetic autonomic neuropathy. Effectiveness beyond 2 weeks of treatment has not been demonstrated. The continued effectiveness of NORTHERA should be assessed periodically.

IMPORTANT SAFETY INFORMATION

WARNING: SUPINE HYPERTENSION
Monitor supine blood pressure prior to and during treatment and more frequently when increasing doses. Elevating the head of the bed lessens the risk of supine hypertension, and blood pressure should be measured in this position. If supine hypertension cannot be managed by elevation of the head of the bed, reduce or discontinue NORTHERA.

CONTRAINDICATIONS
• None.

WARNINGS AND PRECAUTIONS
• Supine Hypertension: NORTHERA therapy may cause or exacerbate supine hypertension in patients with nOH, which may increase cardiovascular risk if not well-managed.
• Hyperpyrexia and Confusion: Postmarketing cases of a symptom complex resembling neuroleptic malignant syndrome (NMS) have been reported in Japan with NORTHERA use. Observe patients carefully when the dosage of NORTHERA is changed or when concomitant levodopa is reduced abruptly or discontinued, especially if the patient is receiving neuroleptics. NMS is an uncommon but life-threatening syndrome characterized by fever or hyperthermia, muscle rigidity, involuntary movements, altered consciousness, and mental status changes. The early diagnosis of this condition is important for the appropriate management of these patients.
• Ischemic Heart Disease, Arrhythmias, and Congestive Heart Failure: NORTHERA therapy may exacerbate symptoms in patients with existing ischemic heart disease, arrhythmias, and congestive heart failure.
• Allergic Reactions: This product contains FD&C Yellow No. 5 (tartrazine) which may cause allergic-type reactions (including bronchial asthma) in certain susceptible persons. Although the overall incidence of FD&C Yellow No. 5 (tartrazine) sensitivity in the general population is low, it is frequently seen in patients who also have aspirin hypersensitivity.

ADVERSE REACTIONS
• The most common adverse reactions (greater than 5%) were headache, dizziness, nausea, hypertension, and fatigue.

DRUG INTERACTIONS
• Administering NORTHERA in combination with other agents that increase blood pressure (e.g., norepinephrine, ephedrine, midodrine, and triptans) would be expected to increase the risk for supine hypertension. Dopa-decarboxylase inhibitors may require dose adjustments for NORTHERA.

USE IN SPECIFIC POPULATIONS
• Clinical experience with NORTHERA in patients with severe renal function impairment (GFR less than 30 mL/min) is limited. There are no adequate and well-controlled trials of NORTHERA in pregnant women. Women who are nursing should choose nursing or NORTHERA. The safety and effectiveness of NORTHERA in pediatric patients have not been established. No overall differences in safety or effectiveness were observed between subjects aged 75 years and older and younger subjects in clinical trials, but greater sensitivity of some older individuals cannot be ruled out.

Visit NORTHERA.com to download a treatment form, or call the NORTHERA Support Center at 844-601-0101.

Please see the Brief Summary on the following page and the full Prescribing Information, including Boxed Warning, at www.NORTHERA.com.

NORTHERA™ (droxidopa) capsules, for oral use

Brief Summary of Prescribing Information
(See package insert for full Prescribing Information or visit www.Northera.com)

Rx Only

**WARNING: SUPINE HYPERTENSION**

Monitor supine blood pressure prior to and during treatment and more frequently when increasing doses. Elevating the head of the bed lessens the risk of supine hypertension, and blood pressure should be measured in this position. If supine hypertension cannot be managed by elevation of the head of the bed, reduce or discontinue NORTHERA [see Warnings and Precautions].

**INDICATIONS AND USAGE** – NORTHERA is indicated for the treatment of orthostatic dizziness, lightheadedness, or the “feeling that you are about to black out” in adult patients with symptomatic neurogenic orthostatic hypotension (NOH) caused by primary autonomic failure [Parkinson’s disease (PD), multiple system atrophy, and pure autonomic failure], dopamine-beta-hydroxylase deficiency, and non-diabetic autonomic neuropathy. Effectiveness beyond 2 weeks of treatment has not been established. The continued effectiveness of NORTHERA should be assessed periodically.

**CONTRAINDICATIONS** – None.

**WARNINGS AND PRECAUTIONS** – Supine Hypertension: NORTHERA therapy may cause or exacerbate supine hypertension in patients with NOH. Patients should be advised to elevate the head of the bed when resting or sleeping. Monitor blood pressure, both in the supine position and in the recommended head-elevated sleeping position. Reduce or discontinue NORTHERA if supine hypertension persists. If supine hypertension is not well-managed, NORTHERA may increase the risk of cardiovascular events.

Hyperpyrexia and Confusion: Post-marketing cases of a symptom complex resembling neuroleptic malignant syndrome (NMS) have been reported with NORTHERA use during post-marketing surveillance in Japan. Observe patients carefully when the dosage of NORTHERA is changed or when concomitant levodopa is reduced abruptly or discontinued, especially if the patient is receiving neuroleptics. NMS is an uncommon but life-threatening syndrome characterized by fever, hyperthermia, muscle rigidity, involuntary movements, altered consciousness, and mental status changes. The early diagnosis of this condition is important for the appropriate management of these patients.

Ischemic Heart Disease, Arrhythmias, and Congestive Heart Failure: NORTHERA may exacerbate existing ischemic heart disease, arrhythmias, and congestive heart failure. Careful consideration should be given to this potential risk prior to initiating therapy in patients with these conditions.

Allergic Reactions: This product contains FD&C Yellow No. 5 (tartrazine) which may cause allergic-type reactions (including bronchial asthma) in certain susceptible persons. Although the overall incidence of FD&C Yellow No. 5 (tartrazine) sensitivity in the general population is low, it is frequently seen in patients who also have aspirin hypersensitivity.

**ADVERSE REACTIONS** – Clinical Trials Experience: Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice. The safety evaluation of NORTHERA is based on two placebo-controlled studies 1 to 2 weeks in duration (Studies 301 and 302), one 8-week placebo-controlled study (Study 306), and two long-term, open-label extension studies (Studies 303 and 304). In the placebo-controlled studies, a total of 485 patients with Parkinson’s disease, multiple system atrophy, pure autonomic failure, dopamine-beta-hydroxylase deficiency, or non-diabetic autonomic neuropathy were randomized and treated, 424 with NORTHERA and 240 with placebo [see Clinical Studies].

Placebo-Controlled Experience: The most commonly observed adverse reactions (those occurring at an incidence of greater than 5% in the NORTHERA group and with at least a 3% greater incidence in the NORTHERA group than in the placebo group) in NORTHERA-treated patients during the three placebo-controlled trials were headache, dizziness, nausea, hypertension. The most common adverse reactions leading to discontinuation from NORTHERA were hypertension or increased blood pressure and nausea.

**Table 1. Most Common Adverse Reactions Occurring More Frequently in the NORTHERA Group**

<table>
<thead>
<tr>
<th></th>
<th>Study 301 and Study 302 (1 to 2 Weeks Randomized Treatment)</th>
<th>Study 306 (8 to 10 Weeks Randomized Treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Placebo (N=132) n (%)</td>
<td>NORTHERA (N=131) n (%)</td>
</tr>
<tr>
<td>Headache</td>
<td>4 (3.0)</td>
<td>8 (6.1)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>2 (1.5)</td>
<td>5 (3.8)</td>
</tr>
<tr>
<td>Nausea</td>
<td>2 (1.5)</td>
<td>2 (1.5)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>0 (0.0)</td>
<td>2 (1.5)</td>
</tr>
</tbody>
</table>

Note: n = number of patients. Table displays adverse reactions that were reported in greater than 5% of patients in the NORTHERA group and with at least a 3% greater incidence in the NORTHERA group than in the placebo group.

Long-Term, Open-Label Trials with NORTHERA: In the long-term, open-label extension studies, a total of 422 patients, mean age 65 years, were treated with NORTHERA for a mean total exposure of approximately one year. The commonly reported adverse events were falls (22%), urinary tract infections (13%), headache (13%), syncope (13%), and dizziness (10%).

**DRUG INTERACTIONS** – Drugs that Increase Blood Pressure: Administering NORTHERA in combination with other agents that increase blood pressure (e.g., norepinephrine, epinephrine, midodrine, and thriptans) would be expected to increase the risk for supine hypertension. Parkinson's Medications: Dopa-decarboxylase inhibitors may require dose adjustments for NORTHERA.

**USE IN SPECIFIC POPULATIONS** – Pregnancy: Pregnancy Category C: There are no adequate and well-controlled trials in pregnant women. Following consecutive oral administration at doses of 60, 200, and 600 mg/kg/day to pregnant Sprague Dawley rats, increased incidences of lower body weight and occurrence of umbilical cord were noted in fetuses, but they were slight and spontaneously reversed after birth. Based on dose per unit body surface area, these three doses correspond to approximately 0.3, 1, and 3 times, respectively, the maximum recommended total daily dose of 1,800 mg in a 60 kg patient. Shortening of the gestation period was observed in rats at 600 mg/kg/day. Low incidences of renal lesions (cysts, indentations, or renal pelvic dilation) were observed on the surface of the kidneys of female rats treated with droxidopa during the period of fetal organogenesis. No other potentially teratogenic effects have been observed in rats or rabbits. Nursing Mothers: Choose nursing or NORTHERA. In rats, droxidopa is excreted in breast milk, and when the drug was administered to the nursing dams during the period of lactation, reduced weight gain and reduced survival were observed in the offspring. Pediatric Use: The safety and effectiveness of NORTHERA in pediatric patients have not been established. Geriatric Use: A total of 197 patients with symptomatic NOH aged 75 years or above were included in the NORTHERA clinical program. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. Patients with Renal Impairment: NORTHERA and its metabolites are primarily cleared renally. Patients with mild or moderate renal impairment (GFR greater than 30 mL/min) were included in clinical trials and did not have a higher frequency of adverse reactions. Clinical experience with NORTHERA in patients with severe renal function impairment (GFR less than 30 mL/min) is limited.

OVERDOSAGE – Symptoms: There was one case of overdose reported during post-marketing surveillance in Japan. The patient ingested 7,700 mg of NORTHERA and experienced a hypertensive crisis that resolved promptly with treatment. Treatment: There is no known antidote for NORTHERA overdose. In case of an overdose that may result in an excessively high blood pressure, discontinue NORTHERA and treat with appropriate symptomatic and supportive therapy. Counsel patients to remain in a standing or seated position until their blood pressure drops below an acceptable limit.

Manufactured for: Lundbeck
Deerfield, IL 60015, U.S.A.

NORTHERA is a TM of Lundbeck NA Ltd.

DRX-L-00003 August 2014
Come hear leading experts discuss the latest advances in MS

**GENZYME’S INDUSTRY THERAPEUTIC UPDATE**
**Targeting T and B Cells in MS: The Journey From Immunology to Clinical Outcomes**

**WHEN**
Tuesday, April 21, 2015

**WHERE**
Marriott Marquis, Washington, DC (Salon 6, Meeting Level 2)

**TIME**
7:00 pm-7:30 pm (Buffet Dinner) / 7:30 pm-10:00 pm (Presentation)

**REGISTER**
www.genzyme.com/2015AAN_ITU

**PRESENTERS**

**Omar A. Khan, MD**
Chairman and Professor of Neurology; Neurologist-in-Chief, Detroit Medical Center; Director, Wayne State University Multiple Sclerosis Research Center & The Sastry Foundation Advanced Imaging Laboratory; Director, Detroit Medical Center Multiple Sclerosis Clinic, Detroit, Michigan

**Heinz Wiendl, MD**
Chair, Department of Neurology, Inflammatory Disorders of the Nervous System and Neurooncology, University Clinic of Muenster, Muenster, Germany

**Anthony Reder, MD**
Professor; Director, Clinical Trials, Director of Infusion Therapy, Chicago-Greater Illinois Chapter of the NMSS Clinical Advisory Committee, Chicago, Illinois

**Fred D. Lublin, MD, FAAN, FANA**
Saunders Family Professor of Neurology; Director, Corinne Goldsmith Dickinson Center for Multiple Sclerosis; Co-Chief Editor, Multiple Sclerosis and Related Disorders; Icahn School of Medicine at Mount Sinai, New York, New York

**IN-BOOTH PRODUCT THEATER PRESENTATIONS**
**APRIL 20-23 AT BOOTH 1909**

**PRESENTATION SCHEDULE**

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<tr>
<th>Monday, April 20</th>
<th>Tuesday, April 21</th>
<th>Wednesday, April 22</th>
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<tr>
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**PRESENTERS**

**Daniel Wynn, MD**
Director of Clinical Research and Director, Multiple Sclerosis Center at Consultants in Neurology, Chicago, Illinois

**Adil Javed, MD, PhD**
Assistant Professor of Neurology, Department of Neurology, The University of Chicago Medical Center, Chicago, Illinois

**Bhupendra O. Khatri, MD**
Medical Director, Center for Neurological Disorders, Milwaukee, Wisconsin

These events are not part of the American Academy of Neurology’s 67th Annual Meeting as planned by the Meeting Management Committee. These are not CME programs, nor will CME credits be given for attendance.

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