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**HENRY B. GONZALEZ
CONVENTION CENTER**

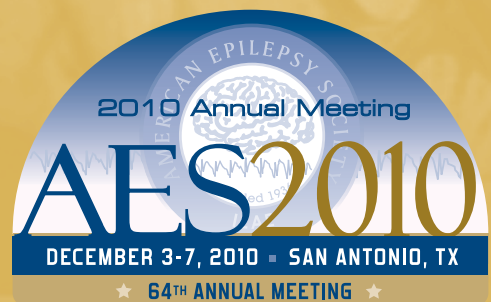
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For the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 4 years and older

Add Powerful Seizure Control To the Lives of Patients with LGS

Powerful efficacy in patients with LGS

In patients inadequately controlled with 1–3 AEDs*:

- 42.5% reduction in tonic-atonic seizures with BANZEL® vs 1.4% increase with placebo ($P < 0.0001$)^{†1,2}
- 32.7% reduction in total seizures with BANZEL vs 11.7% reduction with placebo ($P < 0.002$)^{†1,2}
- $\geq 50\%$ responder rate in tonic-atonic seizures was significantly higher with BANZEL vs placebo (42.5% of patients vs 16.7% of patients, respectively; $P = 0.002$)^{†2}
- $\geq 50\%$ responder rate in total seizures was significantly higher with BANZEL vs placebo (31.1% of patients vs 10.9% of patients, respectively; $P < 0.005$)^{†2}
- Titration to a maximum dose can be as rapid as 1–2 weeks¹
- There are risks associated with BANZEL; adverse events seen in clinical trials were mostly mild to moderate and transient¹

Important Safety Information

- BANZEL is contraindicated in patients with Familial Short QT syndrome.
- AEDs increase the risk of suicidal thoughts or behavior in patients. Patients, their caregivers, and families should be informed of the risk and advised to monitor and report any emergence or worsening of depression, suicidal thoughts or behavior, or any unusual changes in mood or behavior, or thoughts of self-harm. If these symptoms occur, consider if it may be related to the AED or illness because epilepsy itself can increase these risks.
- Use of BANZEL has been associated with central nervous system-related adverse reactions, such as somnolence or fatigue, coordination abnormalities, dizziness, gait disturbances, and ataxia.
- Formal cardiac ECG studies demonstrated shortening of the QT interval (up to 20 msec) with BANZEL. Caution should be used when administering BANZEL with other drugs that shorten the QT interval.

- Multi-organ hypersensitivity syndrome has been reported in association with BANZEL therapy. In clinical trials, hypersensitivity reactions occurred in children less than 12 years of age and within 4 weeks of starting BANZEL therapy. If this reaction is suspected, BANZEL should be discontinued and alternative treatment started. All patients who develop a rash while taking BANZEL must be closely supervised.
- As with all AEDs, BANZEL should be gradually withdrawn to minimize the risk of increased seizure frequency.
- In all patients with epilepsy treated in double-blind, adjunctive therapy studies, the most commonly observed (10%) adverse reactions with BANZEL vs placebo, respectively, were headache (25% vs 20%), dizziness (17% vs 10%), fatigue (15% vs 9%), somnolence (13% vs 9%), and nausea (11% vs 7%).

Please see the brief summary of Prescribing Information on the following pages.

*AEDs = antiepileptic drugs.

†Results of a 12-week, randomized, double-blind, multicenter, placebo-controlled, parallel-group trial to assess the effectiveness of BANZEL to reduce inadequately controlled seizures associated with LGS in patients (N = 138, intent to treat) being treated with 1–3 concomitant stable-dose AEDs.

References: 1. BANZEL® [package insert]. Woodcliff Lake, NJ: Eisai Inc.; 2008. 2. Glauser T, Kluger G, Sachdeo R, Krauss G, Perdomo C, Arroyo S. Rufinamide for generalized seizures associated with Lennox-Gastaut syndrome. *Neurology*. 2008;70:1950-1958.



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Manufactured by Eisai Co., Ltd. Marketed by Eisai Inc., Woodcliff Lake, NJ 07677

BANZEL®
(rufinamide) 200, 400mg
TABLETS
Power. Control. Hope.™

Visit www.BANZEL.com



Brief Summary of full Prescribing Information: Please consult package insert for full Prescribing Information.

INDICATIONS AND USAGE

BANZEL (rufinamide) is indicated for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in children 4 years and older and adults.

CONTRAINDICATIONS

BANZEL is contraindicated in patients with Familial Short QT syndrome (See PRECAUTIONS, QT Shortening).

WARNINGS

Suicidal Behavior and Ideation

Antiepileptic drugs increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. Patients treated with any antiepileptic drug for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, or any unusual changes in mood or behavior.

Pooled analyses of 199 placebo-controlled clinical trials (mono- and adjunctive therapy) of 11 different antiepileptic drugs showed that patients randomized to one of the antiepileptic drugs had approximately twice the risk (adjusted Relative Risk 1.8, 95% CI: 1.2, 2.7) of suicidal thinking or behavior compared to patients randomized to placebo. In these trials, which had a median treatment duration of 12 weeks, the estimated incidence rate of suicidal behavior or ideation among 27,863 antiepileptic drug-treated patients was 0.43%, compared to 0.24% among 16,029 placebo-treated patients, representing an increase of approximately one case of suicidal thinking or behavior for every 530 patients treated. There were four suicides in drug-treated patients in the trials and none in placebo-treated patients, but the number of events is too small to allow any conclusion about drug effect on suicide.

The increased risk of suicidal thoughts or behavior was observed as early as one week after starting drug treatment and persisted for at least 24 weeks. Because most trials included in the analysis did not extend beyond 24 weeks, the risk of suicidal thoughts or behavior beyond 24 weeks could not be assessed.

The risk of suicidal thoughts or behavior was generally consistent among drugs in the data analyzed. The finding of increased risk with antiepileptic drugs of varying mechanisms of action and across a range of indications suggests that the risk applies to all antiepileptic drugs used for any indication. The risk did not vary substantially by age in the clinical trials analyzed.

The following table (Table 1) shows absolute and relative risk of suicidal behavior and ideation by indication.

| Indication | Placebo Patients with Events Per 1000 Patients | Drug Patients with Events Per 1000 Patients | Relative Risk: Incidence of Events in Drug Patients/Incidence in Placebo Patients | Risk Difference: Additional Drug Patients with Events Per 1000 Patients |
|-------------|--|---|---|---|
| Epilepsy | 1.0 | 3.4 | 3.5 | 2.4 |
| Psychiatric | 5.7 | 8.5 | 1.5 | 2.9 |
| Other | 1.0 | 1.8 | 1.9 | 0.9 |
| Total | 2.4 | 4.3 | 1.8 | 1.9 |

The relative risk for suicidal thoughts or behavior was higher in clinical trials for epilepsy than in clinical trials for psychiatric or other conditions, but the absolute risk differences were similar.

Anyone considering prescribing BANZEL or any other antiepileptic drug must balance this risk with the risk of untreated illness. Epilepsy and many other illnesses for which antiepileptics are prescribed are themselves associated with morbidity and mortality and an increased risk of suicidal thoughts and behavior. Should suicidal thoughts and behavior emerge during treatment, the prescriber needs to consider whether the emergence of these symptoms in any given patient may be related to the illness being treated.

Patients, their caregivers, and families should be informed that antiepileptic drugs increase the risk of suicidal thoughts and behavior and should be advised of the need to be alert for the emergence or worsening of the signs and symptoms of depression, any unusual changes in mood or behavior, or the emergence of suicidal thoughts, behavior, or thoughts about self-harm. Behaviors of concern should be reported immediately to healthcare providers.

Central Nervous System Reactions:

Use of BANZEL has been associated with central nervous system-related adverse reactions. The most significant of these can be classified into two general categories:

- 1) somnolence or fatigue, and 2) coordination abnormalities, dizziness, gait disturbances, and ataxia (see ADVERSE REACTIONS).

PRECAUTIONS

QT Shortening

Formal cardiac ECG studies demonstrated shortening of the QT interval (up to 20 msec) with BANZEL treatment. In a placebo-controlled study of the QT interval, a higher percentage of BANZEL-treated subjects (46% at 2400 mg, 46% at 3200 mg, and 65% at 4800 mg) had a QT shortening of greater than 20 msec at T_{max} compared to placebo (5 – 10%).

Reductions of the QT interval below 300 msec were not observed in the formal QT studies with doses up to 7200 mg/day. Moreover, there was no signal for drug-induced sudden death or ventricular arrhythmias.

The degree of QT shortening induced by BANZEL is without any known clinical risk. Familial Short QT syndrome is associated with an increased risk of sudden death and ventricular arrhythmias, particularly ventricular fibrillation. Such events in this syndrome are believed to occur primarily when the corrected QT interval falls below 300 msec. Nonclinical data also indicate that QT shortening is associated with ventricular fibrillation.

Patients with Familial Short QT syndrome should not be treated with BANZEL (see CONTRAINDICATIONS). Caution should be used when administering BANZEL with other drugs that shorten the QT interval.

Multi-organ Hypersensitivity Reactions

Multi-organ hypersensitivity syndrome, a serious condition sometimes induced by antiepileptic drugs, has occurred in association with BANZEL therapy in clinical trials. One patient experienced rash, urticaria, facial edema, fever, elevated eosinophils, stuporous state, and severe hepatitis, beginning on day 29 of BANZEL therapy and extending over a course of 30 days of continued BANZEL therapy with resolution 11 days after discontinuation. Additional possible cases presented with rash and one or more of the following: fever, elevated liver function studies, hematuria, and lymphadenopathy. These cases occurred in children less than 12 years of age, within four weeks of treatment initiation, and were noted to resolve and/or improve upon BANZEL discontinuation. This syndrome has been reported with other anticonvulsants and typically, although not exclusively, presents with fever and rash associated with other organ system involvement. Because this disorder is variable in its expression, other organ system signs and symptoms not noted here may occur. If this reaction is suspected, BANZEL should be discontinued and alternative treatment started.

All patients who develop a rash while taking BANZEL must be closely supervised.

Withdrawal of AEDs

As with all antiepileptic drugs, BANZEL should be withdrawn gradually to minimize the risk of precipitating seizures, seizure exacerbation, or status epilepticus. If abrupt discontinuation of the drug is medically necessary, the transition to another AED should be made under close medical supervision. In clinical trials, BANZEL discontinuation was achieved by reducing the dose by approximately 25% every two days.

Status Epilepticus

Estimates of the incidence of treatment emergent status epilepticus among patients treated with BANZEL are difficult because standard definitions were not employed. In a controlled Lennox-Gastaut syndrome trial, 3 of 74 (4.1%) BANZEL-treated patients had episodes that could be described as status epilepticus in the BANZEL-treated patients compared with none of the 64 patients in the placebo-treated patients. In all controlled trials that included patients with different epilepsies, 11 of 1240 (0.9%) BANZEL-treated patients had episodes that could be described as status epilepticus compared with none of 635 patients in the placebo-treated patients.

Information for Patients

Prescribers or other health professionals should inform patients, their families, and their caregivers about the benefits and risks associated with treatment with BANZEL and should counsel them in its appropriate use. A patient Medication Guide is available for BANZEL. The prescriber or healthcare professional should instruct patients, their families, and their caregivers to read the Medication Guide and should assist them in understanding its contents. Patients should be given the opportunity to discuss the contents of the Medication Guide and to obtain answers to any questions they may have.

Patients should be advised of the following issues and asked to alert their prescriber if these occur while taking BANZEL.

Suicidal Thinking and Behavior – Patients, their caregivers, and families should be informed that antiepileptic drugs increase the risk of suicidal thoughts and behavior and should be advised of the need to be alert for the emergence or worsening of the signs and symptoms of depression, any unusual changes in mood or behavior, or the emergence of suicidal thoughts, behavior, or thoughts about self-harm. Behaviors of concern should be reported immediately to healthcare providers.

Patients should be instructed to take BANZEL only as prescribed.

BANZEL should be taken with food.

As with all centrally acting medications, alcohol in combination with BANZEL may cause additive central nervous system effects.

Patients should be advised about the potential for somnolence or dizziness and advised not to drive or operate machinery until they have gained sufficient experience on BANZEL to gauge whether it adversely affects their mental and/or motor performance.

Female patients of childbearing age should be warned that the concurrent use of BANZEL with hormonal contraceptives may render this method of contraception less effective (see Drug Interactions). Additional non-hormonal forms of contraception are recommended when using BANZEL.

Patients should be advised to notify their physician if they become pregnant or intend to become pregnant during therapy. Patients should be advised to notify their physician if they are breast-feeding or intend to breast-feed.

Patients should be advised to notify their physician if they experience a rash associated with fever.

Laboratory Tests

Leucopenia (white cell count < 3X10⁹ L) was more commonly observed in BANZEL-treated patients (43 of 1171, 3.7%) than placebo-treated patients (7 of 579, 1.2%) in all controlled trials.

Drug Interactions

In vitro and in vivo studies have shown that BANZEL is unlikely to be involved in significant pharmacokinetic interactions.

BANZEL can increase plasma concentrations of phenytoin by 21% or more due to non-linear pharmacokinetics.

Valproate can increase BANZEL concentrations up to 70%. Patients stabilized on BANZEL before being prescribed valproate should begin valproate therapy at a low dose, and titrate to a clinically effective dose. Similarly, patients on valproate should begin at a BANZEL dose lower than 400 mg.

Coadministration of BANZEL with ethinyl estradiol and norethindrone can decrease AUC₀₋₂₄ of these hormonal contraceptives by 22% and 14% and C_{max} by 31% and 18%, respectively. Female patients of childbearing age should be warned that the concurrent use of BANZEL with hormonal contraceptives may render this method of contraception less effective. Additional non-hormonal forms of contraception are recommended when using BANZEL (see Information for Patients).

Drug/Laboratory Test Interactions

There are no known interactions of BANZEL with commonly used laboratory tests.

Antiepileptic Drugs

Effects of BANZEL on other AEDs

Population pharmacokinetic analysis of average concentration at steady state of carbamazepine, lamotrigine, phenobarbital, phenytoin, topiramate, and valproate showed that typical rufinamide C_{max} levels had little effect on the pharmacokinetics of other AEDs. Any effects, when they occur, have been more marked in the pediatric population.

Effects of Other AEDs on BANZEL

Potent cytochrome P450 enzyme inducers, such as carbamazepine, phenytoin, primidone, and phenobarbital appear to increase the clearance of BANZEL. Given that the majority of clearance of BANZEL is via a non-CYP-dependent route, the observed decreases in blood levels seen with carbamazepine, phenytoin, phenobarbital, and primidone are unlikely to be entirely attributable to induction of a P450 enzyme. Other factors explaining this interaction are not understood. Any effects, where they occurred were likely to be more marked in the pediatric population.

Valproate: Based on a population pharmacokinetic analysis, rufinamide clearance was decreased by valproate. In children, valproate administration may lead to elevated levels of rufinamide by up to 70%. Patients stabilized on BANZEL before being prescribed valproate should begin valproate therapy at a low dose, and titrate to a clinically effective dose. Similarly, patients on valproate should begin at a BANZEL dose lower than 400 mg.

Effects of BANZEL on other Medications

Hormonal contraceptives: Co-administration of BANZEL (800 mg BID for 14 days) and Ortho-Novum 1/35[®] resulted in a mean decrease in the ethinyl estradiol AUC₀₋₂₄ of 22% and C_{max} by 31% and norethindrone AUC₀₋₂₄ by 14% and C_{max} by 18%, respectively. The clinical significance of this decrease is unknown. Female patients of childbearing age should be warned that the concurrent use of BANZEL with hormonal contraceptives may render this method of contraception less effective. Additional non-hormonal forms of contraception are recommended when using BANZEL (see Information for Patients).

Triazolam: Co-administration and pre-treatment with BANZEL (400 mg bid) resulted in a 37% decrease in AUC and a 23% decrease in C_{max} of triazolam, a CYP 3A4 substrate.

Olanzapine: Co-administration and pre-treatment with BANZEL (400mg bid) resulted in no change in AUC and C_{max} of olanzapine, a CYP 1A2 substrate.

Carcinogenicity, Mutagenicity, Impairment of Fertility

Carcinogenicity: Rufinamide was given in the diet to mice at 40, 120, and 400 mg/kg/day and to rats at 20, 60, and 200 mg/kg/day for two years. The doses in mice were associated with plasma AUCs 0.1 to 1 times the human plasma AUC at the maximum recommended human dose (MRHD, 3200 mg/day). Increased incidences of tumors (benign bone tumors (osteomas) and/or hepatocellular adenomas and carcinomas) were observed in mice at all doses. Increased incidences of thyroid follicular adenomas were observed in rats at all but the low dose; the low dose is <0.1 times the MRHD on a mg/m² basis.

Mutagenicity: Rufinamide was not mutagenic in the *in vitro* bacterial reverse mutation (Ames) assay or in the *in vitro* mammalian cell point mutation assay. Rufinamide was not clastogenic in the *in vivo* mammalian cell chromosomal aberration assay or the *in vivo* rat bone marrow micronucleus assay.

Impairment of Fertility: Oral administration of rufinamide (doses of 20, 60, 200, and 600 mg/kg/day) to male and female rats prior to mating and throughout mating, and continuing in females up to day 6 of gestation resulted in impairment of fertility (decreased conception rates and mating and fertility indices; decreased numbers of corpora lutea, implantations, and live embryos; increased preimplantation loss; decreased sperm count and motility) at all doses tested. Therefore, a no-effect dose was not established. The lowest dose tested was associated with a plasma AUC = 0.2 times the human plasma AUC at the MRHD.

PREGNANCY

Pregnancy Category C

Rufinamide produced developmental toxicity when administered orally to pregnant animals at clinically relevant doses.

Rufinamide was administered orally to rats at doses of 20, 100, and 300 mg/kg/day and to rabbits at doses of 30, 200, and 1000 mg/kg/day during the period of organogenesis (implantation to closure of the hard palate); the high doses are associated with plasma AUCs = 2 times the human plasma AUC at the maximum recommended human dose (MRHD, 3200 mg/day). Decreased fetal weights and increased incidences of fetal skeletal abnormalities were observed in rats at doses associated with maternal toxicity. In rabbits, embryo-fetal death, decreased fetal body weights, and increased incidences of fetal visceral and skeletal abnormalities occurred at all but the low dose. The highest dose tested in rabbits was associated with abortion. The no-effect doses for adverse effects on rat and rabbit embryo-fetal development (20 and 30 mg/kg/day, respectively) were associated with plasma AUCs = 0.2 times that in humans at the MRHD.

In a pre- and post-natal development study (dosing from implantation through weaning) conducted at oral doses of 5, 30, and 150 mg/kg/day (associated with plasma AUCs up to =1.5 times that in humans at the MRHD), decreased offspring growth and survival were observed at all doses tested. A no-effect dose for adverse effects on pre- and post-natal development was not established. The lowest dose tested was associated with plasma AUC < 0.1 times that in humans at the MRHD.

There are no adequate and well-controlled studies in pregnant women. BANZEL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Labor and Delivery

The effect of BANZEL on labor and delivery in humans is not known.

Nursing Mothers

Rufinamide is likely to be excreted in breast milk. Because of the potential for serious adverse reactions in nursing infants from BANZEL, a decision should be made whether to discontinue nursing or discontinue the drug taking into account the importance of the drug to the mother.

Pediatric Use

The safety and effectiveness in patients with Lennox-Gastaut syndrome have not been established in children less than 4 years.

Geriatric Use

Clinical studies of BANZEL did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

A study evaluating the pharmacokinetics of rufinamide in elderly subjects showed that there were no significant differences in the plasma and urine pharmacokinetic parameters of rufinamide between the younger and elderly subjects under both single and multiple dose treatments.

ADVERSE REACTIONS

Placebo-controlled double-blind studies were performed in adults and in pediatric patients, down to age of 4, in other forms of epilepsy, in addition to the trial in Lennox-Gastaut syndrome. Data on CNS Reactions (see WARNINGS) from the Lennox-Gastaut study are presented first. Because there is no reason to suspect that adverse reactions would substantially differ between these patient populations, safety data from all of these controlled studies are then presented. Most of these adverse reactions were mild to moderate and transient in nature.

Common central nervous system reactions in the controlled trial of patients 4 years or older with Lennox-Gastaut syndrome treated with BANZEL as adjunctive therapy (see WARNINGS):

Somnolence was reported in 24.3% of BANZEL-treated patients compared to 12.5% of placebo patients and led to study discontinuation in 2.7% of treated patients compared to 0% of placebo patients. Fatigue was reported in 9.5% of BANZEL-treated patients compared to 7.8% of placebo patients. It led to study discontinuation in 1.4% of treated patients and 0% of placebo patients.

Dizziness was reported in 2.7% of BANZEL-treated patients compared to 0% of placebo patients, and did not lead to study discontinuation.

Ataxia and gait disturbance were reported in 5.4% and 1.4% of BANZEL-treated patients, respectively, and in no placebo patients. Balance disorder and abnormal coordination were each reported in 0% of BANZEL-treated patients and 1.6% of placebo patients. None of these reactions led to study discontinuation.

All Adverse Reactions for All Treated Patients with Epilepsy, Double-blind Adjunctive Therapy Studies: The most commonly observed ($\geq 10\%$) adverse reactions in BANZEL-treated patients, when used as adjunctive therapy at all doses studied (200 to 3200 mg/day) with a higher frequency than in placebo were: headache, dizziness, fatigue, somnolence, and nausea.

At the target dose of 45 mg/kg/day in children, the most commonly observed ($\geq 5\%$) adverse reactions in BANZEL-treated patients, given as adjunctive therapy, with a higher frequency than placebo were: somnolence, vomiting, headache, fatigue, dizziness, nausea, and convulsion.

At doses up to 3200 mg/day in adults, the most commonly observed ($\geq 5\%$) adverse reactions in BANZEL-treated patients, given as adjunctive therapy, at all doses studied, with a higher frequency than placebo were: headache, dizziness, fatigue, nausea, somnolence, diplopia, nasopharyngitis, tremor, nystagmus, vision blurred and vomiting.

Table 2 lists treatment-emergent adverse reactions that occurred in at least 3% of pediatric patients with epilepsy treated with BANZEL in controlled adjunctive studies and were numerically more common in patients treated with BANZEL than placebo.

| Preferred Term | BANZEL (N=187) % | Placebo (N=182) % |
|---------------------------|------------------|-------------------|
| Somnolence | 17 | 9 |
| Vomiting | 17 | 7 |
| Headache | 16 | 8 |
| Fatigue | 9 | 8 |
| Dizziness | 8 | 6 |
| Nausea | 7 | 3 |
| Influenza | 5 | 4 |
| Nasopharyngitis | 5 | 3 |
| Decreased Appetite | 5 | 2 |
| Rash | 4 | 2 |
| Ataxia | 4 | 1 |
| Diplopia | 4 | 1 |
| Bronchitis | 3 | 2 |
| Sinusitis | 3 | 2 |
| Psychomotor Hyperactivity | 3 | 1 |
| Abdominal Pain Upper | 3 | 2 |
| Aggression | 3 | 2 |
| Ear Infection | 3 | 1 |
| Disturbance in Attention | 3 | 1 |
| Pruritis | 3 | 0 |

Table 3 lists treatment-emergent adverse reactions that occurred in at least 3% of adult patients with epilepsy treated with BANZEL (up to 3200mg/day) in adjunctive controlled studies and were numerically more common in patients treated with BANZEL than placebo. In these studies, either BANZEL or placebo was added to current AED therapy.

| Preferred Term | BANZEL (N=823) % | Placebo (N=376) % |
|----------------------|------------------|-------------------|
| Headache | 27 | 26 |
| Dizziness | 19 | 12 |
| Fatigue | 16 | 10 |
| Nausea | 12 | 9 |
| Somnolence | 11 | 9 |
| Diplopia | 9 | 3 |
| Tremor | 6 | 5 |
| Nystagmus | 6 | 5 |
| Vision Blurred | 6 | 2 |
| Vomiting | 5 | 4 |
| Ataxia | 4 | 0 |
| Abdominal Pain Upper | 3 | 2 |
| Anxiety | 3 | 2 |
| Constipation | 3 | 2 |
| Dyspepsia | 3 | 2 |
| Back Pain | 3 | 1 |
| Gait Disturbance | 3 | 1 |
| Vertigo | 3 | 1 |

Discontinuation in Controlled Clinical Studies

In controlled double-blind adjunctive clinical studies, 9.0% of patients receiving BANZEL as adjunctive therapy and 4.4% receiving placebo discontinued as a result of an adverse reaction. The adverse reactions most commonly leading to discontinuation of BANZEL ($>1\%$) used as adjunctive therapy were generally similar in adults and children.

In pediatric double-blind adjunctive clinical studies, 8.0% of patients receiving BANZEL as adjunctive therapy and 2.2% receiving placebo discontinued as a result of an adverse reaction. The adverse reactions most commonly leading to discontinuation of BANZEL ($>1\%$) used as adjunctive therapy are presented in Table 4.

| Preferred Term | BANZEL (N=187) % | Placebo (N=182) % |
|----------------|------------------|-------------------|
| Convulsion | 2 | 1 |
| Rash | 2 | 1 |
| Fatigue | 2 | 0 |
| Vomiting | 1 | 0 |

In adult double-blind adjunctive clinical studies (up to 3200 mg/day), 9.5% of patients receiving BANZEL as adjunctive therapy and 5.9% receiving placebo discontinued as a result of an adverse reaction. The adverse reactions most commonly leading to discontinuation of BANZEL ($>1\%$) used as adjunctive therapy are presented in Table 5.

| Preferred Term | BANZEL (N=823) % | Placebo (N=376) % |
|----------------|------------------|-------------------|
| Dizziness | 3 | 1 |
| Fatigue | 2 | 1 |
| Headache | 2 | 1 |
| Nausea | 1 | 0 |
| Ataxia | 1 | 0 |

Other Adverse Events Observed During Clinical Trials:

BANZEL has been administered to 1978 individuals during all epilepsy clinical trials (placebo-controlled and open-label). Adverse events occurring during these studies were recorded by the investigators using terminology of their own choosing. To provide a meaningful estimate of the proportion of patients having adverse events, these events were grouped into standardized categories using the MedDRA dictionary. Adverse events occurring at least three times and considered possibly related to treatment are included in the System Organ Class listings below. Terms not included in the listings are those already included in the tables above, those too general to be informative, those related to procedures, and terms describing events common in the population. Some events occurring fewer than 3 times are also included based on their medical significance. Because the reports include events observed in open label, uncontrolled observations, the role of BANZEL in their causation cannot be reliably determined.

Events are classified by body system and listed in order of decreasing frequency as follows: *frequent adverse events*—those occurring in at least 1/100 patients; *infrequent adverse events*—those occurring in 1/100 to 1/1000 patients; *rare*—those occurring in fewer than 1/1000 patients.

Blood and Lymphatic System Disorders: *Frequent:* anemia. *Infrequent:* lymphadenopathy, leukopenia, neutropenia, iron deficiency anemia, thrombocytopenia.

Cardiac Disorders: *Infrequent:* bundle branch block right, atrioventricular block first degree

Metabolic and Nutritional Disorders: *Frequent:* decreased appetite, increased appetite.

Renal and Urinary Disorders: *Frequent:* pollakiuria. *Infrequent:* urinary incontinence, dysuria, hematuria, nephrolithiasis, polyuria, enuresis, nocturia, incontinence.

DRUG ABUSE AND DEPENDENCE

The abuse and dependence potential of BANZEL has not been evaluated in human studies.

OVERDOSAGE

Because strategies for the management of overdose are continually evolving, it is advisable to contact a Certified Poison Control Center to determine the latest recommendations for the management of an overdose of any drug.

One overdose of 7200 mg/day BANZEL was reported in an adult during the clinical trials. The overdose was associated with no major signs or symptoms, no medical intervention was required, and the patient continued in the study at the target dose.

Treatment or Management of Overdose: There is no specific antidote for overdose with BANZEL. If clinically indicated, elimination of unabsorbed drug should be attempted by induction of emesis or gastric lavage. Usual precautions should be observed to maintain the airway. General supportive care of the patient is indicated including monitoring of vital signs and observation of the clinical status of the patient.

Hemodialysis: Standard hemodialysis procedures may result in limited clearance of rufinamide. Although there is no experience to date in treating overdose with hemodialysis, the procedure may be considered when indicated by the patient's clinical state.

DOSAGE AND ADMINISTRATION

Children four years and older with Lennox-Gastaut syndrome: Treatment should be initiated at a daily dose of approximately 10 mg/kg/day administered in two equally divided doses. The dose should be increased by approximately 10 mg/kg increments every other day to a target dose of 45 mg/kg/day or 3200 mg/day, whichever is less, administered in two equally divided doses. It is not known whether doses lower than the target doses are effective.

Adults with Lennox-Gastaut syndrome: Treatment should be initiated at a daily dose of 400–800 mg/day administered in two equally divided doses. The dose should be increased by 400–800 mg/day every 2 days until a maximum daily dose of 3200 mg/day, administered in two equally divided doses is reached. It is not known whether doses lower than 3200 mg are effective.

BANZEL tablets are scored on both sides and can be cut in half for dosing flexibility. Tablets can be administered whole, as half tablets or crushed.

BANZEL should be given with food.

Patients with Renal Impairment

Renally impaired patients (creatinine clearance less than 30 mL/min) do not require any special dosage change when taking BANZEL.

Patients Undergoing Hemodialysis

Hemodialysis may reduce exposure to a limited (about 30%) extent. Accordingly, adjusting the BANZEL dose during the dialysis process can be considered.

Patients with Hepatic Disease

Use of BANZEL in patients with hepatic impairment has not been studied. Therefore, use in patients with severe hepatic impairment is not recommended. Caution should be exercised in treating patients with mild to moderate hepatic impairment.

HOW SUPPLIED

BANZEL 200 mg tablets (containing 200 mg rufinamide) are pink in color, film-coated, oblong-shape tablets, with a score on both sides, imprinted with "E 262" on one side. They are available in bottles of 30 (NDC 62856-582-30).

BANZEL 400 mg tablets (containing 400 mg rufinamide) are pink in color, film-coated, oblong-shape tablets, with a score on both sides, imprinted with "E 263" on one side. They are available in bottles of 120 (NDC 62856-583-52).

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WELCOME MESSAGE

Welcome to San Antonio and the AES 64th Annual Meeting and 3rd Biennial North American Regional Congress. The AES Annual Meeting and Scientific Program Committees have organized an exciting schedule of educational programs, exhibits, social events and networking opportunities for your participation.

Quality science and education

Here you will find a wide range of quality educational sessions for the diverse interests among professionals dedicated to the study and treatment of epilepsy.

Sessions for junior members

There are activities targeted to Fellows, Postdoctoral Researchers, Instructors and Assistant Professor-level junior faculty at this year's meeting: "Junior Investigator Workshop: Mentoring as an Essential Part of Career Advancement" Monday 9:00 a.m.-10:30 a.m. (Convention Center – Room 006 D). Join the organizers for an exciting, interactive Junior Investigator workshop on Mentoring with pioneers in epilepsy research.

"Mentoring Session for Junior Investigators" Monday, 3:15 p.m.-4:45 p.m. (Convention Center – Room 006 D). Epilepsy professionals at the Associate Professor or Professor level volunteer to serve as mentors for this one-time session. Pre-application is required, so inquire at the registration desk if you are interested and have not signed up.

Poster walking tours

New this year are guided poster walking tours. These tours will be lead by AES senior leadership and occur during the authors present times at Poster Sessions 1, 2 and 3. Approximately 6 – 8 tours will occur each day and they will be topic specific. Poster walking tour details are located on page 12.

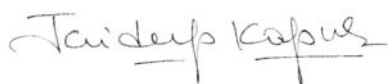
Practical new aid to participation

Also new this year is the introduction of TripBuilder's Itinerary Planner. This web-based resource helps you make the most of your time and increase the educational benefit and enjoyment you derive from this meeting. The Itinerary Planner allows you to use your web-enabled mobile phone to create your personalized meeting schedule, including selecting sessions you plan to attend, abstract posters to see, and exhibit booths to visit, plus viewing a list of local restaurants and other city features of possible interest. If you have not yet accessed this resource, go to www.tripbuilder.mobi/aes2010 from your computer or smart phone and build your meeting itinerary. This resource also allows you to receive up-to-date reminders during the meeting.

Expanded networking opportunity

The Saturday evening Social Networking Groups is another new feature this year scheduled in response to the expressed need for SIG, Investigator Workshop, and symposia participants to meet and to continue discussions.

Thank you for joining us. And, please enjoy the meeting!



Jaideep Kapur, M.D., Ph.D.
President, American Epilepsy Society

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TABLE OF CONTENTS

Meeting Information

| | |
|--|-----|
| Schedule-at-a-Glance..... | 6 |
| Poster Map and Schedule | 8 |
| AES Special Recognition..... | 10 |
| Nurse and Young Investigator Awardees..... | 12 |
| Poster Walking Tours..... | 12 |
| Scientific Exhibits..... | 22 |
| Exhibitors..... | 69 |
| Abstract Author Index..... | 77 |
| General Information..... | 101 |
| Speaker Ready Room and Photos..... | 103 |

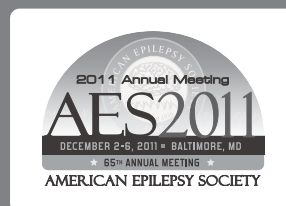
| | | |
|-----------------------|--|----|
| FRIDAY | TopScholar Epilepsy Fellows..... | 15 |
| | The National EpiFellows Foundation..... | 15 |
| | Advances in the Management of Epilepsy and the Epilepsy Clinic..... | 15 |
| | Annual Fundamentals of Epilepsy..... | 15 |
| | Spanish Symposium..... | 16 |
| | Special Interest Group Meetings..... | 16 |
| | Hot Topics Symposium..... | 17 |
| SATURDAY | Hoyer Lecture..... | 19 |
| | Special Interest Group Meetings..... | 19 |
| | Presidential Symposium..... | 19 |
| | Antiepileptic Therapy Symposium..... | 20 |
| | Investigators' Workshop..... | 20 |
| | Special Interest Group Meetings..... | 20 |
| | Social Networking Groups..... | 21 |
| Poster Session 1..... | 23 | |
| SUNDAY | Annual Course..... | 33 |
| | Investigators' Workshops..... | 34 |
| | Special Interest Group Meetings..... | 36 |
| | Professionals in Epilepsy Care Symposium..... | 36 |
| | Poster Session 2..... | 38 |
| MONDAY | Special Interest Group Meetings..... | 49 |
| | Merritt-Putnam Symposium..... | 49 |
| | Lennox & Lombroso Lecture..... | 50 |
| | Mentoring Session for Junior Investigators..... | 50 |
| | Patient Education for Clinicians..... | 50 |
| | Investigators' Workshop..... | 50 |
| | Special Interest Group Meetings..... | 50 |
| | Pediatric Epilepsy Highlights Session..... | 51 |
| | Pediatric State of the Art Symposium..... | 51 |
| | Platform Sessions..... | 54 |
| Poster Session 3..... | 55 | |
| TUESDAY | Special Interest Group Meetings..... | 65 |
| | Plenary II..... | 65 |
| | International League Against Epilepsy Symposium..... | 66 |
| | Special Interest Group Meetings..... | 66 |

Watch for
these
2011 dates!

Annual Meeting
Call for Abstracts
Available
March 1, 2011

AES Research
Recognition and
Distinguished
Achievement Awards
Nominations
August 8, 2011

AES 65th Annual
Meeting
December 2-6, 2011
Baltimore, MD



SCHEDULE-AT-A-GLANCE

FRIDAY December 3

- | | |
|--|--|
| <p>8:00 a.m. - 4:30 p.m. ➤ TopScholar Epilepsy Fellows Epilepsy Career Development Seminar <i>Westin Riverwalk</i></p> <p>8:00 a.m. - 5:00 p.m. ➤ The National Epifellows Foundation 18th Annual Scientific Forum General Session – Morning <i>Marriott Rivercenter – Grand Ballroom, Salon H/K</i></p> <p> Two Workshops – Afternoon <i>Marriott Rivercenter – Grand Ballroom, Salon H/K Marriott Rivercenter – Grand Ballroom, Salon L</i></p> <p>9:00 a.m. - 6:00 p.m. Registration <i>Convention Center – Ballroom A</i></p> <p>9:00 a.m. - 4:00 p.m. Advances in the Management of Epilepsy and the Epilepsy Clinic <i>Marriott Rivercenter – Grand Ballroom, Salon I/J</i></p> <p>11:00 a.m. - Noon Lunch – <i>On Your Own</i></p> | <p>Noon - 2:30 p.m. Annual Fundamentals of Epilepsy: <i>Psychogenic Nonepileptic Seizures</i> <i>Convention Center – Room 103</i></p> <p>2:45 p.m. - 5:15 p.m. Spanish Symposium: <i>Status Epilepticus:</i> <i>Novel Concepts in Pathophysiology and</i> <i>Treatment Strategies</i> <i>Convention Center – Room 007 C/D</i></p> <p>3:00 p.m. - 4:30 p.m. Special Interest Group Meetings <i>Convention Center – See page 16</i></p> <p>5:00 p.m. - 5:30 p.m. Symposia Break <i>Marriott Rivercenter – Grand Ballroom Foyer</i></p> <p>5:30 p.m. - 8:00 p.m. Hot Topics Symposium: <i>From Headlines to</i> <i>Healthcare</i> <i>Marriott Rivercenter – Grand Ballroom Salon E/F</i></p> <p>8:00 p.m. - 9:30 p.m. ➤ Fellows Recognition Gathering <i>Marriott Rivercenter – Conference Room 17</i></p> |
|--|--|

SATURDAY December 4

- | | |
|--|--|
| <p>8:00 a.m. - 6:00 p.m. Registration <i>Convention Center – Ballroom A</i></p> <p>9:15 a.m. - 11:15 a.m. Hoyer Lecture <i>Convention Center – Lila Cockrell Theatre</i></p> <p>9:30 a.m. - 11:00 a.m. Special Interest Group Meetings <i>Convention Center – See page 19</i></p> <p>11:30 a.m. - 6:00 p.m. Exhibit Hall Lunch: 11:30 a.m. - 12:30 p.m. Auction Benefit: Noon <i>Convention Center – Hall A</i></p> <p>11:30 a.m. - 6:30 p.m. ➤ Poster Session 1 <i>Convention Center – Hall A</i></p> <p>1:45 p.m. - 4:15 p.m. Presidential Symposium: <i>GABAergic Transmission in Epilepsy</i> <i>Convention Center – Lila Cockrell Theatre</i></p> | <p>4:30 p.m. - 5:00 p.m. Symposia Break <i>Convention Center – Hall A</i></p> <p>5:30 p.m. - 7:15 p.m. Antiepileptic Therapy Symposium: <i>Channel Surfing: Impact on Treatment</i> <i>Strategies</i> <i>Convention Center – Lila Cockrell Theatre</i></p> <p>6:00 p.m. - 8:00 p.m. ➤ Investigators' Workshops <i>Convention Center – See page 20</i></p> <p>7:30 p.m. - 9:00 p.m. Special Interest Group Meetings <i>Marriott Rivercenter – See page 20</i></p> <p>9:00 p.m. - 10:00 p.m. ➤ Social Networking Groups <i>Marriott Rivercenter – Grand Ballroom, Salon C/D</i></p> |
|--|--|

SUNDAY December 5

- | | |
|--|---|
| <p>7:30 a.m. - 6:00 p.m. Registration <i>Convention Center – Ballroom A</i></p> <p>8:00 a.m. - 5:00 p.m. Scientific Exhibits <i>Convention Center – See page 22</i></p> <p>8:00 a.m. - 6:00 p.m. ➤ Poster Session 2 <i>Convention Center – Hall A</i></p> <p>8:45 a.m. - 5:15 p.m. Annual Course: <i>Inflammatory Issues and</i> <i>Infectious Causes of Epilepsy</i> <i>Convention Center – Lila Cockrell Theatre</i></p> <p>8:45 a.m. - 5:45 p.m. ➤ Investigators' Workshops IW Posters / Boxed Lunch: Noon - 1:30 p.m. Keynote Speakers: 1:45 p.m. - 2:15 p.m. <i>Marriott Rivercenter – See page 34</i></p> | <p>11:00 a.m. - 6:00 p.m. Exhibit Hall Lunch: Noon - 1:00 p.m. Auction Benefit: Noon <i>Convention Center – Hall A</i></p> <p>5:15 p.m. - 6:00 p.m. Symposia Break <i>Convention Center – Hall A</i></p> <p>6:00 p.m. - 7:30 p.m. ➤ Investigators' Workshop Poster Session <i>Marriott Rivercenter – Grand Ballroom, Salon F</i></p> <p>6:00 p.m. - 7:30 p.m. ➤ Special Interest Group Meetings <i>Convention Center – See page 36</i></p> <p>6:00 p.m. - 8:30 p.m. PEGs Symposium: <i>How Practitioners Can</i> <i>Use Neuropsychological Testing to Improve</i> <i>Patient Care and Outcomes</i> <i>Convention Center – Room 006 A-C</i></p> |
|--|---|

Breakfast each day is on your own.

Programs listed with this symbol ➤ are for junior attendees

MONDAY December 6

| | | | |
|------------------------|---|-----------------------|--|
| 7:30 a.m. - 6:00 p.m. | Registration Convention Center – Ballroom A | 3:15 p.m. - 4:45 p.m. | Patient Education for Clinicians Marriott Rivercenter – Grand Ballroom Salon A/B |
| 8:00 a.m. - 5:00 p.m. | Scientific Exhibits Convention Center – See page 22 | 3:15 p.m. - 4:45 p.m. | ➤ Investigators' Workshop Convention Center – Room 006 A-C |
| 8:00 a.m. - 3:30 p.m. | ➤ Poster Session 3 Convention Center – Hall A | 3:15 p.m. - 4:45 p.m. | Special Interest Group Meetings Convention Center – See page 50 |
| 9:00 a.m. - 10:30 a.m. | ➤ Special Interest Group Meetings Convention Center – See page 49 | 4:00 p.m. - 5:30 p.m. | Pediatric Epilepsy Highlights Session Convention Center – Lila Cockrell Theatre |
| 9:00 a.m. - Noon | Merritt-Putnam Symposium: <i>Consequences of Epilepsy Through the Ages: When Is the Die Cast?</i> Convention Center – Lila Cockrell Theatre | 4:00 p.m. - 6:15 p.m. | ➤ Platform Sessions: 3 Concurrent Sessions Convention Center – See page 51 |
| 11:00 a.m. - 4:00 p.m. | Exhibit Hall Lunch: Noon - 1:00 p.m. Auction Benefit: Noon Convention Center – Hall A | 6:00 p.m. - 6:30 p.m. | Symposia Break Marriott Rivercenter – Grand Ballroom Foyer |
| 2:15 p.m. - 3:00 p.m. | Lennox & Lombroso Lecture: <i>Looking Forward – Opportunities and Challenges for NINDS</i> Convention Center – Lila Cockrell Theatre | 6:30 p.m. - 8:30 p.m. | Pediatric State of the Art Symposium: <i>Identifying and Managing the Comorbidities of Pediatric Epilepsy</i> Marriott Rivercenter – Grand Ballroom Salon E/F |
| 3:15 p.m. - 4:45 p.m. | ➤ Mentoring Session for Junior Investigators Convention Center – Room 006 D | | |

TUESDAY December 7

| | | | |
|------------------------|---|-------------------------|---|
| 8:30 a.m. - 12:30 p.m. | Registration Convention Center – Ballroom A | 10:45 a.m. - 12:15 p.m. | ILAE Symposium: <i>Epilepsy Treatment in North America and Around the World: Can We Learn From Each Other?</i> Convention Center – Lila Cockrell Theatre |
| 9:00 a.m. - 10:30 a.m. | Special Interest Group Meetings Convention Center – See page 65 | 10:45 a.m. - 12:15 p.m. | Special Interest Group Meetings Convention Center – See page 66 |
| 9:00 a.m. - 10:30 a.m. | Plenary II: <i>Neurostimulation in the Treatment of Epilepsy: The Road Traveled and the Road Ahead</i> Convention Center – Lila Cockrell Theatre | | |

Please plan to attend

Investigators' Workshop Keynote Speakers Epilepsy Research Recognition Awardees

Sunday, December 5

1:45 p.m. – 2:15 p.m.

Marriott Rivercenter – Grand Ballroom, Salon H / K



Award for Basic Science
Douglas A. Coulter, Ph.D.

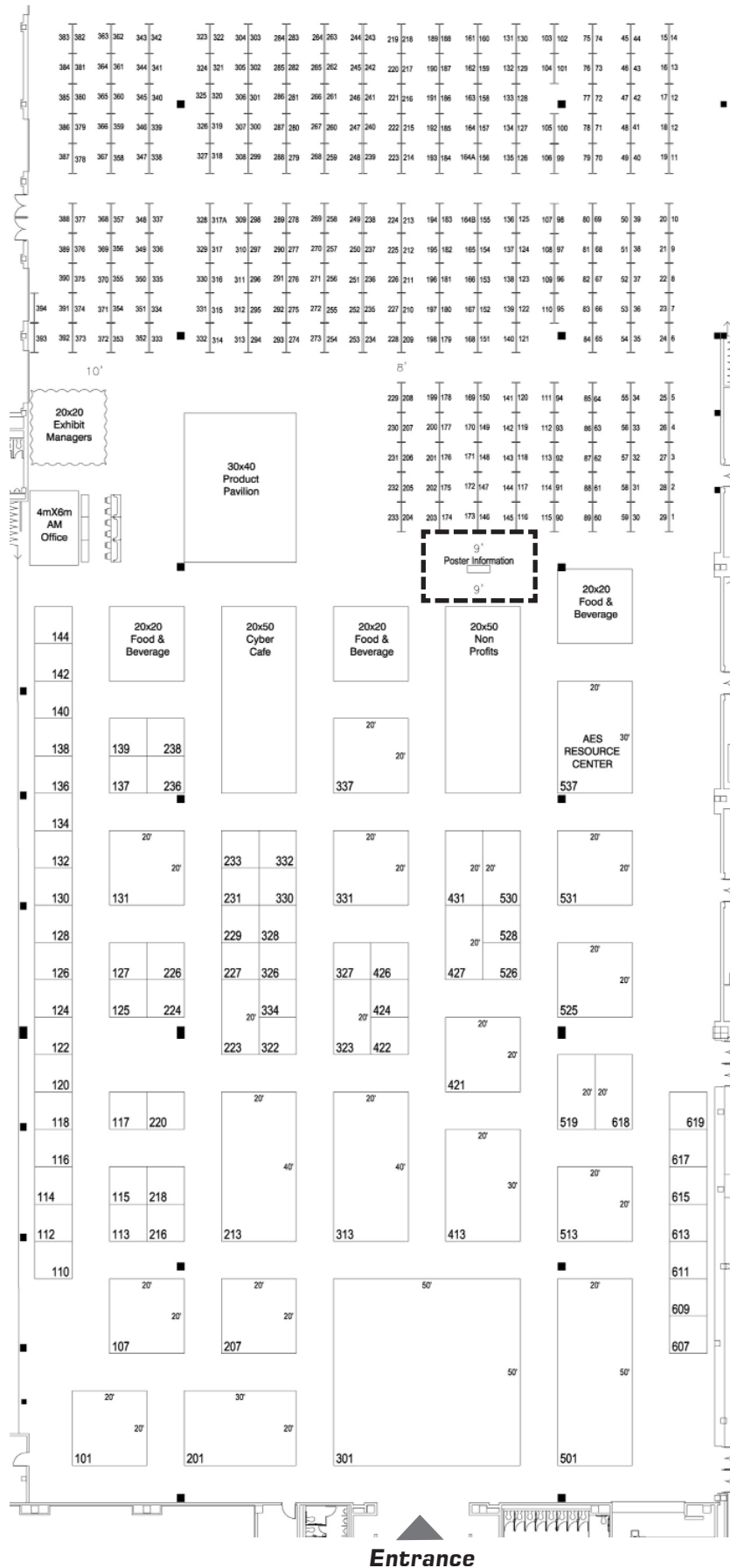


Award for Clinical Science
Tracy A. Glauser, M.D.

see page 10 for award information

Programs listed with this symbol ➤ are for junior attendees

Henry B. Gonzalez Convention Center - Hall A



Poster Walking Tours begin at the **Poster Information** table

Poster Session Entrance is outside **AES Registration**, when Exhibits are closed

Questions? Please visit the poster information table in front of the poster area in Hall A.

POSTER SCHEDULE

Saturday, December 4, 2010

Poster Session 1 – 11:30 a.m. – 6:30 p.m. – Convention Center, Hall A (see pages 23-31)

Authors Present: Noon – 2:00 p.m. (1.001 – 1.391)

Poster Walking Tours: Noon – 2:00 p.m. (see page 12 for further details)

| | |
|---------------------------------------|----------------|
| Translational Research | 1.001 – 1.060 |
| Clinical Neurophysiology | 1.061 – 1.146 |
| Clinical Epilepsy | 1.147 – 1.237 |
| Antiepileptic Drugs | 1.238 – 1.317A |
| Neuropsychology / Language / Behavior | 1.318 – 1.391 |

Sunday, December 5, 2010

Poster Session 2 – 8:00 a.m. – 6:00 p.m. – Convention Center, Hall A (see pages 38-47)

Authors Present: Noon – 2:00 p.m. (2.001 – 2.393)

Poster Walking Tours: Noon – 2:00 p.m. (see page 12 for further details)

| | |
|-----------------------------------|---------------|
| Translational Research | 2.001 – 2.010 |
| Professionals in Epilepsy Care | 2.011 – 2.029 |
| Clinical Neurophysiology | 2.030 – 2.096 |
| Neuro-Imaging | 2.097 – 2.146 |
| Antiepileptic Drugs | 2.147 – 2.209 |
| Non AED / Non Surgical Treatments | 2.210 – 2.240 |
| Surgery | 2.241 – 2.324 |
| Practice Resources | 2.325 – 2.333 |
| Epidemiology | 2.334 – 2.354 |
| Public Health | 2.355 – 2.365 |
| History of Epilepsy | 2.366 |
| Late-Breaking Abstracts | 2.367 – 2.394 |

Investigators' Workshop Lunch Poster Session

Noon – 1:30 p.m. – Marriott Rivercenter, Salon F (see pages 34-35)

Investigators' Workshop Poster Session

6:00 p.m. – 7:30 p.m. – Marriott Rivercenter, Salon F (see page 35)

Monday, December 6, 2010

Poster Session 3 – 8:00 a.m. – 3:30 p.m. – Convention Center, Hall A (see pages 55-64)

Authors Present: Noon – 2:00 p.m. (3.001 – 3.386)

Poster Walking Tours: Noon – 2:00 p.m. (see page 12 for further details)

| | |
|----------------------------|---------------|
| Translational Research | 3.001 – 3.073 |
| Clinical Epilepsy | 3.074 – 3.155 |
| Neuro-Imaging | 3.156 – 3.236 |
| Comorbidities | 3.237 – 3.289 |
| Human Genetics | 3.290 – 3.322 |
| Health Services | 3.323 – 3.338 |
| Neuropathology of Epilepsy | 3.339 – 3.366 |
| CAMELICE Posters* | 3.367 – 3.386 |

*Abstracts from the Junior Epileptologist Program from the Mexican Chapter of ILAE (CAMELICE)

Epilepsy Research Recognition Awards

Saturday, December 4 – 1:45 p.m., Convention Center – Lila Cockrell Theatre
(Immediately preceding the Presidential Symposium)

The American Epilepsy Society Epilepsy Research Recognition Awards are given annually to active scientists and clinicians working in all aspects of epilepsy research. They are designed to recognize professional excellence reflected in a distinguished history of research or important promise for the improved understanding, diagnosis and treatment of epilepsy. The awards of \$10,000 each are part of the AES grant and fellowship programs.



Award for Basic Science
Douglas A. Coulter, Ph.D.

Douglas A. Coulter, Ph.D. is Professor of Pediatrics and Neuroscience at the University of Pennsylvania School of Medicine and the Children's Hospital of Philadelphia. He received his doctorate in biology from the Boston University Marine Program at the Marine Biological Laboratories in Woods Hole, Massachusetts and then conducted postdoctoral research in the Department of Neurology and Neurological Sciences, Stanford University School of Medicine. Dr. Coulter first established his independent laboratory at the Virginia Commonwealth School of Medicine, and then moved to the University of Pennsylvania in 1999. He is a recipient of an NINDS Javits Neuroscience Investigator Award and was the Chair of the second Gordon Research Conference on Epilepsy.

Dr. Coulter has made a number of important contributions to understanding the basic mechanisms of epileptogenesis and epilepsy, both in the limbic and thalamocortical systems. His research is multidisciplinary, using diverse techniques and approaches. He has made significant contributions toward understanding neuronal and glial plasticity underlying the enhanced excitability of the epileptic brain, including some of the earliest studies detailing acquired transcriptional channelopathies as a contributory mechanism in epilepsy. He has also identified important cellular actions of several antiepileptic drugs and has identified glial and neurotransmitter transporter contributions to depression of GABA synthesis and function.

Dr. Coulter has been an active participant in AES, including service on the Scientific Program, Investigators' Workshop, Nominations, Education, and Research and Training Committees. He has served as an editor for *Epilepsy Currents*, *Epilepsy Research*, and *Epilepsia*, in addition to several other journals, and is a standing member of NINDS study section. He has attracted a large number of undergraduate, predoctoral, and postdoctoral trainees to his laboratory, where they receive outstanding training in epilepsy-related projects.



Award for Clinical Science
Tracy A. Glauser, M.D.

Tracy A. Glauser, M.D., is Professor of Pediatrics, director of the Comprehensive Epilepsy Center and co-director of the Genetic Pharmacology Service at Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio. Dr. Glauser received his medical degree, cum laude, from Jefferson Medical College in Philadelphia, PA. He completed his residency in pediatrics at the Johns Hopkins Hospital in Baltimore, MD, and fellowship in child neurology at The Children's Hospital of Philadelphia, University of Pennsylvania in Philadelphia, PA. Dr. Glauser completed a NINDS research fellowship in pediatric neurology and was a fellow in epilepsy and electroencephalography at St. Louis Children's Hospital, Washington University School of Medicine in St. Louis, MO.

Dr. Glauser's NIH-funded research has focused on improving the care of children with epilepsy through clinical trials and by identifying the genetic and non-heritable factors that underlie the inter-individual variation in response to AEDs. Since 2003, Dr. Glauser has directed the NIH funded Childhood Absence Epilepsy trial. This 32-center, 446-patient double blind randomized comparative trial of three commonly used antiepileptic medications focused on identifying the optimal initial therapy for children with childhood absence epilepsy and the pharmacokinetic, pharmacodynamic, and pharmacogenetic factors that impact upon the inter-individual response to antiepileptic therapy. The short-term results of the clinical trial were published in the *New England Journal of Medicine* in March 2010. The trial is the first Class I study for generalized seizures. The study has recently been renewed for another four years to determine the long-term outcomes of the randomized clinical trial.

In July 2004, Dr. Glauser co-founded and launched the multidisciplinary Genetic Pharmacology Service (www.gps.cchmc.org) at Cincinnati Children's Hospital. His team developed and is testing treatment selection algorithms for medications that incorporate genetic information and drug-drug interactions. He has been the lead principal investigator and first author on three multinational industry-sponsored pediatric epilepsy adjunctive therapy trials and first author on the 2006 ILAE initial monotherapy treatment guidelines. In 2008 he became a standing member of the NINDS NSD-K clinical trials study section. He has authored and coauthored more than 130 articles and book chapters and given over 150 invited lectures throughout the world.



Lennox & Lombroso Lecturer
Monday, December 6
Convention Center – Lila Cockrell Theatre
2:15 p.m.

Story C. Landis, Ph.D.

Story Landis, Ph.D., has been Director of the National Institute for Neurological Disorders and Stroke (NINDS) since 2003. A native of New England, Dr. Landis received her undergraduate degree from Wellesley College (1967) and her Ph.D. from Harvard University (1973). After postdoctoral work at Harvard University, she served on the faculty of the Department of Neurobiology there. In 1985, she joined the faculty of Case Western Reserve University School of Medicine, where she created the Department of Neurosciences which, under her leadership, achieved an international reputation for excellence. Throughout her research career, Dr. Landis has made fundamental contributions to the understanding of nervous system development. She has garnered many honors, is an elected fellow of the Institute of Medicine, the Academy of Arts and Sciences, the American

Association for the Advancement of Science and the American Neurological Association, and in 2002 was elected President of the Society for Neuroscience.

Dr. Landis joined the NINDS in 1995 as Scientific Director and worked to re-engineer the Institute's intramural research programs. Between 1999 and 2000, she led the movement, together with the NIMH Scientific Director, to bring a sense of unity and common purpose to 200 neuroscience laboratories from eleven different NIH Institutes. As NINDS Director, Dr. Landis oversees an annual budget of \$1.5 billion that supports research by investigators in public and private institutions across the country, as well as by scientists working in its intramural program. Together with NIMH and NIA directors, she co-chairs the NIH Blueprint for Neuroscience Research, a roadmap-like effort to support trans-NIH activities in the brain sciences. In 2007, Dr. Landis was named Chair of the NIH Stem Cell Task Force.



AES Service Award
Saturday, December 4
Convention Center – Lila Cockrell Theatre
9:15 a.m.
(Immediately preceding the Hoyer Lecture)

Gregory K. Bergey, M.D.

Dr. Gregory K. Bergey is Professor of Neurology at the Johns Hopkins University School of Medicine in Baltimore, MD, Director of the Johns Hopkins Epilepsy Center and co-director of the Epilepsy Research Laboratory, where their NIH-funded research projects involve studies of seizure dynamics and investigations into computer-simulated neural networks. Other interests and investigations include antiepileptic drug trials, responsive neurostimulation for epilepsy treatment, treatment of primary generalized epilepsy, women and epilepsy, surgical treatment of refractory epilepsy, and the history of neurology and epilepsy.

After graduating from Princeton University and the University of Pennsylvania School of Medicine, he then did residency training in internal medicine at Yale and neurology at Johns Hopkins. He also completed a postdoctoral fellowship in neurophysiology in the Laboratory of Developmental Neurobiology at the NIH.

He has served in a number of capacities for the AES, as a member of the Board of Directors, the Scientific Program Committee (Chair 1994-1995), the Lennox Lecture Committee, the Public Education Committee, the Continuing Medical Education Committee, the Technology Committee (Chair 1996-1999), the Epileptogenesis Task Force, the Research and Training Committee, the Long-Range Planning Committee, the Research Recognition Award Committee, and the Publications Committee.

He is presently Chief Editor for Clinical Science for *Epilepsy Currents*, the journal of the AES, having served as Associate Editor from the time of its inception. He co-chairs the AES Engineering and Epilepsy SIG and has served on and currently chairs the Advisory Board of the National EpiFellows Foundation. Currently a member of the Epilepsy Foundation Research Council, he has been a reviewer for CURE, and has participated on numerous NIH review panels and currently chairs the NINDS NST-1 Study Section. He has served and held office in the Epilepsy Foundation of the Chesapeake Region and is presently a member of the Profession Advisory Board of the Epilepsy Foundation of America.



William G. Lennox Award
Saturday, December 4
Convention Center – Lila Cockrell Theatre
1:45 p.m.
(Immediately preceding the Presidential Symposium)

Simon D. Shorvon, M.A., M.D., FRCP

Simon D. Shorvon is Professor of Clinical Neurology, Institute of Neurology, University College London (UCL), Consultant Neurologist National Hospital for Neurology and Neurosurgery (Queen Square, London) and also Clinical Sub-Dean, Institute of Neurology, University College London. His previous posts include: Chairman of University Dept of Neurology, UCL London 1997-2001; Head of the Epilepsy Research Group, Institute of Neurology; and Medical Director, National Society for Epilepsy (at Chalfont UK) 1983-1997. He has been a member of the ILAE Executive Committee for the past 17 years, was previously ILAE Vice-President, and is currently co-Editor-in-Chief of *Epilepsia*. He is recipient of the 2008 European Epileptology Award for lifetime achievement in epileptology.

He has published over 400 peer reviewed articles and chapters, and 20 books, including: *Treatment of Epilepsy*. Shorvon SD, Perucca E, Engel J (eds). 3rd ed. Wiley-Blackwell, New York 2009; *International League Against Epilepsy 1909-2009: a centenary history*. Shorvon S, Weiss G, Avanzini G, Engel J, Meinardi H, Moshe N, Reynolds E, Wolf P. Blackwell, Oxford 2009; *Neurology: a Queen Square Textbook*. Clarke C, Howard R, Rossor M, Shorvon S (eds). Wiley-Blackwell, Oxford 2009; *Handbook of Epilepsy Treatment*, Shorvon S. 3rd ed. Blackwell, Oxford 2010; *Causes of Epilepsy*. Shorvon, Gureririni, Andermann (eds). Cambridge University Press, Cambridge 2010.



J. Kiffin Penry Excellence in Epilepsy Care Award
Saturday, December 4
Convention Center – Lila Cockrell Theatre
5:30 p.m.
(Immediately preceding the AET Symposium)

Andres M. Kanner, M.D.

Dr. Andres M. Kanner is Professor of Neurological Sciences and Psychiatry at Rush Medical College of Rush University in Chicago, IL. He is a senior attending physician in the department of Neurological Sciences at Rush University Medical Center in Chicago, where he has also been director of the Laboratory of Electroencephalography and Video-EEG-Telemetry since 1991, when he joined the staff at the Rush Epilepsy Center. He also holds the positions of Associate Director of the Section of Epilepsy and of the Rush Epilepsy Center. Dr. Kanner is triple boarded in neurology, psychiatry and clinical neurophysiology.

Dr Kanner has had long-standing research interests in the areas of pharmacologic, surgical and psychiatric aspects of treatment-resistant epilepsy. He has authored or coauthored over 65 research publications, over 60 invited review articles and over 60 book chapters and has co-edited six textbooks.

Dr. Kanner serves on the Editorial Board of *Epilepsia*, *Epilepsy & Behavior* and *Epilepsy & Seizure* and is a contributing editor for *Epilepsy Currents*. He is a member of the American Epilepsy Society, where he serves as chair of the Task Force on Psychiatric Aspects of Epilepsy. He is past Chair of the Epilepsy Section of the American Academy of Neurology, and is a member of the American Neurologic Association and American Neuropsychiatric Association. He currently serves as co-Chair of the Neuropsychobiology Commission of the International League Against Epilepsy and is currently on the Professional Advisory Board of the National Epilepsy Foundation.



Extraordinary Contributions to the Field of Epilepsy
Monday, December 6
Convention Center – Lila Cockrell Theatre
9:00 a.m.
(Immediately preceding the Merritt-Putnam Symposium)

Susan Axelrod

Susan Axelrod is a parent of a child with epilepsy and Chair and founding member of Citizens United for Research in Epilepsy (CURE). CURE funds cutting-edge research grants exploring new areas.

Susan is active in Vision 2020, the AES initiative to engender better communication and cooperation among the non-profit organizations working in epilepsy. She also participates actively on the AES Advocacy Committee. Susan serves on the NIH's National Advisory Neurological Disorders and Stroke Council and also as a consumer reviewer for the Peer Reviewed Medical Research Program in the Congressionally Directed Medical Research Program within the Department of Defense.

Susan has also brought long overdue media exposure to epilepsy and the devastating effects it can have on individuals and their families, appearing on the *TODAY Show*, MSNBC's Morning Joe, CNN with Campbell Brown and MSNBC with Andrea Mitchell. The February 15, 2009 PARADE magazine cover story, *I Must Save My Child*, shared Axelrod and her family's experience with epilepsy and why CURE was founded, and the April 20, 2009 edition of Newsweek featured a personal essay by Axelrod in their cover package, *The Mystery of Epilepsy: Why We Must Find a Cure*. On October 25, 2009, twelve million viewers tuned into Katie Couric and *60 Minutes* for a special segment on epilepsy and CURE, featuring Susan with her husband, David and daughter, Lauren.

NURSE AWARDEES

| Contact Author | Abstract Title | Poster # |
|---|--|----------|
| Aaron Cohn, M.S.N., ACNP-BC | Initial Post-Marketing Clinical Experience with Lacosamide in Adult Patients with Epilepsy | 2.160 |
| Micheale Davies, RN | Screening for Depression in a Tertiary Adult Epilepsy Clinic Using the Neurological Disorders Depression Inventory for Epilepsy | 3.260 |
| Wende Fedder, RN | Effective Strategies To Improve Epilepsy Nursing Knowledge Prior To The Development Of An Epilepsy Monitoring Unit At A Community Hospital | 3.330 |
| Megan Finnerty, RN | The Efficacy of the Ketogenic Diet in Correlation with Beta-hydroxybuterate Level | 2.229 |
| Melanie S. Foster, RN, B.S.N. | Caregiver Anxiety Associated with the Inpatient Pediatric Epilepsy Monitoring Experience | 2.012 |
| Diane Friedman, M.S.N., NP | Epilepsy and Epilepsy Surgery Newly Characterized in a 1950 Film | 2.366 |
| Patricia Kerr, B.Sc.N., CNN | Managing Aggression in an Epilepsy Monitoring Unit(EMU): A Case of Ictal Rage | 2.013 |
| Wendy Miller, M.S.N., RN, CCRN | Epilepsy Self-Management in Older Adults: A Pilot Study | 2.011 |
| Diana Moses, RN, M.S., CNRN, CNS | Using Concomitant Remote Cardiac Telemetry to Enhance Patient Safety in the Epilepsy Monitoring Unit (EMU) | 2.330 |
| Patricia O. Shafer, M.N., RN | Using an Online Epilepsy Diary to Enhance Self-Management Behaviors of People with Epilepsy | 2.025 |

Acknowledgment: Nurse awards are supported by AES and a grant from UCB, Inc.



➤ Poster Walking Tours

This program is designed for residents, fellows, and junior faculty to be able to meet with AES mentors and visit interesting, compelling, or novel posters discussing their perspectives on how the presented data is meaningful. Poster walking tours will be held on the days noted below and cover the topics indicated. Mentors and participants will meet at the Poster Information table near the front of the Poster Session. The tours will depart each day between noon and 1:00 p.m. Approximately 6 – 8 posters will be discussed in each category. These posters have been preselected by the mentors.

Saturday, December 4

- Basic Mechanisms of Epilepsy and AEDs: Robert L. Macdonald, M.D., Ph.D. and David A. Prince, M.D.
- Computer Analysis of EEG: Jean Gotman, Ph.D. and Brian Litt, M.D.
- EEG in Epilepsy: Susan T. Herman, M.D. and Frank W. Drislane, M.D.
- Clinical Studies of AEDs: Mentor TBA and James J. Cereghino, M.D.
- Neuropsychology of Epilepsy: Bruce P. Hermann, Ph.D. and Kimford J. Meador, M.D.

Sunday, December 5

- Clinical Neurophysiology of Epilepsy: Timothy A. Pedley, M.D. and Lawrence J. Hirsch, M.D.
- Imaging of Epilepsy of Epilepsy: Ruben I. Kuzniecky, M.D. and Mentor TBA
- Pharmacology of AEDs: Mentors TBA
- Surgery for Epilepsy: Dennis D. Spencer, M.D. and Steven N. Roper, M.D.
- Epidemiology of Epilepsy: Anne T. Berg, Ph.D. and W. Allen Hauser, M.D.

Monday, December 6

- Animal Models of Seizures and Epilepsy: Scott C. Baraban, Ph.D. and Solomon L. Moshé, M.D.
- Pharmacology of AEDs II: Karen Wilcox, Ph.D. and Mentor TBA
- Functional Imaging and Emerging Techniques: William H. Theodore, M.D. and José E. Cavazos, M.D., Ph.D.
- Genetics of Epilepsy: Peter B. Crino, M.D., Ph.D. and Alica Goldman, M.D., Ph.D.
- Psychiatric Issues in Epilepsy: Mentor TBA and Steven C. Schachter, M.D.

YOUNG INVESTIGATOR AWARDEES

| Contact Author | Abstract Title | Poster/ Poster # |
|---|--|---------------------|
| Boris Bernhardt, B.Sc. | Mapping Thalamic Pathology in Idiopathic Generalized Epilepsy and Temporal Lobe Epilepsy | 2.102 |
| Amy Brewster, Ph.D. | A Candidate Role for Aberrant mTOR Signaling in SE-Associated Alterations in Dendritic Ion Channel Homeostasis | 1.007 |
| Julia Brill, Ph.D. | Dynamic Disinhibition of Cortical Circuits | 3.339 |
| Tracy Butler, M.D. | Orbitofrontal Thinning in Association with Depressive Symptoms in Patients with Extratemporal Partial Epilepsy | 3.248 |
| Edward Chang, M.D. | Single-Trial Cortical Mapping of Sensorimotor Organization in Real-Time | 3.229 |
| Michael DiSano, B.S. | Language Lateralization Determined By Tract-Based Spatial Statistics of the Arcuate Fasciculus | 2.100 |
| Prabhu Emmady, M.D. | Detection and Clinical Outcome of Status Epilepticus in Patients Undergoing Continuous EEG Monitoring | 1.064 |
| Jorge Gonzalez-Martinez, M.D., Ph.D. | Invasive Monitoring Using Depth Electrodes at a North American Center: A Prospective Study Analyzing the Feasibility and Safety of Stereo-Electroencephalography (SEEG) in the Diagnosis and Treatment of Intractable Epilepsy | B.05 |
| Dongjun Guo, M.D., Ph.D. | mTOR Inhibition Has Potential Antiepileptogenic Effects in a Controlled Cortical Impact Model of Traumatic Brain Injury | 1.014 |
| Hamada Hamid, D.O., M.P.H. | Long Term Depression Outcomes After Resective Epilepsy Surgery | 3.250 |
| Alicia Jensen, Ph.D. | Mechanisms of Axonal Suppression By High Frequency Stimulation | A.01 |
| Susan Lee, D.O. | Utility of Stat EEG in a Tertiary Care Institution | 2.036 |
| Jocelyn Lippman Bell, Ph.D. | Early-Life Seizures Lead to Increased AMPA Subunit-Containing Synapses and Higher Ca ²⁺ Responses in Rat Pyramidal CA1 Neurons | 1.017 |
| Tobias Loddenkemper, M.D. | Predictors of Death in Pediatric In-Patients with Status Epilepticus | 2.336 |
| Sandipan Pati, M.B.B.S., MRCP | Epilepsy-Related Death in Arizona: Mapping Racial and Ethnic Disparities in Mortality at County Level | 2.355 |
| Piero Perucca, M.D. | Response to First Antiepileptic Drug Trial Predicts Health Outcome in Epilepsy | 3.134 |
| Eduardo Pineda, Ph.D. 1.021 | Pharmacological Inhibition of Interleukin-1 β and Cyclooxygenase-2 Decreases Seizure Frequency and Mossy Fiber Sprouting in the Pilocarpine Model of Epilepsy | |
| Francesca Pittau, M.D. | EEG/fMRI in Focal Epilepsy: What Does the BOLD Response Add to EEG? | 3.168 |
| Timothy Simeone, Ph.D. | Carbamazepine Inhibition of Sharp Wave-Ripple Complexes is Associated with Synapse-Specific Effects on Neurotransmission and Short-Term Plasticity | 1.239 |
| Aanchel Taneja, M.D. | How Helpful are Repeat Epilepsy Monitoring Unit Admissions After an Initial Nondiagnostic Evaluation? | 1.185 |
| Lucy Vivash, M.Sci. | [18F]-Flumazenil-PET for the Localisation of Medically Refractory Focal Epilepsy Using Without Need for Arterial Blood Sampling: A Pilot Study | 3.170 |
| Kun Zhang, M.D., Ph.D. | Excitatory Effect of TNF-Alpha on Rat Hippocampal CA1 Pyramidal Neurons After Neonatal Seizure-Inducing Hypoxia | 1.023 |

Acknowledgment: Young Investigator Awards are supported by a grant from Medtronic, Inc. with additional support by a grant from UCB, Inc.

Special Interest Group & Investigators' Workshop Surveys

Help us build better programs!

An online survey is available for those attending Special Interest Groups and/or Investigators' Workshops.

Please use the following URL to access this brief survey.

<http://www.aesnet.org/sig-noncmesurvey>

Visit the Cyber Café

Exhibit Hall

Convention Center – Hall A

| | | |
|-----------------------------|------------------------|---|
| Saturday, December 4 | 11:30 a.m. - 6:00 p.m. | Supported by Supernus Pharmaceuticals, Inc. |
| Sunday, December 5 | 11:00 a.m. - 6:00 p.m. | Supported by Lundbeck, Inc. |
| Monday, December 6 | 11:00 a.m. - 4:00 p.m. | |

| CONVENTION CENTER | WIFI* |
|-------------------------------|---------------|
| Lobby Bridge, Street Level | Complimentary |
| AES Registration – Ballroom A | Complimentary |

| AES HOTELS | WIFI* IN LOBBY | GUEST ROOM INTERNET |
|----------------------------------|--------------------------------|---|
| San Antonio Marriott Rivercenter | Complimentary | Wireless \$12.95, plus tax, per day |
| San Antonio Marriott Riverwalk | Complimentary | Wireless \$12.95, plus tax, per day |
| Grand Hyatt San Antonio | No | Wired Internet \$9.95 per day Standard; \$12.95 per day Business Plan |
| Hilton Palacio Del Rio | Complimentary in Lobby and Bar | Wired Internet \$9.95 per day Standard; \$14.95 per day Business Plan |
| La Quinta Inn Convention Center | Complimentary | Complimentary wired in guestroom |

*WIFI = Wireless Zone

FRIDAY December 3, 2010

www.AESNET.org

FRIDAY

8:00 a.m. – 4:30 p.m.

► TopScholar Epilepsy Fellows Epilepsy Career Development Seminar *Westin Riverwalk*

Chair: Tracy A. Glauser, M.D.

Sponsor: Cincinnati Children's Hospital Medical Center

The 2010 TopScholar program will provide travel grants to 50 epilepsy / clinical neurophysiology fellows (selected by their fellowship directors) to attend the 2010 AES Annual Meeting. The TopScholar program offers unique educational opportunities for trainees, focusing on emerging trends in healthcare policy that may impact epilepsy care delivery as well as career-building issues such as job interviews, employment contracts and career / practice development.

Acknowledgment

This program is supported by an educational grant from UCB, Inc.

8:00 a.m. – 5:00 p.m.

► The National EpiFellows Foundation 18th Annual Scientific Forum (7 CME Credits)

(separate registration required) by invitation only

Marriott Rivercenter – Grand Ballroom, Salon H/K

Note: Workshops in Salon H/K and Salon L

Overview

The National EpiFellows Foundation (NEF) Forum, which convenes epilepsy fellows, is held each year in conjunction with the Annual Meeting of the American Epilepsy Society (AES). This Forum consists of a general session followed by case study workshops, the cases for which are submitted by attendees and selected by the NEF Advisory Board.

Learning Objectives

- Discuss recent guideline updates and seizure classifications
- Describe advances in available epilepsy treatment and management including surgeries and imaging techniques to improve overall patient care
- Summarize clinical presentation of depressive disorder in patients with epilepsy and potential treatment and management strategies for patients suffering from this psychological comorbidity
- Integrate newer medications with improved side effect profiles into their treatment regimens in order to provide patients with the best treatment options available
- Develop and present an interactive case presentation based on clinical experience in epilepsy.

Target Audience

Neurology trainees and residents specializing in epilepsy

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the American Epilepsy Society and Collegium LLC. The American Epilepsy Society is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

The American Epilepsy Society designates this educational activity for a maximum of 7.0 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Acknowledgment

This program is supported by an educational grant from Pfizer Inc.

9:00 a.m. – 4:00 p.m.

Advances in the Management of Epilepsy and the Epilepsy Clinic

(separate registration required — see below for instructions)

Marriott Rivercenter – Grand Ballroom, Salon I/J

This intensive one-day conference is designed for those professionals who participate in the care of persons with epilepsy. The overall purpose is to improve services to individuals and families affected by epilepsy. The conference is presented by the Department of Neurology of Wake Forest University School of Medicine, Winston-Salem, NC, through an unrestricted grant committed to the education of health professionals, in an effort to promote the comprehensive care of those with epilepsy and their families.

Noon – 2:30 p.m.

Annual Fundamentals of Epilepsy: Psychogenic Nonepileptic Seizures (2.5 CME Credits)

Convention Center – Room 103

This session will highlight the following Benchmark goals:

- III. Prevent, limit, and reverse the comorbidities associated with epilepsy and its treatment.
 - E. Develop effective methods for diagnosis, treatment and prevention of non-epileptic seizures (NES).
 1. Determine the types and frequency of NES in the general population and in people with epilepsy.
 2. Identify common susceptibility factors and etiologies for NES.
 3. Validate at least one effective treatment for NES.

Benchmarks Steward: W. Curt LaFrance, Jr., M.D.

For more information, see p 53.

Overview

This symposium is designed to provide an understanding of psychogenic nonepileptic seizures (PNES) in children and adults. Limitations clinicians face and strategies they may utilize to improve care of this common patient population will be identified. Specifically, the symposium will address: 1) steps to accurate diagnosis of PNES, 2) frequent psychiatric comorbidities associated with PNES, and 3) treatment options to consider for PNES. Public health and policy issues will be addressed including screening and coding of PNES. Methods to overcome barriers to multidisciplinary care will be addressed from medical, nursing and social services perspectives.

Learning Objectives

- ▶ Recognize terminology, definitions and coding used in psychogenic nonepileptic seizures (PNES) and identify barriers to care
- ▶ Develop a strategy to recognize and diagnose psychogenic nonepileptic seizures in adults in a timely manner, reviewing video / EEG LTM and ictal semiology
- ▶ Identify the psychiatric comorbidities and risk factors that may result in the occurrence of PNES in adults
- ▶ Utilize various components of the clinical history and information obtained with video / EEG monitoring for accurate diagnosis of PNES in children
- ▶ Identify the psychiatric comorbidities and risk factors that may result in the occurrence of PNES in children
- ▶ Identify treatment model(s) for patients with nonepileptic seizures
- ▶ Formulate strategies by which nursing personnel can be actively involved in care of patients with PNES
- ▶ Utilize resources provided from multiple healthcare providers to coordinate care of patients with PNES.

Program

Co-Chairs: Brien J. Smith, M.D. and W. Curt LaFrance, Jr., M.D., M.P.H.

Introduction and Overview

Brien J. Smith, M.D.

PNES in Children – Diagnosis

Hema Patel, M.D.

PNES in Children – Psychiatric Considerations

Rochelle Caplan, M.D.

PNES in Adults – Diagnosis

Selim R. Benbadis, M.D.

PNES in Adults – Psychiatric Considerations

John J. Barry, M.D.

Treatment of PNES

W. Curt LaFrance, Jr., M.D., M.P.H.

Coordination / Barriers to Care – Nursing Perspective

Patricia O. Shafer, M.N., RN

Coordination / Barriers to Care – Social Work Perspective

Patricia A. Gibson, M.S.S.W.

Question and Answer Panel

Target Audience

Basic / fundamentals, Intermediate (see page 101 for details)

Pharmacy Credit

ACPE Universal Activity Number (UAN) is 031-999-10-019-L01-P and provides 2.5 contact hours (.25 CEUs)

Credit Designation

The American Epilepsy Society designates this educational activity for a maximum of 2.5 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nursing contact hours have been applied for through the Texas Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. To successfully complete this program and receive 2.5 Nursing Contact Hours, please complete and return the paper evaluation form to the volunteers at the door or the main registration desk at the conclusion of the program. You will receive your CE certificate in exchange for a completed form.

2:45 p.m. – 5:15 p.m.

Spanish Symposium: Status Epilepticus: Novel Concepts in Pathophysiology and Treatment Strategies (2.5 CME Credits)

Convention Center – Room 007 C/D

Note: Posters from each of the 18 Partnering Epilepsy Centers in the Americas will be displayed at the Spanish Symposium.

Overview

The symposium will present evidence-based information concerning the scientific and clinical fundamentals of status epilepticus (SE) that are relevant for the management of adult and pediatric patients. The pathophysiological consequences of SE, their relationship to SE duration and the need for early intervention will be emphasized. Non-convulsive SE and SE in comatose patients and evidence related to neuronal protection and damage will be emphasized.

Learning Objectives

- ▶ When treating convulsive SE, implement appropriate treatment based on physiological consequences of SE
- ▶ Recognize non-convulsive SE and address the risks of neuronal damage in managing patient with non-convulsive SE
- ▶ Evaluate pediatric patients for age-related etiologies and consequences of SE and develop treatment strategies that address their specific therapeutic challenges.

Target Audience

Basic / fundamentals, Intermediate (see page 101 for details)

Program

Co-Chairs: Vicente J. Iragui, M.D., Ph.D. and Alvaro Izquierdo-Bello, M.D.

Introduction and Overview

Vicente J. Iragui, M.D., Ph.D.

Convulsive Status Epilepticus in Adults

Patricio E. Abad, M.D.

Non-Convulsive Status Epilepticus Including Status in Comatose Patients

Samuel Wiebe, M.D.

Pediatric Status Epilepticus

Luz Stella Caycedo, M.D.

Round Table / Question and Answer Session

Alvaro Izquierdo-Bello, M.D.

Credit Designation

The American Epilepsy Society designates this educational activity for a maximum of 2.5 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacy Credit

ACPE Universal Activity Number (UAN) is 031-999-10-020-L01-P and provides 2.5 contact hours (.25 CEUs)

3:00 p.m. – 4:30 p.m.

Special Interest Group Meetings

Location listed under each session

Please complete program survey – see page 14

Children’s Hour – New Developments in Infantile Spasms

Convention Center – Room 007 A/B

Coordinators: Lionel Carmant, M.D., Marcio A. Sotero de Menezes, M.D.
 Speakers: Tallie Z. Baram, M.D., Ph.D., Aristeia Galanopoulou, M.D., Ph.D.,
 Lionel Carmant, M.D.

The Children’s Hour this year will give an overview of the new developments in the understanding of infantile spasms. We will include discussions on basic mechanisms including the role of hypothalamic / pituitary axis / adrenal and its role in stress as well as the new animal models of Infantile Spasms. Last, but not least, Dr. Carmant will lead a discussion on the results of the latest trials aimed at improving cognitive dysfunction due to infantile spasms.

Acknowledgment

This SIG is supported by Questcor.

EEG – What Is a Seizure?

Convention Center – Room 006 A-C

Coordinator: Jean Gotman, Ph.D.
 Speakers: Jean Gotman, Ph.D., Francois Dubeau, M.D.,
 Raimondo D’Ambrosio, Ph.D., Frans Leijten, M.D., Ph.D., Tom Tcheng, Ph.D.

Is it possible to have an objective definition of a seizure? Is there such a thing as an electrographic seizure? Do experimental animals have seizures like humans? Are spikes small seizures? Shall we treat the EEG? Which seizures should we “zap?”

Epidemiology – CDC Epidemiologic Research Initiative

Convention Center – Room 203

Coordinators: Dale C. Hesdorffer, Ph.D., David J. Thurman
 Speakers: Charles E. Begley, Ph.D., David Labiner, M.D., Barbara Kroner, Ph.D.,
 W. Allen Hauser, M.D., Maria Pisu, Ph.D., Anbesaw Selassie, Ph.D.

The CDC is funding several epidemiological studies of epilepsy to improve surveillance methods, to better define the impact of epilepsy, and to evaluate differences in incidence and prevalence by race / ethnicity and socioeconomic status. This SIG group will be a forum for presentation of the results of several of these projects.

Neuropathology

Convention Center – Room 204

Coordinator: Harvey B. Sarnat, M.D., FRCPC
 Speakers: TBD

The 2010 SIG in Neuropathology of Epilepsy will include three didactic themes, each with new advances in the neuropathology of surgical resections and autopsy brain tissue in epilepsy:

- 1) Columnar cortical architecture as a developmental delay or arrest and also as a newly recognized form of focal cortical dysgenesis that may be epileptogenic;
- 2) Maturation of the cortical tuber will be traced from fetuses with tuberous sclerosis to infants and children with surgical resection of highly epileptogenic tubers;
- 3) Satellitosis as a phenomenon of glial cell adhesion to the neuronal soma, will be examined in the context of two opposing theories: neuroprotection and contributing to epileptogenic neurons and later to neuronal death.

Neuropsychology – The Changing Role of Neuropsychology in Epilepsy: Future Directions

Convention Center – Room 202

Coordinator: Marla Hamberger, Ph.D.
 Speakers: Bruce P. Hermann, Ph.D., David W. Loring, Ph.D.,
 Mary Lou Smith, Ph.D.

With decades of research behind us and advances in neuroimaging, the role of neuropsychology in epilepsy is changing. The nature of these changes and their implications for both clinical practice and future research will be discussed from adult and pediatric perspectives.

Nursing Research – Osteoporosis

Convention Center – Room 006 D

Coordinators: Rebecca Schultz, RN, CPNP, M.S.N.
 Georgette Smith, M.S.N., APRN, CPNP
 Speakers: Rebecca Schultz, RN, CPNP, M.S.N., others TBA

The purpose of this SIG is to raise awareness about the nursing research currently being conducted for osteoporosis. Osteoporosis is a concern for people who take antiepileptic medications. A second aim is to generate discussion about gaps in the research examining the link between osteoporosis and antiepileptic medications and research needed to support nursing practice to foster prevention of osteoporosis.

SUDEP – Mechanisms and Models

Convention Center – Room 008

Coordinators: Lawrence J. Hirsch, M.D., Elizabeth J. Donner, M.D., FRCPC(C),
 George B. Richerson, M.D., Ph.D.
 Speakers: TBA

Presentation will include an invited data blitz with several brief presentations, partly based on abstracts being presented at this meeting, and a brief synthesis by the Chairs.

5:30 p.m. – 8:00 p.m.

**Hot Topics Symposium:
 From Headlines to Healthcare
 (2.5 CME Credits)**

Marriott Rivercenter – Grand Ballroom, Salon E/F

Overview

1. Healthcare Reform: Impact on Care for Individuals with Epilepsy

With the recent passage of the Affordable Care Act (ACA), we now need to focus on the law’s implementation and how it will affect the delivery of healthcare to individuals with epilepsy. How will the insurance market reforms in the ACA impact individuals with epilepsy? How quickly will uninsured patients have access to new forms of insurance coverage? How will the ACA impact Medicare and Medicaid recipients with epilepsy? How will the quality provisions in the ACA affect the delivery of care to individuals with epilepsy and other chronic illnesses?

2. Blast to the Future: Implications of Combat-Induced TBI on Epilepsy

Military-induced traumatic brain injury (TBI) has become common among the young U.S. population. However, statistics differ between reporting sources. Many veterans who suffer military TBI obtain care in the VA system; many integrate into the civilian practice and receive care from practitioners who may not recognize TBI as the etiology of their epilepsy. The identification / battlefield treatment / surveillance and current armed forces research will be presented and discussed with experts from the armed forces. The clinical correlation and application to epileptologists’ current clinical practice will be provided.

Learning Objectives

- ▶ Identify changes in access to health care for individuals with chronic illness that will improve access to care
- ▶ Address possible impediments to delivery of care for individuals with epilepsy
- ▶ Recognize TBI as a cause of epilepsy in military personnel as well as civilians
- ▶ Utilize currently accepted preferred practice for treatment of patients with seizures and epilepsy due to TBI.

Target Audience

Basic / fundamentals, Intermediate, Advanced (see page 101 for details)

Acknowledgment

The healthcare reform portion of the symposium is supported in part by an educational grant from UCB, Inc.

Program

Co-Chairs: David M. Labiner, M.D. and Karen L. Parko, M.D., FAAN

1. Healthcare Reform: Impact on Care for Individuals with Epilepsy

Introduction and Overview

David M. Labiner, M.D.

Living with Epilepsy in the Current System

Lisa Moss, parent of child with epilepsy, Epilepsy Foundation Board Member

Healthcare Reform Legislation: Impact on Epilepsy Care

Carly N. Kelly, J.D.

Q & A

2. Blast to the Future: Implications of Combat Induced TBI on Epilepsy

Introduction and Overview

Karen L. Parko, M.D., FAAN

Seizure Care and Prophylaxis on the Battlefield: What is DVbic

COL Jamie B. Grimes, M.D.

DOD Policy on Treatment of Seizures and Protocols for Prophylaxis of Seizure in TBI

Jack Tsao, M.D., D.Phil.

Physics of Blast Injury and Military Models of Blast Research: What is DARPA?

Geoffrey Ling, M.D., Ph.D.

Care of Veterans in the New Epilepsy Centers of Excellence

Karen L. Parko, M.D, FAAN

Credit Designation

The American Epilepsy Society designates this educational activity for a maximum of 2.5 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacy Credit

ACPE Universal Activity Number (UAN) is 031-999-10-021-L04-P and provides 2.5 contact hours (.25 CEUs)



The American Epilepsy Society is pleased to announce the introduction of

PRODUCT TRAINING PAVILIONS

located inside the Exhibit Hall

These pavilions offer companies an opportunity to provide education and training to meeting attendees in a convenient and more personal environment.

The Product Training Pavilions will be open on the following days:

Saturday, December 4: 11:30 a.m. - 6:00 p.m. — Novartis

Sunday, December 5: 11:00 a.m. - 6:00 p.m. — Lundbeck

Monday, December 6: 11:00 a.m. - 4:00 p.m. — Novartis

EQUIPMENT AUCTION TO BENEFIT THE LENNOX AND LOMBROSO TRUST and THE SUSAN SPENCER FUND

AES is pleased to announce that Nihon Kohden, Grass Technologies, and Optima Neuroscience are participating in the AES Annual Benefit Auction this year! These companies have donated equipment and/or software that has been auctioned off, and winning bids will be announced during the meeting.

These companies are contributing 100% of their proceeds to the Lennox and Lombroso Trust for Research & Training, and the Susan S. Spencer Fund for Education and Research.

Please join us in AES Exhibit Hall at the company's booth to witness the presentation of a check from each company to Dr. Dennis Spencer, Chair of the AES Development Committee.

Saturday, December 4 at Noon • Booth #337

GRASS TECHNOLOGIES (an Astro-Med, Inc. subsidiary)

Auction Item: TREA Ambulatory EEG Recorder
Worth: \$15,000. Minimum Bid: \$5,000.
Website: <http://www.grasstechnologies.com>
Auction Contact: Tina Pollard at tpollard@astromed.com

Sunday, December 5 at Noon • Booth #525

NIHON KOHDEN (2nd year)

Auction Item: EEG-1200A Diagnostic and Monitoring Solution
Worth: \$38,250. Minimum Bid: \$10,000.
Website: www.nkusa.com/neurology_cardiology
Auction Contact: Kathy Hart at Kathy_hart@nkusa.com

Monday, December 6 at Noon • Booth #422

OPTIMA NEUROSCIENCE, INC.

Auction Item: EEG review software IdentEvent
Worth: \$8,000. Minimum Bid: \$2,000.
Website: www.optimaneuro.com
Auction Contact: Amanda Burks at aburks@optimaneuro.com

We thank these companies for their donations, and you for bidding on these items.

If you know of other companies that would be interested in participating in the AES Annual Benefit Auction, or if you have questions, contact Jeff Melin at jmelin@aesnet.org.

SATURDAY December 4, 2010

www.AESNET.org

9:15 a.m. – 11:15 a.m.

8th Judith Hoyer Lecture in Epilepsy

Award Presentation: AES Service Award
Convention Center – Lila Cockrell Theatre

Lecturer: Dennis D. Spencer, M.D.

The 8th Judith Hoyer Lecture in Epilepsy, presented by invited Lecturer Dr. Dennis Spencer, is sponsored by the National Institute of Neurological Disorders and Stroke. Dr. Spencer's presentation is the eighth in a series of lectures highlighting the promise of epilepsy research. This series is held in memory of Mrs. Judith Hoyer, an active member of the Board of Directors of the Epilepsy Foundation and the late wife of Representative Steny Hoyer (D-MD). Mrs. Hoyer spent her life both helping families to cope with epilepsy and promoting research into a cure and a better quality of life for those with the disorder. The purpose of the lecture is to raise awareness of epilepsy among researchers and the public and provide intellectual stimulation that will encourage continuing progress toward finding a cure for epilepsy.

9:30 a.m. – 11:00 a.m.

Special Interest Group Meetings

Location listed under each session
Please complete program survey – see page 14

Basic Neuroscience – Depolarizing GABAergic Signaling and Seizures

Convention Center – Room 007 C/D

Coordinators: Brenda E. Porter, M.D., Ph.D., Celine Dube, Ph.D., Michael Wong, M.D., Ph.D.

Speakers: Kevin J. Staley, M.D., Aristeia Galanopoulou, M.D., Ph.D., John F. Kerrigan, M.D.

The SIG will discuss the contribution of the depolarizing action of GABA to increased susceptibility to seizures in neonates and to epileptogenesis in adults. Dr. Staley will discuss the role of the bumetanide-sensitive Na-K-2Cl cotransporter NKCC1 in depolarizing GABA actions and its potential therapeutic anticonvulsant effects in neonates. Dr. Galanopoulou will talk about the importance of GABA_A-receptor signaling for age and sex-specific effects of seizures. Dr. Kerrigan will discuss the depolarizing GABAergic response in human hypothalamic hamartomas.

MEG / MSI Data Highlights: An International Perspective

Convention Center – Room 007 A/B

Coordinator: Jerry J. Shih, M.D.

Speakers: Hermann Stefan, M.D., Robert Knowlton, M.D., Yung-Yang Lin, M.D., Gregory Barkley, M.D., Timothy Roberts, Ph.D.

Despite the seamless flow of the literature across borders, regional differences exist in the type of research questions addressed. A panel from Europe, Asia and North America will select and present the most important discoveries in the past two years from their own geographical region and assess their impact on clinical practice. The session will conclude with a 10-minute discussion on MEG reimbursement worldwide. Audience participation is strongly encouraged in what should be a lively Q & A session.

Surgery: Work-Up and Surgical Treatment of “Non-Lesional Epilepsy”

Convention Center – Room 006 A-C

Coordinator: Michael M. Haglund, M.D., Ph.D.

Speakers: Saurabh R. Sinha, M.D., Ph.D., Gerald Grant

This year we will discuss the approaches different groups take in the work-up and surgical treatment of “non-lesional epilepsy.” Last year we had a great discourse on approaches to specific cases and as usual the audience participation was active and made for great debate. I look forward to

moderating another exciting session, especially with the topic of “non-lesional epilepsy.” Please e-mail your willingness to present by sending cases to Dr. Haglund at haglu001@mc.duke.edu. The success of this session is dependant upon the great and lively audience participation.

1:45 p.m. – 4:15 p.m.

Presidential Symposium: GABAergic Transmission in Epilepsy (2.0 CME Credits)

Award Presentation: Research Recognition Awards, William G. Lennox Award, NINDS Update by Story Landis, Ph.D. and ILAE update by Solomon L. Moshé, M.D.

Convention Center – Lila Cockrell Theatre

Overview

This symposium will focus on the role of gamma-aminobutyric acid (GABA) in the pathophysiology of seizures and will include discussion of its role in a variety of clinical settings, including neonatal seizures, status epilepticus and temporal lobe epilepsy. Current understanding of GABA's role in epilepsy, including GABAergic plasticity and GABA receptor mutations, will be presented. Treatment decisions, informed by this understanding, including the use of novel medication for neonatal seizures and the imperative for early treatment of status epilepticus with benzodiazepines, will be discussed.

Learning Objectives

- ▶ Establish treatment protocols based on the role of GABA and GABAergic neurons in clinical settings such as status epilepticus and chronic temporal lobe epilepsy
- ▶ In treating status epilepticus, use benzodiazepines as first line treatment, initiating benzodiazepines early in treatment
- ▶ Use information from translational research on the role of excitatory GABA to manage neonatal seizures
- ▶ When evaluating patients with idiopathic (inherited) epilepsies, learner will include recognition of the role of GABA_A receptor mutations in developing a differential diagnosis.

Target Audience

Intermediate, Advanced (see page 101 for details)

Program

Chair: Jaideep Kapur, M.D., Ph.D.

Introduction and Overview

Jaideep Kapur, M.D., Ph.D.

GABA and GABAergic Neurons Orchestrate Synchrony in Developing Hippocampal Networks

Yehezkel Ben Ari, Ph.D.

Novel Therapies for Neonatal Seizures

Kevin J. Staley, M.D.

GABA Receptor Trafficking During Status Epilepticus

Howard Goodkin, M.D., Ph.D.

GABA_A Receptors and GABAergic Interneurons in Chronic Temporal Lobe Epilepsy

Carolyn R. Houser, Ph.D.

GABA_A Receptor Subunit Mutations in Genetic Epilepsies

Robert L. Macdonald, M.D., Ph.D.

Credit Designation

The American Epilepsy Society designates this educational activity for a maximum of 2.0 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacy Credit

ACPE Universal Activity Number (UAN) is 031-999-10-022-L01-P and provides 2 contact hours (.2 CEUs)

5:30 p.m. – 7:15 p.m.

**AET Symposium: Channel Surfing:
Impact on Treatment Strategies**

(1.75 CME Credits)

Award Presentation: J. Kiffin Penry Excellence in Epilepsy Care Award

Convention Center – Lila Cockrell Theatre

Overview

This symposium will address the role of ion channels in the pathophysiology of epilepsy and its treatment. There will be a review of the role of voltage- and receptor-gated ion channels in controlling membrane excitability. The genetic assessment of patients suspected of having channel disorders will be outlined. The importance of ion channels as targets for treatment with antiepileptic medications (AEDs) will be defined. Among topics to be discussed are the impact of developmental differences in chloride transporters on treatment of seizures in children; the contribution of GABA_A receptor availability during periods of intense neuronal excitability to the development of intractable status epilepticus; benign neonatal familial convulsions (BNFC) as an example of a genetic epilepsy due to deficits in Kv7.2 and Kv7.3 channels. Medical management of epilepsy is enhanced by knowledge of the specific mechanisms of action of AEDs on ion channels, leading to more rational therapy and improved clinical outcomes.

Learning Objectives

- ▶ Apply an understanding of the role of ion channels in managing patients with epilepsy
- ▶ Recognize epilepsy syndromes due to genetic abnormalities in ion channels
- ▶ Apply knowledge of ion channel pathophysiology in selecting AEDs and in assessing the role of newly developed drugs.

Target Audience

Intermediate (see page 101 for details)

Program

Co-Chairs: L. James Willmore, M.D. and H. Steve White, Ph.D.

Introduction and Overview

L. James Willmore, M.D.

Central Nervous System Channels: Review of the Basics

Michael A. Rogawski, M.D., Ph.D.

Role of the Sodium Channel in Clinical Disorders: Challenges for Rational Treatment

Samuel F. Berkovic, M.D.

GABA-Induced Depolarization: A Tale of Opposing Forces

Jong M. Rho, M.D.

Potassium Channelopathies: Consequences and Impact on Treatment

Karen S. Wilcox, Ph.D.

Credit Designation

The American Epilepsy Society designates this educational activity for a maximum of 1.75 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacy Credit

ACPE Universal Activity Number (UAN) is 031-999-10-023-L01-P and provides 1.75 contact hours (.175 CEUs)

Acknowledgment

This symposium is supported in part with an educational grant from Sunovion Pharmaceuticals Inc.

6:00 p.m. – 7:30 p.m.

Investigators' Workshop

Convention Center – Room 007 A/B

Peptidopathy, Channelopathy or Bad Network – What Causes Epilepsy in Alzheimer's Disease?

Moderators: Asla Pitkanen, M.D., Ph.D., Helen E. Scharfman, Ph.D.

Speakers: Jeffrey L. Noebels, M.D., Ph.D., Helen E. Scharfman, Ph.D., Jorge Palop, Ph.D.

6:00 p.m. – 8:00 p.m.

Translational Investigators' Workshop

Convention Center – Room 006 A-C

Copy Number Variation in the Epilepsies

Moderator: Sanjay M. Sisodiya, M.D.

Speakers: Ingrid E. Scheffer, Ph.D., FRACP, Sarah von Spiczak, M.D., Sanjay M. Sisodiya, M.D., Heather C. Mefford, M.D., Ph.D.

7:30 p.m. – 9:00 p.m.

Special Interest Group Meetings

Location listed under each session

Please complete program survey – see page 14

Ketogenic Diet – Glucose Restriction Revisited

Marriott Rivercenter – Grand Ballroom, Salon H

Coordinators: Jong M. Rho, M.D., Elizabeth Thiele, M.D., Ph.D.

Speakers: Elizabeth Thiele, M.D., Ph.D., Susan Masino, Ph.D., Beth A. Zuperc-Kania, R.D., C.D.

This year's SIG will revisit the topic of reduced glucose as an interventional strategy and potential mechanistic underpinning of ketogenic diet (KD) action. There are emerging data indicating that reduced glucose may have profound effects on neuronal excitability through novel mechanisms, including purinergic modulation. Additionally, low serum glucose levels are not always seen in patients successfully treated with the KD, suggesting more complex metabolic interactions.

Neurostimulation – Breaking News in Neurostimulation for Epilepsy

Marriott Rivercenter – Grand Ballroom, Salon F

Coordinators: James W. Wheless, M.D., Christopher DeGiorgio, M.D.

Speakers: Douglas R. Labar, M.D., Ph.D., Martha J. Morrell, M.D., Erika Fanselow, M.D., Christopher DeGiorgio, M.D.

This SIG will cover three topics. First, Dr. Labar will present an update on safety and efficacy from the pivotal SANTE trial. Second, Dr. Morrell will discuss responsive stimulation for the treatment of medically intractable partial epilepsy using the results of the RNS(r) System trial. Third, Drs. Fanselow and DeGiorgio will discuss trigeminal nerve stimulation, an emerging therapy.

Nonepileptic Seizures

Marriott Rivercenter – Grand Ballroom, Salon G/M

Coordinator: John J. Barry, M.D.

Speakers: Selim R. Benbadis, M.D., W. Curt LaFrance, Jr., M.D., M.P.H., Markus Reuber, M.D., Ph.D.

The first part will feature an enthusiastic debate on terminology between Drs. Benbadis and LaFrance, Jr. The second part will have Dr. Reuber presenting the use of Conversation Analysis in the diagnosis of NES.

Patient Reported Outcomes – Improving Mental Health Outcomes in People with Epilepsy through the CDC Managing Epilepsy Well Network – PEARLS and UPLIFT

Marriott Rivercenter – Grand Ballroom, Salon J

Coordinators: Rosemarie Kobau, M.P.H., Eric K. St. Louis, M.D.

Speakers: Nancy J. Thompson, Ph.D., M.P.H., Paul Ciechanowski, M.D., M.P.H.

Two interventions supported by the CDC Managing Epilepsy Well (MEW) Network are designed to meet the gap in mental health treatment for people with epilepsy. PEARLS (Program to Encourage Active, Rewarding Lives) is a community-integrated, home-based treatment for depression previously shown to be effective at reducing depression symptoms and improving quality of life for individuals with acute and chronic depression (Ciechanowski, et al., 2004). PEARLS consists of problem-solving treatment, behavioral activation, and psychiatric consultation. Adults with epilepsy and comorbid depression receiving PEARLS were more likely to have reductions in depression and improvements in quality of life, as compared to usual care. UPLIFT (Using Practice and Learning to Increase Favorable Thoughts), another home-based treatment for depression in people with epilepsy, was developed to provide group delivery of depression treatment by telephone or Web. UPLIFT materials include eight modules that incorporate mindfulness-based cognitive therapy for depression. With support from the National Center for Minority Health and Health Disparities, UPLIFT has expanded its scope to include prevention of depression in people with epilepsy. UPLIFT participants will be recruited from all MEW sites in Georgia, Michigan, Texas and Washington State. MEW Network members work together to promote epilepsy self-management research and improve the quality of life for people with epilepsy. (<http://www.sph.emory.edu/ManagingEpilepsyWell/index.php>)

Acknowledgment

This SIG is supported by Sunovion Pharmaceuticals Inc.

Women’s Issues – Women with Epilepsy and Special Disabilities

Marriott Rivercenter – Grand Ballroom, Salon A/B

Coordinators: Lisa M. Bateman, M.D., Mary L. Zupanc, M.D.

Speakers: TBA

This group of women poses special challenges to the adult / pediatric epileptologist. The issues include contraception and pregnancy related issues, guardianship, transition to appropriate adult healthcare, and transition from school to adult work / sheltered workshops. There are many other issues as well, similar to all adolescent / adult women with epilepsy, such as bone mineral health, folate supplementation, catamenial epilepsy, etc.

9:00 p.m. – 10:00 p.m.

➤ Social Networking Groups

(registration is not required)

Marriott Rivercenter – Grand Ballroom, Salon C/D

Informal gathering and networking for SIG participants. Space is limited so participants are welcome on a first come, first served basis.

Topic areas to include:

- Indo-American epilepsy education
- Critical care monitoring
- More TBA

Remember to Attend

Sunday, December 5

8:00 a.m. – 8:30 a.m.



AES BUSINESS MEETING

Marriott Rivercenter – Grand Ballroom, Salon E

coffee available

All AES members are encouraged to attend this yearly meeting.

SCIENTIFIC EXHIBITS

Scientific exhibits will again be on display at this year's annual meeting and will be located in the **Henry B. Gonzalez Convention Center, Rooms 102 and 103**. These exhibits will provide meeting attendees an opportunity to update themselves on the latest research. Authors will be present throughout the exhibit.

Sunday, December 5 • 8:00 a.m. - 11:00 a.m.

Lundbeck

Novel Anticonvulsants: Vigabatrin, Clobazam, and IV Carbamazepine

102 A/B

UCB, Inc.

VIMPAT® (lacosamide) C-V: Optimizing Adjunctive Treatment in Epilepsy

103 A

Sunday, December 5 • 8:00 a.m. - 5:00 p.m.

Sunovion Pharmaceuticals Inc.

Eslicarbazepine Acetate: Developing a New Treatment for Epilepsy

103 B

Sunday, December 5 • 2:00 p.m. - 5:00 p.m.

Questcor Pharmaceuticals, Inc.

Acthar in Infantile Spasms: New Insights into a Long-Established Standard of Care

103 A

Monday, December 6 • 8:00 a.m. - 11:00 a.m.

NeuroPace

The NeuroPace RNS® System: Experience with a Responsive Neurostimulation System for the Treatment of Intractable Partial Epilepsy

102 B

Cyberonics, Inc.

Cyberonics' Role in the Future of Neurostimulation

103 B

Monday, December 6 • 2:00 p.m. - 5:00 p.m.

Eisai, Inc.

Eisai's Dedication to Patients: Research in Epilepsy

102 A/B

➤ **Authors Present: Noon - 2:00 p.m.**

➤ **Poster Walking Tours (see page 12 for details)**

**Translational Research
Basic Mechanisms**

1.001 The Relation Between Interictal Spikes And Seizures In Rat Models Of Epilepsy/M. Dichter, H. Juul, J. Keating

1.002 The Role Of Astrocytes In The Epileptogenicity Of Cortical Microgyri/ C. Dulla, H. Tani, J. Brill, R. Reimer, J. Huguenard

1.003 GABAergic Excitation Contributes To Seizure Generation In Vitro/K. Lillis, M. Kramer, J. Mertz, J. White, K. Staley

1.004 Chronic Changes Of Reactive Astrocytes In Rat Brain Following Pilocarpine-Induced Seizures/X. Wu, A. Sosunov, G. McKhann II

1.005 HCN Channel Inhibition Enhances Epileptiform Responses In Neocortical Neurons/A. Albertson, S. Williams, J. Hablitz

1.006 Role Of trkB Receptors And Presynaptic Axonal Sprouting In Hyperexcitability After Schaffer Collateral Transection And Its Contribution To Posttraumatic Epilepsy/S. Aungst, P. England, S. Thompson

1.007 A Candidate Role For Aberrant mTOR Signaling In SE-associated Alterations In Dendritic Ion Channel Homeostasis/A. Brewster, J. Lugo, F. Vanegas, Y. Qian, A. Anderson

1.008 Changes In Action Potential Features Correlate With Different Phases Of Focal Seizure Discharges In The Entorhinal Cortex/M. de Curtis, V. Gnatkovsky, F. Trombin

1.009 Prolonged Cannabinoid Exposure Alters GABA_A Receptor Mediated Synaptic Function In Cultured Hippocampal Neurons/L. Deshpande, R. Blair, R. DeLorenzo

1.010 Altered GABA Signaling In The Acute Hippocampal Slice Model Of Brain Trauma/V. Dzhalal, M. Mail, K. Staley

1.011 Neurosteroid Withdrawal Increases The GABA-A Receptor Delta-Subunit Expression And Antiseizure Sensitivity Of Neurosteroids/O. Gangisetty, D. Reddy

1.012 WP1066 Slows The Progression Of Pilocarpine-induced Epilepsy By Inhibiting The Phosphorylation Of STAT3/H. Grabenstatter, M. Gonzalez, Y. Raol, Y. Cruz, S. Russek, A. Brooks-Kayal

1.013 Hippocampal Interneurons Increase Firing Rate At The Onset Of Spontaneous Seizures In An Awake, Freely Moving Rat Model Of Temporal Lobe Epilepsy/D. Grasse, K. Moxon

1.014 mTOR Inhibition Has Potential Antiepileptogenic Effects In A Controlled Cortical Impact Model Of Traumatic Brain Injury/D. Guo, L. Zeng, D. Brody, M. Wong

1.015 Transgenic Over-Expression Of Cyclooxygenase-2 (COX-2) In Neurons Suppresses Pentylentetrazole (PTZ)-induced Acute Seizure Activity And Kindling Acquisition/J. Hewett, K. Andreasson, S. Hewett

1.016 Hypoxia Induced Early Life Seizures Lead To Increased Aberrant CA3 Mossy Fiber Sprouting With No Associated Cell Death/P. Klein, C. Hilario-Gomez, B. Kosaras, S. Rakhade, F. Jensen

1.017 Early-life Seizures Lead To Increased AMPA Subunit-Containing Synapses And Higher Ca²⁺ Responses In Rat Pyramidal CA1 Neurons/J. Lippman Bell, C. Zhou, P. Klein, F. Jensen

1.018 Kainate-induced Status Epilepticus Alters BDNF Gene Expression In Area CA1 And Memory Formation Using Epigenetic Mechanisms/F. Lubin, R. Parrish

1.019 The Antiepileptic Effect Of A Ketogenic Diet Is Mediated By Adenosine A1 Receptors/S. Masino, T. Li, A. Rahman, B. Fredholm, J. Geiger, D. Boison

1.020 Transient Group I Metabotropic Glutamate Receptor Activation Enhances CA3 Excitatory Synaptic Network Activity/Y. Pan, P. Rutecki

1.021 Pharmacological Inhibition Of Interleukin-1 β And Cyclooxygenase-2 Decreases Seizure Frequency And Mossy Fiber Sprouting In The Pilocarpine Model Of Epilepsy/E. Pineda, D. Shin, R. Sankar, A. Mazarati

1.022 Epileptiform Activity In The Isolated Guinea Pig Brain Triggers Increased Expression Of IL-1 β And Blood-Brain Barrier Damage/A. Vezzani, L. Librizzi, I. Vanzulli, T. Ravizza, M. de Curtis

1.023 Excitatory Effect Of TNF-alpha On Rat Hippocampal CA1 Pyramidal Neurons After Neonatal Seizure-Inducing Hypoxia/K. Zhang, J. Heida, K. Katki, R. Sanchez

1.024 Local Neurometabolic Coupling Surrounding A Seizure Focus In Rat Neocortex/M. Zhao, H. Ma, E. De La Cruz, T. Schwartz

1.025 Early Life Seizures In The Rat Cause Alterations Of NMDA Receptor Function/C. Zhou, J. Lippman Bell, P. Klein, F. Jensen

1.026 Activation Of Innate And Adaptive Immunity After Kainate-Induced Status Epilepticus In Temporal Lobes Sensitized By Early Life Convulsions/J. Abraham, D. Duncan, S. Miller, S. Koh

1.027 Induction And Expression Of miR-146a, An Inflammation Associated MicroRNA, In Experimental And Human Epilepsy And In Cultured Human Astrocytes/E. Aronica, E. Zurolo, K. Fluiter, A. Iyer, J. Vreijling, E. van Vliet, J. Baayen, J. Gorter

1.028 Effects Of Depressed K⁺ Currents Caused By High [K⁺]_o On The Epileptiform Bursting: A Computational Study/G. Florence, T. Pereira, J. Kurths

1.029 Regional Differences In Arc/Arg 3.1 Protein Expression In The Immature Brain Induced By Seizures/C. Gomez, B. Kosaras, P. Klein, F. Jensen

1.030 Long-term Modulation Of The Synaptic Plasticity In Somatosensory Area Of Neocortex By Recurrent Fluorothyl Seizures Induced Early In Life/O. Isaeva, G. Holmes

1.031 Rapid Loss Of Dendritic HCN Channel Expression Following Status Epilepticus/S. Jung, L. Warner, J. Pitsch, A. Becker, N. Poolos

1.032 Reduced Excitability Of GABAergic Interneurons In The Reticular Nucleus Of The Thalamus And Sleep Impairment In A Mouse Model Of Severe Myoclonic Epilepsy Of Infancy/F. Kalume, J. Oakley, R. Westenbroek, T. Scheuer, W. Catterall

1.033 Alterations In Thalamic GABAergic Signaling In A Mouse Model Of Angelman Syndrome/A. Lagrange, L. Herrington, R. Jawa, M. Grier, C. Weitlauf, K. Haas

1.034 Increased Cardiac Arrhythmic Potential In A Model Of Temporal Lobe Epilepsy/Y. Lai, S. Wang, F. Vanegas, M. Valderrábano, A. Anderson

1.035 Age- And Time-Dependent Expression Of CD74 After Kainic Acid-Induced Status Epilepticus/K. Li, S. Erisken, H. Chung, S. Koh

1.036 The Inflammatory Chemokine CXCL10 Facilitates Long-Term Potentiation (LTP) In The Hippocampus/G. Moddel, J. Kodangattil Narayanan, M. Müller, A. Gorji

1.037 Predicting Epileptogenesis During The Latent Period After Status Epilepticus On The Basis Of Depression Symptoms Detected Via Behavioral Tests/E. Moroz, A. Bragin, J. Engel Jr

1.038 Recurrent Seizures Suppress Dendritic Growth Of Developing Hippocampal Pyramidal Cells/M. Nishimura, J. Swann

1.039 Focal Status Epilepticus In The Somatosensory Cortex Enhances Intrinsic Excitability And Synaptic Excitation In The Reticular Thalamic Nucleus/J. Paz, W. McDonald, D. Prince, J. Huguenard

1.040 Efficacy Of Flupirtine To Treat Hypoxia-Induced Neonatal Seizures/Y. Raol

1.041 Antiepileptogenic Activity Of Progesterone In Mice Lacking Progesterone Receptors/D. Reddy, S. Briyal, O. Gangisetty

1.042 Pathways Of Interictal Spike Propagation Are Determined By Network Inhibition/W. Swiercz, H. Sabolek, S. Cash, G. Huberfeld, S. Clemenceau, R. Miles, K. Staley

1.043 From Rats To Men: A Virtual Water-Maze Navigation Task To Investigate Cognitive Impairments In Patients With Epilepsy/A. Titiz, R. Scott, G. Holmes, P. Lenck-Santini

1.044 Connexins In The Rat Model Of Temporal Lobe Epilepsy Induced By Pilocarpine: Expression And Gap Junction Blockade/A. Christina Valle, E. Kinjo, E. Morya, A. Kihara, L. Britto

- 1.045** A Putative Cellular Mechanism For Childhood Absence Epilepsy In Patients With Cav3.2 Gain-Of-Function Mutations/L. Xu, Z. Jin, S. Smith, M. Anderson
- 1.046** Pentylentetrazole-induced Seizures Cause Acute, But Not Chronic, mTOR Pathway Activation In Rat/B. Zhang, M. Wong
- 1.047** An Organotypic Hippocampal Slice Culture Model Of Excitotoxic Injury Induced Spontaneous Recurrent Epileptiform Discharges/J. Ziobro, L. Deshpande, R. DeLorenzo
- 1.048** Predicting Cortical Neuron Spike Patterns: Point Process Modeling Of An Epilepsy Computational Simulation/W. Anderson, F. Azhar, P. Franaszczuk
- 1.049** Long-Lasting Changes In mGluR Mediated Long-Term Depression Following A Single Episode Of Early Life Seizures/P. Bernard, A. Castano, T. Benke
- 1.050** Effects Of Beta Adrenergic Activation On The Interictal And Ictal-Like Activity In Vitro/A. Hazra, T. Wadadekar, N. Nguyen, F. Gu, K. Josic, B. Bodmann, J. Ziburkus
- 1.051** Deficit Of Small-Conductance, Calcium-Activated SK Potassium Channels In Pilocarpine-Treated Epileptic Rats/L. Pacheco, E. Garrido, B. Ermolinsky, M. Arshadmansab, F. Skinner, I. Garcia, M. Oliveira, C. Mello, H. Knaus
- 1.052** Functional Effects Of Long-Lasting, Seizure-Induced Alterations In NKCC1 And KCC2 In The Dentate Gyrus Of Kindled Rats/Y. Pan, P. Rutecki, D. Sun, T. Sutula
- 1.053** ERK and mTOR Pathway Interactions In Epilepsy/V. Patil, S. Agadi, D. Yashor, D. Curry, A. Brewster, M. Bhattacharjee, J. Swann, A. Anderson
- 1.054** Mechanisms Of Cortical High-Gamma Activity (60-200 Hz) Investigated With Computational Modeling/P. Suffczynski, N. Crone, P. Franaszczuk
- 1.055** Rapamycin Suppresses Mossy Fiber And Somatostatin Interneuron Axon Sprouting But Not Epileptogenesis In A Mouse Model Of Temporal Lobe Epilepsy/P. Buckmaster, X. Wen, F. Lew
- 1.056** Slow Changes In Functional Connectivity During Epileptogenesis In A Spontaneously Seizing Animal Model Of Temporal Lobe Epilepsy/A. Cadotte, S. Myers, M. Parekh, S. Talathi, T. Mareci, P. Carney
- 1.057** Gene Profiling Of The CA1 After Multiple Early-Life Seizures/L. Friedman, J. Mancuso, A. Sagyhan, D. Iacobas, S. Iacobas, D. Spray
- 1.058** A Novel Method For The Separation And Measurement Of Allopregnanolone And Other Pregnanolone Neurosteroids In Cerebrospinal Fluid And Serum/B. Hallinan, S. Nkinin, T. Glauser, K. Setchell
- 1.059** TLE Patients Show The Hemispheric Lateralization Of The Autonomic Functions/M. Tripathi, N. Chaudhary, S. Chandra, A. Jaryal, K. Deepak
- 1.060** Permanently Impaired Mitochondrial Redox Status And Oxidative/Nitrosative Stress During Epileptogenesis/S. Waldbaum, K. Ryan, L. Liang, M. Patel
- Clinical Neurophysiology EEG - Video, ICU or Monitoring, For Epilepsy**
- 1.061** A European Database Of Clinical And EEG Data From Patients With Epilepsy/A. Schulze-Bonhage, M. Ihle, M. LeVanQuyen, F. Sales, A. Dourado
- 1.062** Correlation Between Interictal High-Frequency Oscillations And Seizure Outcome In Pediatric Resective Epilepsy Surgery/T. Akiyama, C. Go, A. Ochi, I. Elliott, E. Donner, S. Weiss, O. Snead III, J. Rutka, J. Drake, H. Otsubo
- 1.063** Peri-Ictal Heart Rate Variability In Subjects With Partial Epilepsy/J. Arias, M. Soto-Salgado, I. Pita
- 1.064** Detection And Clinical Outcome Of Status Epilepticus In Patients Undergoing Continuous EEG Monitoring/P. Emmady, V. Acharya, J. Acharya
- 1.065** Is High Frequency Ictal EEG Associated With Favorable Surgical Outcome?/H. Fujiwara, K. Holland-Bouley, J. Seo, D. Rose, F. Mangano, K. Lee
- 1.066** Into The Spectrum Of Hyperkinetic Seizures: A Clinical-Kinematic And SEEG Study/E. Gardella, L. Castana, G. Io Russo, M. Canevini, S. Francione
- 1.067** Prevalence Of Non-Convulsive Seizures Due To Cerebral Hemorrhage In The ICU/J. Politsky, I. Ugorec, Z. Rothkopf, M. Heyes
- 1.068** Cyclic Electrographic Seizures In Children: A Unique EEG Pattern Of Status Epilepticus/J. Riviello, S. Agadi, C. Marx, T. Lotze, C. Akman
- 1.069** Safety Of Prolonged Video-EEG Monitoring In A Tertiary Pediatric Epilepsy Monitoring Unit/D. Arrington, K. Chapman, J. Kerrigan
- 1.070** Validation Of An Automated Neonatal Seizure Detector: A Clinician's Perspective/P. Cherian, W. Deburchgraeve, R. Swarte, M. de Vos, P. Govaert, S. Van Huffel, G. Visser
- 1.071** Computer-Assisted EEG Monitoring In The Adult ICU/M. Cloostermans, C. de Vos, M. Van Putten
- 1.072** A Probability Estimate For The Time To First Diagnostic Event During Long-Term Video-EEG Monitoring/O. Lie, W. Kim, J. Miller, J. Oakley
- 1.073** Prevalence Of Continuous Epileptiform Discharges On EEG In Patients Treated With Cefepime And Meropenem/G. Naeije, S. Lorent, J. Vincent, B. Legros
- 1.074** Changes In Sympathetic Activity Associated With Epileptic Seizures/M.-Zher Poh, T. Loddenkemper, C. Reinsberger, N. Swenson, S. Goyal, J. Madsen, R. Picard
- 1.075** Quantitative EEG Trending For Monitoring Non-Convulsive Seizures In ICU Patients/D. Shiau, S. LaRoche, J. Halford, K. Kelly, R. Kern, J. Chien, J. Valeriano, P. Pardalos, J. Sackellares
- 1.076** Dystonic Posturing And Dystonic Automatisms In Mesial Temporal Lobe Epilepsy: Worse Surgical Outcome?/C. Uchida, O. Barsottini, L. Souza, R. Centeno, H. Carrete Junior, L. Caboclo, E. Yacubian
- 1.077** New Method For Identification Of Responses To Single Pulse Electrical Stimulation In Epilepsy Patients/M. van 't Klooster, M. Zijlmans, F. Leijten, C. Ferrier, G. Huiskamp
- 1.078** Ictal Patterns In Mesial Temporal Lobe Epilepsy Recorded By Foramen Ovale Electrodes/N. Velez-Ruiz, S. Sheth, M. Morita, D. Costello, E. Eskandar, S. Cash, A. Cole
- 1.079** Seizures And Rhythmic Activity During Continuous Video-EEG Monitoring In Newborns Receiving Whole Body Hypothermia For Moderate To Severe Encephalopathy/T. Wechapinan, T. Chang, M. Alduligan, A. Massaro, S. Baumgart, T. Tsuchida
- 1.080** Short-term Outcome Prediction By Electroencephalographic Features In Children Treated With Therapeutic Hypothermia After Cardiac Arrest/N. Abend, S. Kessler, A. Topjian, A. Gutierrez-Colina, R. Ichord, M. Donnelly, V. Nadkarni, R. Berg, D. Dlugos, R. Clancy
- 1.081** Use Of Interictal High Frequency Oscillations As A Predictor In The Identification Of Seizure Onset Zone In Patients With Focal Epilepsy/A. Bermeo, S. Leurgans, B. Ouyang, A. Kanner
- 1.082** Time To First Epileptiform Discharge In An Epilepsy Monitoring Unit/M. Fields, L. Marcuse
- 1.083** EEG Monitoring During Intracranial Surgery For Moyamoya Disease/J. Kaleyias, M. Vendrame, T. Loddenkemper, E. Smith, C. McClain, M. Rockoff, S. Manganaro, B. McKenzie, L. Gao, M. Scott, B. Bourgeois, S. Kothare
- 1.084** Significance Of Decrement In Intracranial EEG Interpretation For Localization Of The Epileptogenic Zone In Resective Surgery/H. Kang, S. Wolf, P. McGoldrick, S. Ghatan
- 1.085** Epileptiform Activities In Continuous EEG Monitoring During Therapeutic Hypothermia/M. Kawai, U. Thapalia, A. Verma
- 1.086** Spatial And Temporal Relationship Of HFO And Interictal Spikes In Patients With Medically Refractory Non-Lesional Epilepsy/T. Mihaylova, Y. Tran, D. Barkmeier, D. Fuerst, J. Loeb, S. Mittal, A. Shah
- 1.087** Clinical Indications And Diagnostic Usefulness Of Prolonged Video Electroencephalogram (VEEG) Monitoring/N. Noor, M. Salam

- 1.088** Topography Of Sleep Morphology In Patients With Intracranial Electrodes/A. Leticia Pinto, S. Manganaro, J. Singer, J. Madsen, B. Bourgeois, T. Loddenkemper, S. Kothare
- 1.089** Asymmetry Of Scalp EMG In The Lateralization Of Focal Epilepsy/H. Saria, G. Kalamangalam
- 1.090** The Relationship Of Ictal EEG Between Depth And Subdural Electrodes In Mesial Temporal Lobe Epilepsy/Y. Yun, B. Kang, E. Lee, M. Kim, S. Lee, J. Lee, S. Hong, J. Kang
- 1.091** Day/Night And Sleep/Wake Patterns Of Pediatric Generalized Seizures/M. Zarowski, T. Loddenkemper, M. Vendrame, A. Alexopoulos, E. Wyllie, S. Kothare
- 1.092** Hand Stereotypies, Partial Motor Seizures Or Giant Evoked Potentials - A Newly Described Phenomena In Rett Syndrome/B. Ben-Zeev, A. Nissenkorn, I. Blatt
- 1.093** Detection Of Multiple, Single Unit Activity From Continuous, Long-Duration, High-Frequency Recordings In Patients With Epilepsy/M. Bower, M. Stead, F. Meyer, R. Marsh, K. Lee, G. Worrell
- 1.094** Epileptic Ripple Oscillations In Intraoperative ECoG/S. Rampp, D. Weigel, M. Buchfelder, R. Hopfengärtner, H. Stefan
- 1.095** Continuous Video-EEG Monitoring For Patients With Acute Encephalopathy In A Pediatric Intensive Care Unit (PICU)/J. Schreiber, J. Carpenter, H. Kaulas, W. Gaillard
- 1.096** Analysis Of Continuous Electroencephalography In The Intensive Care Unit For Nonconvulsive Seizure Activity - A Comparison Of Four Methods/Y. Taher, E. Fertig, A. Paige, J. Politsky, C. Lambrakis, O. Laban, J. Lee, M. Lancman
- 1.097** Ambulatory Electroencephalography (EEG) In Adults: Diagnostic Yield And Tolerability/J. Tellez-Zenteno, L. Hernandez-Ronquillo, F. Moien-Afshari
- 1.098** Convergence Of Ictal Hypoxia And Postictal Hypoventilation As A Potential Mechanism Of SUDEP/I. Yung, S. Rose, S. Hawes-Ebersole, J. Ebersole, J. Tao
- 1.099** The Role Of The Electrooculography In The Tailored Temporal Lobe Surgery Due To Mesial Temporal Sclerosis/C. Alfaro, D. Orta, M. Vanegas, M. González-Aragón, A. Mayorga, S. Cash
- 1.100** Diagnostic Utility Of Continuous EEG Monitoring Among Critically Ill Children/C. Hahn, R. Sharma, A. Ochi, H. Otsubo, J. Hutchison, B. McCoy
- 1.101** Continuous Video-EEG In The ICU/O. Khan, S. Azevedo, J. Montanye, J. Gonzalez, S. Arshad, M. Natola, S. Surgenor, R. Morse, R. Nordgren, K. Bujarski, G. Holmes, B. Jobst, V. Thadani
- Clinical Neurophysiology Computer Analysis of EEG**
- 1.102** Automatic Detection Of Intracranially Recorded High-Frequency Oscillations Using A Radial Basis Function Neural Network Gives Reliable Information About The Distribution Of HFOs Over Anatomical Regions/M. Duempelmann, K. Kerber, J. Jacobs, A. Schulze-Bonhage
- 1.103** Discrimination Between Preictal And Interictal Periods In Patients With Temporal Lobe Epilepsy Using Continuous Wavelet Transform In High-Frequency Bands/K. Gadhoumi, F. Mari, J. Gotman, J. Lina
- 1.104** Abrupt Phase Transition Of Ictal Activity Temporally/Y. Hsin, T. Harnod, M. Lo
- 1.105** Source Localization Of Epileptic Foci From EEG/Z. Nadasdy, B. Kirmani
- 1.106** Spontaneous And Visually-Driven Physiological High-Frequency Oscillations Measured On Electrooculography/T. Nagasawa, C. Juhász, R. Rothermel, K. Hoehstetter, S. Sood, E. Asano
- 1.107** A Comparison Of Automatic Detectors Of High Frequency Oscillations/R. Zelman, F. Mari, J. Jacobs, M. Zijlmans, R. Chander, J. Gotman
- 1.108** Electrooculographic Correlates Of Cognitive Control In A Stroop Task-Intracranial Recording In Epileptic Patients/E. Asano, S. Koga, R. Rothermel, C. Juhasz, T. Nagasawa, S. Sood
- 1.109** Automatic Seizure Detection In SEEG Using High-Frequency Activities In Wavelet Domain/L. Ayoubian, J. Gotman
- 1.110** Intracranial Interictal Spike Detection: Use Of A Novel Wavelet-Based Detection Scheme/F. Azhar, M. Vendrame, T. Loddenkemper, B. Dworetzky, C. Reinsberger, K. Parkerson, W. Anderson
- 1.111** EEG Source Localization In Malignant Rolandic-Sylvian Epilepsy/C. Brown, J. Riviello, Jr, S. Agadi, M. Quach
- 1.112** Variability Of Naming-Related Function As Observed With Event-Related Electrooculography/E. Brown, O. Muzik, R. Rothermel, T. Nagasawa, C. Juhasz, A. Shah, D. Fuerst, S. Mittal, S. Sood
- 1.113** Independent Component Analysis Of EEG Reveals The Cerebral Generators And Propagation Pathway Of Myoclonus/J. Chen, C. Chen
- 1.114** Phase Coupling And Network Properties Are Abnormal In Idiopathic Generalised Epilepsy Patients And Their Relatives/F. Chowdhury, T. Fitzgerald, L. Nashef, R. Elwes, M. Richardson
- 1.115** Robustness Of Nonlinear Dynamical Measures Of EEG In The Time-Frequency Domain: Application To Seizure Prediction/A. Faith, S. Sabesan, L. Iasemidis
- 1.116** Computer-Assisted Identification And Quantification Of Stereo-EEG Frequency During Ictal Events, Clinical And Physiological Correlates Of The Identified Patterns/V. Gnatkovsky, M. de Curtis, S. Francione, C. Pastori
- 1.117** Interictal EEG Dynamics In Patients With Non-Epileptic Seizures Versus Those With Temporal Lobe Epilepsy/J. Halford, D. Shiau, J. Chien, K. Kelly, R. Kern, P. Pardalos, J. Sackellares
- 1.118** Spatiotemporal Dynamics Of Stochastic Behavior Of Phase Synchronization: Localizing Epileptic Zones With Interictal EEG/M. Holmes, C. Ramon
- 1.119** Comparative Study Of Complexity And Entropy During Onset Of Partial Epileptic Seizures/C. Jouny, G. Bergey
- 1.120** Current Dipole Sources Of Anterior Temporal Spikes: Effects Of Orientation On Clinical Factors/O. Kwon, Y. Kim, S. Jung, S. Kim, H. Kang, K. Park, N. Choi, B. Lim
- 1.121** Continuous High Frequency Activity In Mesial Temporal Lobe Contacts: Possible Role As A Neurophysiological Marker Of Epileptogenicity/F. Mari, R. Zelman, L. Valenca, L. Ayoubian, F. Dubeau, J. Gotman
- 1.122** Comparison Of Electrophysiological And Electro-Cortical Mapping In Implanted Epileptic Patients/M. Mercier, K. Perrine, E. Rubens, J. Foxe, T. Schwartz
- 1.123** Automatic Detection Of Non-Convulsive Status Epilepticus/G. Minasyan, J. Chatten, R. Harner
- 1.124** Statistical Mapping Of Ictal High-Frequency Oscillations In Epileptic Spasms/H. Nariai, T. Nagasawa, C. Juhasz, S. Sood, H. Chugani, E. Asano
- 1.125** A Comparison Of Dipole Source Analysis And Visual Scalp EEG Interpretation/M. Quach, C. Akman, S. Agadi, J. Riviello
- 1.126** Feasibility Of Focused Neurostimulation Using Injected Currents From Scalp Electrodes/C. Ramon, E. Rezvanian, M. Holmes
- 1.127** Prediction Of Epileptogenesis After Status Epilepticus In A Lithium Pilocarpine Model/S. Sabesan, S. Marsh, D. Treiman
- 1.128** Predicting Epileptic Seizures Based On Surface EEG Analysis/A. Zandi, M. Javidan, G. Dumont, R. Tafreshi
- 1.129** Estimation Of Neurodynamic Modulations In The Pre-Ictal Interval: An Information Theoretic Approach/C. Stamoulis, B. Chang
- 1.130** Synchrony In Normal And Focal Epileptic Brain: The Seizure Onset Zone Is Functionally Disconnected/C. Warren, S. Hu, M. Stead, B. Brinkmann, M. Bower, G. Worrell
- 1.131** Accuracy Of Dense-Array EEG Source Estimation Of Interictal Discharge In Patients With Temporal Lobe Epilepsy/M. Yamazaki, A. Fujimoto, T. Yamamoto
- 1.132** Epileptogenicity Index In Bitemporal Epilepsy/S. Aubert, M. Leveque, J. Regis, J. Peragut, F. Wendling, P. Chauvel, F. Bartolomei
- 1.133** Identifying Epileptogenic Tubers With BESA And LORETA - A Study Of Non-Invasive Interictal EEG Source Localization/L. Chen, P. Coutin-Churchman, J. Wu

- 1.134** Dynamics Of Frequency Flow During Temporal Lobe Epileptic Seizure/P. Indic, J. Narayanan
- 1.135** Changes In Synchrony Within Neuronal Networks Measured During Electroencephalography Accompany Character Recognition: A Brain-Computer Interface Paradigm/S. Johnson, X. Liu, J. Hudson, J. Shih, D. Krusienski, G. Martz, M. Quigg
- 1.136** Propagation Of Intracranial Electroencephalographic Activity Between Neocortex And Subcortical Structures As An Indicator Of Seizure Onset/A. Korzeniewska, M. Cervenka, C. Jouny, J. Perilla, G. Bergey, N. Crone, P. Franaszczuk
- 1.137** Observation Of Emerging Ictal Network Dynamics Using Synchrony Index/G. Martz, S. Johnson, J. Hudson, M. Quigg
- 1.138** Source Localisation Based On Subdural EEG Studies Of Frontal Lobe Epilepsy/G. Ramantani, D. Altenmüller, A. Schulze-Bonhage, M. Dümpelmann
- 1.139** Effect Of Dura On Scalp EEG Simulations/E. Rezvanian, C. Ramon, M. Holmes
- 1.140** Comparison Of Dynamic Measurements Between A Cohorts Of Children With Childhood Absence Epilepsy And Children With Partial Seizures/M. Schwabe, K. Hecox
- 1.141** Effects Of Vagus Nerve Stimulation On Electroencephalography/K. Usami, K. Kawai, N. Kunii, N. Saito
- 1.142** Predicting Success Of Vagus Nerve Stimulation (VNS) From Intercal EEG/M. Van Putten, L. Melching, J. van Schoonhoven, J. Ardesch, A. de Weerd, H. van Lambalgen, C. de Vos
- 1.143** Cortical Gamma-Oscillations Modulated By Picture Naming And Word Reading In Patients With Focal Epilepsy/H. Wu, E. Brown, T. Nagasawa, R. Rothermel, C. Juhasz, S. Sood, E. Asano
- 1.144** Automatic Seizure Detection Algorithm Based On The Human Visual Interpretation Process Of Scalp EEG/B. Hunyadi, M. De Vos, S. Van Huffel, W. Van Paesschen
- 1.145** Characterizing Pre-Ictal And Inter-Ictal States With Graph Theoretical Approaches/K. Lehnertz, M. Horstmann, C. Elger
- 1.146** Characterizing Directed Interactions In Epileptic Brain Networks From Noninvasive EEG Recordings/C. Toepser, M. Martini, M. Staniek, C. Elger, K. Lehnertz

Clinical Epilepsy Classification and Syndromes

- 1.147** Classification Of Epileptic Seizures And Epilepsy Syndromes At Pediatric Long-Term Video-EEG Monitoring Unit/S. Alan, D. Yalnizoglu, G. Turanlı, K. Karlı Oguz, E. Lay Ergun, F. Soylemezoglu, N. Akalan, M. Topcu
- 1.148** Non-Idiopathic Focal Epilepsy In Children: 'Cryptogenic' Is NOT Identical To 'Probably Symptomatic'/E. Wirrell, K. Nickels

- 1.149** Neonatal Epileptic Encephalopathies And Their Evolution To Hypsarrhythmia: Etiology And Electroclinical Findings Over Time/A. Andrade, S. Arnold, R. Said
- 1.150** Ictal Neocortical Slow Activity And Impaired Consciousness In Temporal Lobe Epilepsy/D. Englot, L. Yang, H. Hamid, N. Danielson, X. Bai, A. Marfeo, L. Yu, A. Gordon, M. Purcaro, J. Motelow, R. Agarwal, D. Ellens, J. Golomb, M. Shamy, H. Zhang, C. Carlson, W. Doyle, O. Devinsky, K. Vives, D. Spencer, S. Spencer, C. Schevon, H. Zaveri, H. Blumenfeld
- 1.151** Variation Of Seizure Frequency Between Anovulatory And Ovulatory Cycles/A. Herzog, K. Fowler, M. Sperling, J. Liporace, G. Krauss, B. Dworetzky, P. Pennell, C. Harden, K. Gleason, M. Newman, Progesterone Trial Study Group
- 1.152** Aura Analysis In Patients With Temporal Lobe Epilepsy/J. Hoffmann, C. Elger, A. Kleefuss-Lie
- 1.153** Which Semiology Explains Axial Muscle Hypotonia?/J. Woo Kang, M. Go
- 1.154** Clinical Spectrum Of Epileptic Spasms In Children/Y. Jin Lee, A. Berg, D. Nordli
- 1.155** Asphyxia As A Mechanism Of Sudden Unexpected Death In Epilepsy/J. Tao, S. Qian, M. Baldwin, X. Chen, S. Sandra, S. Ebersole, J. Ebersole
- 1.156** Clinical Significance Of SCN1A Gene Mutations - Parent, Physician And Genetic Perspectives/A. Brunklaus, R. Birch, E. Reavey, J. Duncan, G. Forbes, S. Zuberi
- 1.157** A Novel Genetic Occipital Epilepsy Syndrome In Siblings Showing Clinical And EEG-fMRI Concordance/P. Carney, A. Harvey, S. Berkovic, G. Jackson, I. Scheffer
- 1.158** Amytal Versus Brevital: Differences In Wada Test Performance In Temporal Lobe Epilepsy/R. Gillen, A. Ritaccio, T. Lynch, A. Barba
- 1.159** Secondarily Generalized Clonic-Tonic-Clonic Seizure With Retained Consciousness/C. Griessenauer, S. Goli, J. Dewolfe
- 1.160** Midbrain-Hindbrain Malformations In Patients With Cortical Malformations/E. Trinko, F. Koppelstätter, I. Unterberger, J. Dobesberger, J. Larch, G. Walser, L. Zamarian, E. Haberlandt, T. Gotwald, M. Ortler, T. Czech, M. Delazer, K. Rostasy, S. Felber, G. Bauer, M. Feucht, G. Kuchukhidze
- 1.161** Prospective Analysis Of Seizure Frequency In Established Epilepsy/U. Uysal, L. Miao, N. Fountain
- 1.162** Clinical Significance Of Photosensitivity In Early Childhood Epilepsy/D. Wijesekara, R. Pressler, S. Boyd, J. Cross
- 1.163** Idiopathic Hemiconvulsion-Hemiplegia Syndrome (HH): MRI Follow-Up Findings In 6 Patients/G. Barcia, N. Boddaert, I. Desguerre, C. Barnerias, F. Brunelle, O. Dulac, R. Nabbout

- 1.164** Investigation Of Five Cases With Eating Epilepsy/U. Kokes, B. Baykan, C. Gürses, N. Bebek, A. Gokyigit
- 1.165** Benign Temporal Lobe Epilepsy: A Case Series/S. Mirsattari, M. Smith, J. Burneo, R. McLachlan
- 1.166** Reflex Seizures: Clinical And Neurophysiological Features/R. Morse, J. Filiano, S. Gaelic, D. Gardner, G. Holmes, R. Nordgren
- 1.167** Same Name - Different Story: Heterogeneity Is Typical For Rasmussens Encephalitis - An Evaluation Of 34 Cases/B. Pohlmann-Eden, M. Beckhaus
- 1.168** Clinical And Immunological Markers In Steroid Responsive Encephalopathy Associated With Autoimmune Thyroiditis/M. Smith, S. Mirsattari, D. Diosy, J. Burneo, R. McLachlan
- 1.169** Epilepsy In Dural Arteriovenous Fistulas (dAVF)/I. Takumi, S. Kominami, A. Watanabe, S. Kobayashi, H. Ura, A. Teramoto
- 1.170** Generalized-Onset Seizures With Alternating Left And Right Focal Evolution/L. Jeradeh Boursoulian, C. Fu, K. Ess, A. Lagrange, B. Abou-Khalil
- 1.171** Epilepsy In Roberts SC Phocomelia/K. Duffy, P. Maertens
- 1.172** Calcified Cysticercotic Lesions And Mesial Temporal Lobe Epilepsy With Hippocampal Sclerosis: Partners In Crime/M. Oliveira, L. Castro, M. Martin
- 1.173** Asian Woman Presenting With New Onset Refractory Status Epilepticus : Cyclophosphamide-Responsive Nmda Receptor Encephalitis Without Tumor/R. Shatzmiller, R. Apelian, J. Cho, D. Ko, D. Millett

Clinical Epilepsy Clinical Diagnosis

- 1.174** Seizures And Quasi-Ictal Patterns On Depth And Scalp EEG Monitoring After Subarachnoid Hemorrhage/J. Claassen, J. Schmidt, B. Tu, S. Ko, N. Badjatia, K. Lee, S. Mayer, E. Connolly, L. Hirsch
- 1.175** Clinical And Genetic Spectrum Of Lafora Disease In 104 Patients/B. Gonzalez Giraldez, C. Gómez-Abad, R. Guerrero, R. Sanz, C. Almaraz, A. Massot, J. Serratosa
- 1.176** This poster has been changed to Platform C.09
- 1.177** Lateralizing And Localizing Value Of Seizure Semiology/P. Kotagal, S. Elwan, A. Alexopoulos, D. Silveira
- 1.178** Spectroscopic Imaging Of MTLA At 7T/J. Pan, H. Hetherington, D. Spencer
- 1.179** Localization Of Pediatric Seizure Semiology: A Review Of 1008 Seizures/M. Vendrame, M. Zarowski, A. Alexopoulos, S. Kothare, T. Loddenkemper
- 1.180** Focal Epilepsy And AntiGAD Antibodies .Clinical And Immunological Profile/M. Falip, L. Sabater, J. Miro, S. Fernandez, M. Juncadella, M. Carreño, A. Saiz, F. Graus

- 1.181** Characteristics Of HIV-infected Patients With New Onset Seizures/
A. Malone, J. Elliott, M. Para,
B. Shneker
- 1.182** The Accuracy Of
Hyperventilation And Parental Report
In Assessing The Activity Of Absence
Seizures In Children/E. O'Mahony,
M. Libenson
- 1.183** Ictal Lip-Smacking In Temporal
Lobe Epilepsy Has A Stereotyped
Electrographic Signature/J. Parvizi
- 1.184** Parietal Lobe Epilepsy: Great
Imitator Among Focal Epilepsies/
A. Ristic, C. Wong, A. Alexopoulos,
N. So, I. Najm
- 1.185** How Helpful Are Repeat
Epilepsy Monitoring Unit Admissions
After An Initial Nondiagnostic
Evaluation?/A. Taneja, P. Gupta,
P. Van Ness
- 1.186** Measurement Of QT Intervals
During Electroencephalogram (EEG)
Testing: Are They Reliable?/
A. Venkatasubramanian, R. Iyer,
S. Quigley, C. Fox, U. Susul, D. Dlugos
- 1.187** Clinical Features Of Status
Epilepticus In Children/S. Agadi,
C. Akman, C. Marx, T. Lotze, J. Riviello
- 1.188** Socioeconomic Status And Self-
Management In Epilepsy: Comparison
Of Diverse Clinical Populations In
Houston, Texas/C. Begley, R. Shegog,
B. Iyagba, V. Chen, S. Dubinsky,
M. Newmark, N. Ojukwu, D. Friedman
- 1.189** Efficacy And Safety Of Rapid
Medication Reduction In The Epilepsy
Monitoring Unit/E. Ericson, M. Macken,
E. Gerard, J. Toguri, S. Schuele
- 1.190** The Utility Of Presurgical
Evaluation With Foramen Ovale
Electrodes/L. Kansal, E. Tecoma,
V. Iragui
- 1.191** Probability Of Developing
Epilepsy In Pediatric Arterial Ischemic
Stroke/C. Keator, T. Bernard,
N. Goldenberg, M. Manco-Johnson,
K. Knupp
- 1.192** Use Of EEG Spectral Analysis In
Predicting Development Delay In
Infants/K. Kulandaivel, G. Holmes
- 1.193** Classification Of Generalized
Tonic-Clonic Seizures Only: Focal Or
Generalized?/M. Lee, Y. Cho, W. Kim,
B. Lee, K. Heo
- 1.194** A Prospective Look At Post
Traumatic Seizures In A Pediatric
Traumatic Brain Injury Population/
J. Lerner, H. Valino, D. McArthur,
S. Yudovin, J. Matsumoto, J. Wu,
A. Madikians, M. Van Hirtum-Das,
C. Szeliga, A. Duran, C. Giza
- 1.195** Investigations Ordered In Adults
With Epilepsy In Tertiary Care/
M. Lowerison, S. Wiebe, P. Federico,
A. Hanson, N. Jette, B. Klassen,
W. Murphy, N. Pillay, S. Macrodimitris,
S. Save
- 1.196** Are Children With Temporal
Lobe Epilepsy At Increased Risk For
Obesity?/V. Micic, P. Kotagal, I. Tuxhorn
- 1.197** Do Children With Dravet
Syndrome Have A Recognizable
Face?/K. Nolan, E. Kay, C. Camfield,
P. Camfield
- 1.198** Retrospective Analysis Of
Patients With Nocturnal Epilepsy/
C. Ozkara, D. Yavuz Demiray, N. Yeni,
N. Karaagaç, M. Uzan
- 1.199** Heart Rate May Not
Differentiate Epileptic From
Psychogenic Nonepileptic Seizures/
C. Reinsberger, M. Murphy,
B. Dworetzky
- 1.200** Recent Understanding In The
Role Of Genetics In Hot-Water
Epilepsy/P. Satishchnadra,
R. Ratnapriya, S. Dilipkumar, G. Gadre,
A. Anand
- 1.201** Improvement Of Seizure
Classification By Showing A DVD
Including Different Types Of Epileptic
Seizures And Non-Epileptic Seizure-
Like Episodes To Non-Professional Eye-
Witnesses - An Update/B. Steinhoff,
L. Keller, C. Kurth
- 1.202** Correlation Of Human
Intracranial Microwave Recording With
Clinical Factors And Outcomes/
D. Treiman, E. Hickman, P. Steinmetz
- 1.203** Continuous Video-EEG
Monitoring In Pediatric Intensive Care
Units/K. Williams, R. Jarrar,
J. Buchhalter
- 1.204** The Frequency Of PLEDS As An
Ictal Pattern In Nonconvulsive Status
Epilepticus/M. Wong, N. Fountain
- 1.205** Dreaming Experience As A
Useful Diagnostic Clue For Syncopal
Episodes/V. Simona Chiesa,
P. Terranova, A. Vignoli, F. Lombardi,
M. Canevini
- 1.206** The Prevalence And Localization
Of Ictal Laughter Not Caused By
Hypothalamic Hamartomas/D. Clarke,
M. Perry, K. Richards, M. Mabe,
M. Lee
- 1.207** The Role Of Non-Invasive
Diagnostic Modalities In
Insular/Periinsular Epilepsy/S. Gibbs,
J. Soucy, Y. Boulanger, A. Bouthillier,
D. Nguyen
- 1.208** Clinical Characteristics
According To Age Of Onset In Patients
With Temporal Lobe Epilepsy: A Single
Center Experience/K. Heo, K. Cho,
Y. Cho, M. Lee, B. Lee
- 1.209** Emergency Personnel And
Psychogenic Non-Epileptic Seizures/
A. Hussain, J. Cohen, J. Choi,
E. Dinetz, N. Ballout, D. Weiner,
G. Husk
- 1.210** Reappraisal Of Epilepsy In
Patients With Down Syndrome/
H. Ikeda, T. Hiyoshi, H. Ikeda, Y. Inoue
- 1.211** Peculiar Seizures In The Infantile
Epilepsy With CDKL5 (Cyclin-
Dependent Kinase-Like 5)
Mutation/Deletion/K. Imai, S. Otani,
H. Ikeda, R. Takayama, Y. Horigome,
M. Ikegami, H. Takahashi, J. Mine,
Y. Mogami, H. Shigematsu, Y. Takahashi,
K. Shimojima, T. Yamamoto, Y. Inoue
- 1.212** Iatrogenic Seizures In Patients
With Intracranial EEG Monitoring/
J. Khoury, K. Noe, J. Drazkowski,
J. Sirven, M. Hoerth, R. Zimmerman
- 1.213** "Periictal Bed Leaving" In
Temporal Lobe Epilepsy: Incidence And
Lateralizing Value/R. Kuba, K. Musilova,
M. Brázdil, I. Tyrliková, I. Rektor
- 1.214** An Epilepsy Fellow's Perspective
On The Discrepancy Between Exposure
To A Patient Population And
Concomitant Clinical Education/
L. Lehnhoff, S. Chung
- 1.215** Elevation Of Serum Prolactin
Levels In Different Seizure
Characters/P. Mekaroonkamol,
C. Locharennkul, P. Mekaroonkamol,
W. Krongthong, J. Panjarat,
N. Wanichakorn
- 1.216** Prediction Of Generalized Tonic-
Clonic Seizures During And Within
Three Days After Inpatient Epilepsy
Monitoring/S. Miller, E. Faught
- 1.217** To Laugh Or Not To Laugh:
Dichotomy Favoring Right Temporal
Lobe Onset Of Seizure/P. Pritchard,
P. Lajeunesse, M. Wagner
- 1.218** Unilateral Abdominal Wall Clonic
Onset Seizures (AWCSs)/R. Mark
Sadler, S. Rahey, R. Brownstone
- 1.219** New Evidence Of
Heterogeneous Etiology And Outcome
Of Pres Among Patients With Solid
Organ Transplant/Z. Sha, B. Swenson,
T. Henry
- 1.220** Title-Interictal Spikes And Heart
Rate Variability/F. Thomas,
E. Martinez, B. Fisch, O. Myers
- 1.221** Clinical Findings In Hospitalized
Pediatric Patients With Status
Epilepticus/S. Uysal, V. Gooty,
M. Vendrame, A. Rotenberg,
S. Kothare, T. Loddenkemper
- 1.222** Retrospective Study In
Characterization Of Non-Epileptic
Events In Patient With Some Degree
Of Developmental Delay - Intellectual
Delay/J. Valero-Fonseca, S. Jain,
J. Paolicchi
- 1.223** EEG Characteristics In Pyridoxal
5'-Phosphate Dependent Epilepsy/
S. Winchester, A. Veerapandian,
W. Gallentine, E. Smith, K. Hyland,
S. Kansagra, M. Mikati
- 1.224** Catastrophic Epilepsies Seen In
The Neonatal Period In Japan/
H. Yamamoto, A. Okumura, M. Fukuda
- 1.225** Epileptic Loss Of
Consciousness Investigated By
Prospective Behavioral Tests/L. Yang,
L. Hyang, T. Morland, N. Danielson,
M. Desalvo, M. Purcaro, J. Anaya,
P. Manza, A. Sreenivasan, C. Men,
J. Cheng, A. Nunn, T. Mayer,
C. Francois, S. Enamandram,
M. Albrecht, A. Hutchison, E. Yap,
K. Ing, I. Shklyar, S. Balakirsky,
K. Detyniecki
- 1.226** Improving Safety Outcomes In
The Epilepsy Monitoring Unit/
M. Atkinson, K. Hari, K. Schaefer,
A. Shah
- 1.227** Head Trauma And Epilepsy In
Children/B. Ho Cha, H. Jee, M. Kim,
K. Whang
- 1.228** Focal Reflex Epilepsy Induced By
Visual Spatial Imagination/
B. Feddersen, J. Rémi, A. Ebert,
A. Danek, S. Noachtar
- 1.229** Is There A Relationship
Between Allergies/Medication
Intolerances And Nonepileptic Events?:
A Retrospective Analysis/N. Maru,
J. Halford

1.230 Prevalence Of Drug Resistant Epilepsy In Children - One Year Prospective Study In Two Polish Epilepsy Centres/

M. Mazurkiewicz-Beldzinska, B. Steinborn, A. Winczewska-Wiktor, A. Matheisel, M. Szmuda

1.231 Pseudo-Gelastatic Seizures In A Patient With Hypothalamic Hamartoma And Polymicrogyria/W. Navarre, P. Alore, S. Schuele, E. Gerard, M. Macken

1.232 Periodic Late-Onset Spasms In Focal Symptomatic Epilepsy/L. Souza, A. Hamad, T. Ferrari, A. Zaninoto, L. Caboclo, R. Centeno, H. Carrete Jr, L. Vilanova, E. Yacubian

1.233 Self-Induced Seizures By Peri-Orbital Somatosensory Stimulation: A Report Of Two Cases/R. Takayama, Y. Takahashi, M. Mogami, M. Ikegami, S. Mukaida, H. Ikeda, K. Imai, H. Shigematsu, Y. Suzuki, Y. Inoue

1.234 Wolf-Hirschhorn Syndrome Presenting With Intractable Epilepsy And Distinct Unilateral Cutaneous Finding: A Case Report/K. Velayudam, J. Paolicchi

1.235 Bicycling During Complex Partial Seizures/R. Kotloski, C. O'Donovan

1.236 Electroencephalographic Characteristics Of Sandhoff Disease (Gm2 Gangliosidosis)/E. Pestana Knight, R. Shellhaas, S. Joshi

1.237 Ictal Tremor In A Patient With Temporal Lobe Epilepsy/I. Tyrlikova, R. Kuba, P. Sykora, M. Brazdil, I. Rektor

Antiepileptic Drugs

Mechanisms of Action

1.238 Anticonvulsant Activity Of Pregabalin (Lyrica®) Requires Binding To The $\alpha_2\delta_1$ Subunit Of Voltage Sensitive Calcium Channels/J. Offord, S. Lotarski, J. Peterson, S. Galvin, B. Strenkowski, H. Hain, S. Donevan

1.239 Carbamazepine Inhibition Of Sharp Wave-Ripple Complexes Is Associated With Synapse-Specific Effects On Neurotransmission And Short-Term Plasticity/T. Simeone

1.240 Ethosuximide Treatment Inhibits Epileptogenesis And Alleviates Behavioural Co Morbidities In The GAERS Model Of Absence Epilepsy/G. Dezsi, H. Blumenfeld, M. Salzberg, T. O'Brien, N. Jones

1.241 Modulation Of Sodium Conductance By Phenytoin In Rat Hippocampal CA1 Cells Is Mediated Through Slow Inactivation Processes/C. French

1.242 CSF And Plasma Pharmacokinetics Of Eslicarbazepine Acetate In Healthy Volunteers/J. Kharidia, G. Maier, M. Versavel, D. Blum, J. Maia, P. Soares-da-Silva

1.243 Carbamazepine Resistance In Human Temporal Lobe Cortical Neurons/R. McLachlan, C. Gavrilovici, M. Poulter

1.244 Metformin Rescues Aberrant Plasticity In TSC2 Mutant Mice Via AMPK-Dependent Inhibition Of mTOR: Therapeutic Implications/W. Potter, K. O'Riordan, P. Rutecki, C. Burger, A. Roopra

1.245 Lack Of Association Between Multidrug Resistance 1 (MDR1) Gene Polymorphisms In Childhood Drug Resistant Epilepsy/S. Saygi, F. Alehan, B. Ataç, R. Erdem, I. Erol

1.246 Chronic Antagonism Of NMDA Receptors (NMDAR) With The NR2B-Selective Antagonist, Ro25-6981 Suppressed While The High-Affinity Competitive Antagonist, D-APV Exacerbated Seizure Susceptibility In A Concentration-Dependent Manner In Organotypic Hippocampal C/ A. Regnier-Golanov, Y. Dong, S. Bausch

1.247 Investigation Of Lacosamide Binding To Collapsin Response Mediator Protein-2 (CRMP-2)/C. Wolff, B. Carrington, C. Van der Perren, A. Vandriessche, M. Famelart, M. Varrin-Doyer, M. Gillard, P. Foerch, V. Rogemond, J. Honnorat, A. Lawson, K. Miller

1.248 Development Of Phenytoin Resistance In Post-Traumatic Epileptogenesis/Y. Berdichevsky, V. Dzhal, K. Staley

1.249 Atrial Fibrillation And Ventricular Tachycardia In Patients With Partial Seizures Treated With Lacosamide/T. Desso, A. DeGiorgio, C. DeGiorgio

1.250 Carbamazepine Directly Modulates Mitochondrial Function In Wild-Type And Epileptic Mice/K. Fenoglio-Simeone

1.251 Chloride Cotransporters NKCC1 And KCC2 Expression In Rat And Human Retina/B. Kosaras, R. Cleary, F. Jensen

1.252 Lacosamide Attenuates Cortical Excitability In The Rat Cortical Stimulation Model/A. Meurs, I. Buffel, R. Raedt, T. Wyckhuys, A. Van Dycke, V. De Herdt, R. El Tahry, I. Dauwe, L. Mollet, K. Vonck, P. Boon

Antiepileptic Drugs

Clinical Trials

1.253 Assessment Of Seizure Classification In Multinational, Multicenter Antiepileptic Drug Trials/B. Vogelsong, J. French, M. Brodie

1.254 Efficacy Of Ezogabine (Retigabine) As Adjunctive Therapy In Two Randomized Trials In Adults With Drug-Resistant Partial-Onset Seizures: Per-Protocol Population Analysis/D. Burdette, R. Leroy, V. Biton, S. Shaikh, S. Hall

1.255 Adjunctive Therapy With Lacosamide For Extremely Refractory Epilepsy In Children/M. Gustafson, F. Ritter

1.256 The Impact Of Standardization On The Magnitude Of Treatment Effect When Analyzing Log-Transformed Seizure Outcome/M. Johnson, S. Lu, M. Merschhemke

1.257 UCB Antiepileptic Drug Pregnancy Registry - Keppra® Data/G. Montouris, C. Harden, S. Alekar, I. Leppik

1.258 Retention Rate Of Lacosamide In Comparison To Other Newer Anticonvulsants In Patients With Epilepsy/S. Schusse, K. Kelly, S. Donlon, S. Chung

1.259 Bioequivalence Of Oral And Intravenous Carbamazepine In Adult Patients With Epilepsy/M. Walzer, V. Biton, I. Bekersky, D. Wesche, D. Tolbert, J. Cloyd

1.260 Role Of The mTOR Inhibitor Everolimus In Treating Patients With Neurological Manifestations Of Tuberous Sclerosis Complex (TSC): Rationale And Current Clinical Trials/A. Wilfong, M. Sahin, J. Bissler, D. Franz, T. Sahmoud, R. Tavorath

1.261 Evaluation Of The Response To Adjunctive Pregabalin Therapy Based On Baseline Seizure Rate In Patients With Refractory Partial-Onset Epilepsy/M. Almas, S. Giordano

1.262 Improved Seizure Severity, Health-Related Quality Of Life And Health Status Reported By Patients During Long-Term Treatment With Lacosamide/S. Borghs, M. De Backer, K. Mueller, P. Doty, J. Cramer

1.263 Long-Term Efficacy Of Lacosamide As Adjunctive Therapy In Patients With Uncontrolled POS: Results From A Phase III Open-Label Extension Trial/E. Faught, S. Chung, A. Husain, J. Isojarvi, C. McShea, P. Doty

1.264 Population Pharmacokinetics And Pharmacodynamics Of Perampanel In Patients With Refractory Partial Seizures/E. Fuseau, D. Templeton, Z. Hussein

1.265 Long-Term Safety Of Lacosamide As Adjunctive Therapy In Patients With Uncontrolled Partial-Onset Seizures: Results From A Phase III Open-Label Extension Trial/A. Husain, E. Faught, S. Chung, J. Isojarvi, C. McShea, P. Doty

1.266 Rufinamide For Refractory Epilepsy In A Pediatric And Young Adult Population/J. Joseph, R. Schultz, A. Wilfong

1.267 Adjunctive Brivaracetam In Adults With Uncontrolled Generalized Seizures: Sub-Population Analysis Of The Results Of A Randomized, Double-Blind, Placebo-Controlled Trial/P. Kwan, M. Johnson, M. Merschhemke, S. Lu

1.268 Intravenous Lacosamide In Refractory Status Epilepticus And Seizure Aggravation/J. Larch, J. Dobesberger, G. Kuchukhidze, G. Walser, I. Unterberger, E. Trinka

1.269 Bioequivalence Of A Captisol-Enabled® Fosphenytoin Sodium Injection Formulation To The Marketed Reference Listed Product Via Iv And Im Administration In Healthy Volunteers/J. Pipkin, S. Machatha, G. Mosher, Q. He

1.270 First Observations Of Rufinamide In Children With Myoclonic-Astatic Epilepsy/C. Von Stuelpnagel, G. Coppola, A. Mueller, G. Kluger

1.271 A Clinical Study Of The Effect Of ICA-105665 On Photic-Induced Paroxysmal EEG Responses/V. Biton, B. Abou-Khalil, D. Kasteleijn-Nolst Trenité, J. French, G. Krauss, G. Rigdon, E. Moore, S. Hetherington

- 1.272** Pharmacological Effects Of Ezogabine (Retigabine) On Bladder Function: Results From Patients In Phase 2/3 Studies/N. Brickel, J. Hammond, S. DeRossett
- 1.273** Side Effects And Tolerability Of IV Levetiracetam Vs. IV Phenytoin And Follow-On Oral Regimens In A Neurosurgical Patient Population: A Prospective Randomised Study/W. D'Souza, K. Fuller, M. Murphy, M. Cook
- 1.274** Perampanel Randomized Controlled Trials In Epilepsy: A Global Phase III Program/J. French, C. Elger, H. Goldberg-Stern, A. Thomson, G. Krauss, D. Squillacote, H. Yang, D. Kumar
- 1.275** The Relationship Between Mood Symptoms And Baseline Seizure Rate And Response To Pregabalin In Patients With Refractory Partial Seizures: A Post-hoc Analysis/S. Giordano, M. Almas
- 1.276** Vigabatrin In Epilepsy caused By Tuberos Sclerosis Complex: Comparison Of Infantile Spasms And Partial Epilepsy/T. Ko, M. Yum, E. Lee, M. Jeong
- 1.277** The Efficacy Of Ezogabine (Retigabine) 600-1200 mg/day Is Not Affected By Number Of Background AEDs At Baseline In Adults With Drug-Resistant Epilepsy/R. Leroy, B. Abou-Khalil, R. Porter, V. Biton, S. Shaikh, S. DeRossett, S. Hall
- 1.278** Pharmacokinetics, Safety And Tolerability Of Levetiracetam Extended-Release In Children And Adults With Epilepsy/D. Naritoku, V. Biton, P. Klein, C. Otoul, E. Rouits, J. Schiemann-Delgado, A. Stockis
- 1.279** Results Of A Double Blind, Placebo-Controlled Study Of LEV For The Emergency Treatment Of Seizures In Canine Clinical Patients/E. Patterson, B. Hardy, J. Cloyd, A. Craig, R. Hardy, J. Rarick, I. Leppik
- 1.280** A Phase II Study Evaluating The Safety, Tolerability And Efficacy Of Perampanel, A Selective AMPA Receptor Antagonist, In Patients With Refractory Partial Seizures/D. Squillacote, G. Krauss, N. Vaiciene-Magistris, D. Kumar
- 1.281** Clobazam For Treatment Of Medically Refractory Seizures/D. Stock, J. Conry
- 1.282** Levetiracetam Extended-Release Conversion To Monotherapy For The Treatment Of Patients With Partial-Onset Seizures: A Double-Blind, Randomized, Multicenter, Historical Control Study/S. Chung, H. Ceja Moreno, J. Gawlowicz, G. Avakyan, C. McShea, J. Schiemann-Delgado, S. Lu
- 1.283** Efficacy And Safety Of Clobazam In The Treatment Of Seizures Associated With Lennox-Gastaut Syndrome: Results Of A Phase III Trial/J. Conry, Y. Ng, R. Drummond, J. Stolle, S. Sagar
- 1.284** Safety Of Lacosamide Monotherapy In Migraine Prophylaxis, Fibromyalgia, And Osteoarthritis: Placebo-Controlled Evaluations/T. Daniels, S. Lu, P. Verdru, G. Rudd
- 1.285** Pharmacokinetics And Safety Of Oral And Intravenous Topiramate In Adult Volunteers/R. Kriel, A. Clark, I. Leppik, S. Marino, R. Brundage, J. Cloyd
- 1.286** First Long-Term Experience With The Orphan Drug Rufinamide In Patients With Dravet Syndrome/A. Mueller, R. Boor, G. Coppola, P. Striano, M. Dahlin, C. Stuelpnagel, H. Holthausen, G. Kluger
- 1.287** The Incidence Of Cognitive Adverse Events Related To Eslicarbazepine Acetate: An Integrated Analysis Of Three Double-Blind Studies Of Eslicarbazepine Acetate As Adjunctive Treatment For Partial-Onset Seizures/K. Pinette, M. Versavel, D. Blum, W. Spalding, K. Tripp, P. Soares-da-Silva
- 1.288** An Open-Label Extension Study To Evaluate The Safety, Tolerability, And Efficacy Of Ganaxolone As Add-On Therapy In Adults With Uncontrolled Partial Onset Seizures/J. Tsai, M. Sperling, G. Farfel
- 1.289** An Exploratory Subgroup Analysis Of The Safety And Efficacy Of Eslicarbazepine Acetate Administered Once Daily As Concomitant Treatment To Levetiracetam: An Integrated Analysis Of Two Phase III Studies/M. Versavel, K. Tripp, D. Blum, T. Nunes, P. Soares-da-Silva
- 1.290** Efficacy Of Ezogabine (Retigabine) As Adjunctive Therapy In Two Randomized Trials In Adults With Drug-Resistant Partial-Onset Seizures: Completers Population Analysis/B. Abou-Khalil, E. Hirsch, R. Leroy, S. Shaikh, S. Hall
- 1.291** Seizure-Free Patients And Seizure-Free Days With Ezogabine (Retigabine) 600-200 mg/day Compared With Placebo In Adults with Drug-Resistant Epilepsy/A. Gil-Nagel, D. Burdette, J. Hammond, K. VanLandingham, S. Shaikh
- 1.292** Successful Enrollment In A Phase III Study Evaluating The Efficacy And Safety Of Perampanel, A Selective AMPA Receptor Antagonist, As Adjunctive Therapy In Patients With Refractory Partial-Onset Seizures/G. Krauss, J. Serratosa, V. Villanueva, M. Endziene, Z. Hong, J. French, H. Yang, D. Squillacote, J. Zhu
- 1.293** Tolerability Of Ezogabine (Retigabine) As Adjunctive Therapy In Adults With Drug-Resistant Partial-Onset Seizures During Titration And Maintenance Phases/R. Porter, A. Gil-Nagel, D. Burdette, J. Hammond, S. DeRossett
- 1.294** Retinal Structure And Function In Adult Patients With Refractory Complex Partial Seizures Treated With Sabril® (Vigabatrin): An Open-Label, Phase IV Study/R. Sergott, E. Faught, S. Torri, D. Wesche
- Antiepileptic Drugs Cohort Studies**
- 1.295** Idiopathic Generalized Epilepsy And Choice Of Antiepileptic Drugs/H. Ali Taha, F. Al Hammadi, O. Al Neami, T. Al Saadi
- 1.296** Risk Of Retinal Toxicity Or Visual Field Impairment For Pediatric Patients Treated With Vigabatrin/E. Lynch, H. Greiner, D. Franz, D. Krueger
- 1.297** Maladaptive Behavior In Children Born To Women With Epilepsy/G. Baker, R. Bromley, G. Mawer, J. Clayton Smith
- 1.298** The Time To Stop (TTS) Study: Antiepileptic Drug Withdrawal After Epilepsy Surgery In Children/K. Boshuisen, C. Uiterwaal, O. van Nieuwenhuizen, K. Braun
- 1.299** A Comprehensive Review Of The Language Abilities Of Children Exposed To Valproate Or Carbamazepine In Utero/R. Bromley, N. Baxter, R. Calderbank, G. Mawer, J. Clayton-Smith, G. Baker
- 1.300** Vigabatrin For Treatment Of Partial-Onset Childhood Epilepsies/H. Greiner, E. Lynch, D. Franz, D. Krueger
- 1.301** Differential Dosing Of Antiepileptic Medications: Higher Dosage In The Evening For Nocturnal Seizures/L. Guilhoto, T. Loddenkemper, M. Vendrame, A. Bergin, B. Bourgeois, S. Kothare
- 1.302** Case Series Of Patients In Refractory Status Epilepticus Treated With Intravenous Lacosamide/N. Minh Le, S. Hantus
- 1.303** Treatment Of Infantile Spasms With Vigabatrin In An Academic Medical Center/J. Miller-Horn, A. Mittal, M. Andriola
- 1.304** Safety And efficacy Of Thiopental For Refractory Status Epilepticus In Children/E. Payne, B. McCoy, J. Hutchison, C. Hahn
- 1.305** Characteristics Of Users Of The Epilepsy Community Of PatientsLikeMe.com And Comparison With A Representative Claims Database/C. de la Loge, D. Keininger, J. Isojärvi, M. Massagli, P. Wicks
- 1.306** Lacosamide In Canada: A Pre-Marketing, Observational Study/J.C. Martin del Campo, J. Burneo, N. Pillay
- 1.307** The Safety And Efficacy Of Vigabatrin For Pediatric And Adult Epilepsy In Community-Based Neurological Practice/E. Fertig, S. Thompson, H. Husaini, S. Devi, G. Ghacibeh, M. Zaatreh, R. Kulikova, M. Lancman, D. McBrien
- 1.308** Conversion From Enzyme-Inducing Antiepileptic Drugs To Topiramate Or Other Non-Inducers: Effects On C-Reactive Protein, Homocysteine, And B-Vitamins/S. Mintzer, C. Skidmore, S. Rankin, I. Chervovena, E. Pequino, M. Sperling
- 1.309** Rufinamide Efficacy In The Everyday Clinical Practise/A. Molins, M. Falip, M. Toledo, M. Codina, J. Becerra, G. Pico, J. Burcet, M. Raspall, E. Miravet, A. Cano, P. Fossas, J. Miro, S. Fernandez

1.310 Efficacy And Tolerability Of High Oral Doses Of Levetiracetam In Children With Epilepsy/M. Obeid, A. Pong

1.311 Early Experience With Lacosamide: Real Practice Versus Trial Results. How Do They Compare?/ P. Penovich, J. Hanna, D. Dickens

1.312 A First Look At The Language And Developmental Abilities Of Children Aged Three To Four Years Exposed In Utero To Levetiracetam. On Behalf Of The Liverpool And Manchester Neurodevelopment Group And The UK Epilepsy And Pregnancy Register/ R. Shallicross, R. Bromley, B. Irwin, J. Morrow, G. Baker

1.313 Rufinamide Could A Second Line For The Adjunctive Treatment Of Partial Seizures In Adults?/R. Chifari, M. Lodi, M. Viri, C. Bonavent, A. Romeo

1.314 Treatment Of Intractable Epilepsy With Rufinamide In An Academic Medical Center/M. Kaku, B. Locicero-Casazza, M. Andriola, J. Miller-Horn

1.315 Preliminary Outcomes With Adjunctive Lacosamide In Patients With Uncontrolled Partial-Onset Seizures/K. Kelly, M. Brodie, L. Stephen, P. Parker

1.316 Efficacy Of Vigabatrin In Controlling Clinical Seizures For Patients With Infantile Spasms: Clinical Experience From The Children's Hospital Of Michigan/K. Khodabakhsh, H. Chugani

1.317 Lacosamide In Refractory Pediatric Epilepsy/R. Rastogi, Y. Ng

AEDs/Other

1.317A Neuroprotective Effect In Rat Hippocampus Of Cyclooxygenase-2 Inhibitor And Diazepam After Pilocarpine-Induced Status Epilepticus/C. Trandafir, W. Pouliot, F. Dudek

Neuropsychology/Language/Behavior Adult

1.318 Individual Verbal Memory Outcome 2 And 10 Years After Tlr: A Longitudinal Controlled Study/ K. Malmgren, L. Andersson-Roswall, E. Engman, H. Samuelsson

1.319 Neuropsychological Testing Of Hispanic Seizure Patients With Comprehensive Testing Developed And Normed On Hispanic Samples/ G. Lancman, L. Myers, G. Vazquez, K. Perrine

1.320 WADA Risk Classification For Memory Loss Reliably Predicts Postoperative Verbal Memory Decline In Left Temporal Lobectomy Patients/ G. Lee, Y. Park, K. Viner, A. Murro, S. Miranda, S. Strickland, J. Smith, C. Giller

1.321 Individual Differences In TPM-Induced Cognitive Performance As A Function Of TPM Plasma Levels/ S. Marino, S. Pakhomov, C. Hawkins-Taylor, I. Leppik, A. Birnbaum

1.322 Studying Correlations Between White Matter And Neuropsychological Profile In Temporal Lobe Epilepsy Using Diffusion Tensor Imaging/R. Alexander, M. Liu, L. Concha, T. Snyder, C. Beaulieu, D. Gross

1.323 Learning Words And Remembering Designs: Understanding Left And Right Medial Temporal Lobe Function In Epilepsy/S. Banks, V. Sziklas, J. Bellerose, D. Ladowski, M. Jones-Gotman

1.324 Physiological Response To Emotional Faces In Patients With Temporal Lobe Epilepsy/J. Bellerose, S. Banks, M. Jones-Gotman

1.325 Non-Verbal Communication In Patients With Epilepsy/K. Bujarski, K. Richardson, V. Thadani, K. Gilbert, R. Scott, B. Jobst

1.326 Cortisol Is Not Related To Depressive Symptoms Or Mesial Temporal Integrity In Patients With Medically Intractable Temporal Lobe Epilepsy/R. Busch, T. Frazier, J. Chapin, A. Hamrahian, B. Diehl, A. Alexopoulos, K. Unnwongse, R. Naugle, C. Kubu, G. Tesar, I. Najm

1.327 A Comprehensive fMRI Language Battery Discloses Extensive Inter- And Intra-hemispheric Language Reorganization In Epilepsy With Left Mesial Temporal Sclerosis/L. Castro, J. Almeida, B. Castro, P. Arantes, M. Otaduy, C. Jorge, R. Valerio, E. Amaro, Jr

1.328 Modification And Improvement Of An Existing Group Treatment For Psychological Non-Epileptic Seizures/ M. Fiorito Grafman, L. Myers, C. Zaroff, C. Haward, M. Lancman

1.329 CogScreen In Temporal Lobe Epilepsy Patients Versus Controls/ C. Harden, H. Frost, M. Lowe, E. Serrano, A. Grossman, A. Escandon, K. Perrine

1.330 Psychogenic Nonepileptic Seizure And Psychogenic Movement Disorder Patients: Are They The Same?/J. Hopp, M. Price, K. Anderson, A. Gruber-Baldini, J. Zhu, A. Krumholz, L. Shulman

1.331 Comparison Of The Assessment Of Effort In Patients With Psychological Non Epileptic Seizures And Refractory Partial Epilepsy Using The Test Of Memory Malinger/ J. Kanter, L. Myers, K. Perrine, J. Politsky, M. Lancman

1.332 Interictal Discharges During Encoding And Effects On Recognition/B. Leeman, S. Schachter, E. Macklin, S. Sheth, S. Cash, A. Cole, E. Eskandar, K. Meador

1.333 Neuropsychological Outcome Following Selective Amygdalo-Hippocampectomy/R. Malak, L. Partlo, H. Dhaliwal, T. Fay, E. Sherman, T. Myles, S. Wiebe, N. Pillay, W. Hader

1.334 A New Perspective In The Assessment Of The Psychological Composition Of Patients With Psychological Non-Epileptic Seizure Disorder/L. Myers, M. Lancman, J. Kanter, C. Zaroff

1.335 Anterograde Memory In Humans Is Related To Dentate Gyrus Granule Cells But Not To CA1 Neurons/E. Pauli, H. Stefan, I. Bluemcke

1.336 Impairment Of Prosody During Epileptic Seizures Characterized By Automatism With Preserved Responsiveness/J. Remi, A. Peters, C. Bilgin, J. Gonzalez-Victores, J. Silva Cunha, S. Noachter

1.337 Mesial Temporal Activation On Magnetic Source Imaging: Relationship To Cognitive Test Performance/G. Risse, R. Doss, A. Hempel, W. Zhang

1.338 Test Your Memory: A Self Administered Cognitive Test Identifies People With Jme With Wide-Ranging Cognitive Difficulties/R. Thomas, M. Rees, R. Wood, P. Smith

1.339 Postoperative Verbal Memory In Left Anterior Temporal Lobectomy Patients With Bilateral And Right Hemisphere Language Representation On The Intracarotid Amobarbital Procedure/S. Thrasher, F. Winstanley, J. Aurora, R. Constable, D. Spencer

1.340 Juvenile Myoclonic Epilepsy: Two Distinct Phenotypes Considering Neuropsychological Aspects, Personality Traits And Clinical Variables/K. Valente, D. Fuentes, L. Fiore, S. Moschetta

1.341 Decision-Making In Mesial Temporal Lobe Epilepsy Examined With The Iowa Gambling Task/N. Akamatsu, M. Yamano, S. Tsuji, M. Kobayakawa, M. Kawamura

1.342 Are Some Objects In Wada Testing Easier To Remember Than Others?/M. Doherty, A. Grieff, K. Kovach, A. Haltiner

1.343 The Importance Of Studying Social Adjustment In Patients With Temporal Lobe Epilepsy: Subjective Perception May Not Reflect The Real Social Impact Of Epilepsy/J. Gois, K. Valente, S. Vicentis, S. Moschetta, L. Fiore, D. Fuentes

1.344 Neuroeconomic Decision-Making In Patients With Mesial Temporal Lobe Epilepsy Before And After Surgery/ T. Hama, H. Matsui, H. Takahashi, T. Maehara, S. Watanabe, K. Hara, M. Matsuura

1.345 Neuroanatomical Correlates Of Linguistic Processes That Comprise Naming: Implications For Naming Difficulty In Left TLE/M. Hamberger, W. Seidel, C. Morrison, C. Carlson, A. Williams, A. Mehta, G. Klein, M. Miozzo

1.346 Induction Of Psychogenic Non-Epileptic Events: Success Rates Vary With Ictal Semiology And Neuropsychological Profile/S. Izadyar, D. Chen, R. Collins, J. Benge, A. LeMaire, R. Hrachovy

1.347 Correlation Between Psychological Non Epileptic Seizure Severity And Self-Reported State/Trait Anger And Anger Expression/ M. Lancman, O. Laban, E. Fertig, Y. Taher, J. Lee, K. Perrine, L. Myers

1.348 A Comparison Of Self-Reported Quality Of Life In Medically Refractory Partial Epilepsy Patients And Psychological Non Epileptic Patients/ B. Matzner, L. Myers, J. Kanter, O. Laban, M. Lancman

1.349 Psychosocial Functioning In Early- And Late-Onset Intractable Complex Partial Seizures/M. Phatak, V. Rekow, N. Chaytor, J. Miller

1.350 Memory Performances Of Right And Left Temporal Lobe Epilepsy Patients On The WMS-IV, RAVLT, And ROCF/E. Rinehardt, M. Mattingly, S. Benbadis, A. Bozorg, A. Frontera, N. Rodgers-Neame, F. Vale, M. Schoenberg

1.351 Predictors Of Decline In Verbal Fluency After Frontal Lobe Epilepsy Surgery/R. Arkis, D. Floden, R. Busch, J. Chapin, C. Kalman, L. Jehi, I. Najm

1.352 Nonepileptic Seizures, Epileptic Seizures, And Intrasubtest Scatter/ R. Trobliger, L. Myers, M. Lancman

1.353 Perceived Memory Impairment Before Surgery In Temporal Lobe Epilepsy/S. Hayman-Abello, P. Derry, B. Hayman-Abello, S. Brown, R. McLachlan

1.354 Epilepsy And Creativity, Insights From The Creative Life And Work Of Canadian Playwright Judith Thompson/T. Lena, R. Wennberg

1.355 Inadequate Utility Of A Clinical Method For Predicting The Ultimate Side Of Surgery In Patients With Temporal Lobe Epilepsy Using The Boston Naming Test/M. Lutz, T. Mayer

1.356 Pre-Surgical Wechsler Adult Intelligence Scale - 4th Ed. Functioning Among Selected Right And Left Temporal Lobe Epilepsy Patients/ M. Schoenberg, E. Rinehardt, A. Bozorg, A. Frontera, N. Rodgers-Neame, M. Mattingly, F. Vale, S. Benbadis

1.357 Vagal Nerve Stimulator: Cognitive And Mood Aspects/ A. Piazzini, K. Turner, V. Chiesa, E. Gardella, E. Zambrelli, F. La Briola, A. Vignoli, M. Canevini

Neuropsychology/Language/Behavior Pediatrics

1.358 Age-Related Vulnerability To Risks For Neuropsychological Decline Following Seizure Onset In School-Age Children/P. Fastenau, C. Johnson, A. Byars, S. Perkins, D. Dunn, T. deGrauw, J. Austin

1.359 The Effect Of Developmental And Acquired Brain Lesions On Hemisphere Language Dominance In Children/I. Lax, O. Bar-Yosef, D. Morris, W. Logan, E. Donner

1.360 Motivational Effects On Executive Function In Pediatric Epilepsy: An Fmri And Dti Study/M. Asato, C. Geier, A. Padmanabhan, R. Terwilliger, N. Nawarawong, W. Gaillard, B. Hermann, K. Ellsworth, B. Luna

1.361 Clinical Characteristics Of Psychogenic Non-epileptic Seizures (PNES) In Children/J. Doss, F. Ritter

1.362 Systematic Review And Case Series Of Neuropsychological Outcomes After Epilepsy Surgery In Children With Dysembryoplastic Neuroepithelial Tumours (DNET)/T. Fay, W. Hader, I. Mohamed, E. Sherman

1.363 Subjective Versus Objective Memory In Pediatric Epilepsy: Caregivers' Memory Ratings Reflect Objective Memory Performance Better Than Self-Ratings/L. Ferguson, R. Busch, T. Lineweaver, P. Klaas, J. Haut

1.364 Are Comorbidities In Pediatric Epilepsy Familial?/S. Gurbani, P. Siddarth, J. Levitt, E. Lanphier, R. Caplan

1.365 Peer Acceptance And Friendships In Children With Epilepsy/ L. Hamiwka, L. Bair, K. Vannatta, L. Herren, R. Caplan, K. Yeates

1.366 Gender Differences On Memory Performance In Children With Left TLE/P. Klaas, I. Tuxhorn, R. Busch, J. Haut, S. Bowen

1.367 Retention Score As A Metric Of Mesial Temporal Dysfunction In Pediatric Epilepsy/B. Korman, M. Duchowny, P. Dean, P. Jayakar, T. Resnick, G. Rey

1.368 Is The WISC-IV Useful For Detecting Cognitive Impairment In Children With Epilepsy?/W. MacAllister, B. Brooks, E. Sherman

1.369 Use Of Special Education Services In Childhood-Onset Epilepsy: A Case-Sibling-Controlled Analysis/ C. Roman, E. Benn, D. Hesdorffer, A. Berg

1.370 Clinical Normative Data For Intelligence Testing In Children And Adolescents With Epilepsy/B. Brooks, W. MacAllister, E. Sherman

1.371 Maternal Anxiety About Epilepsy: Association With Emotional, Behavioral And Social Disturbances/ L. Chapieski, C. Akman, K. Evankovich, R. Schultz, A. Wilfong, A. Malphrus, J. Rivello

1.372 Prolonged Febrile Seizures And Memory Development/M. Martinos, M. Yoong, R. Scott, M. de-Haan

1.373 Neurodevelopmental Outcome Following Epilepsy In Infancy/H. O'Reilly, K. Verhaert, C. Eltze, R. Scott, J. Cross, M. de Haan

1.374 Language Performance And Working Memory In Children With Rolandic Epilepsy/G. Overvliet, S. Klinkenberg, J. van Leeuwen, J. Nicolai, J. Vles, A. Aldenkamp, J. Hendriksen

1.375 Response To High Dose Diazepam Challenge Test In Electrical Status Epilepticus Of Sleep (ESES) In Children/R. Ramachandran Nair, G. Ronen

1.376 The Effects Of Epilepsy Surgery In Children On Everyday Memory Function/M. Lou Smith, C. Oitment

1.377 Anxiety And Depression Symptoms In Childhood Absence Epilepsy/C. Vega, J. Guo, B. Killory, M. Vestal, R. Berman, M. Chung, M. Spann, H. Blumenfeld

1.378 Social Behavior In Children With Epilepsy: What Do Their Teachers Think?/L. Bair, L. Hamiwka, K. Vannatta, L. Herren, R. Caplan, K. Yeates

1.379 Psychological Profile Of Epileptic Children And Adolescents/S. EOM, S. Eun, H. Kang, H. Chung, S. Nam, B. Eun, S. Kwon, S. Kim, J. Lee, H. Kim

1.380 Memory Impairment Of Children With Temporal Lobe Epilepsy Is At Least Partially Explained By The Executive Dysfunction/P. Rzezak, C. Guimarães, D. Fuentes, M. Guerreiro, K. Valente

Neuropsychology/Language/Behavior All Ages

1.381 Semantic Knowledge Loss In Patients With Adult Onset Complex Partial Seizures After Left Anterior Temporal Lobe Resection/M. Dulay, A. Verma, R. Grossman

1.382 Seizure Recognition During Inpatient Video/EEG Monitoring/ K. Detyniecki, L. Yang, S. Enamandram, H. Lee, P. Farooque, H. Hamid, C. Vega, R. Duckrow, H. Blumenfeld

1.383 Social And Psychological Outcome Of Epilepsy In Well-Functioning Children And Adolescents 10 Years After Diagnosis/ O. Eeg-Olofsson, P. Jonsson

1.384 Linguistic Performance And Integrity Of The Arcuate Fasciculus In Non-Lesional Epilepsy/ M. Gonzalez-Nosti, Z. Li, E. Castillo, J. Breier, J. Slater, A. Papanicolaou

1.385 Early Life Seizures Lead To Compensatory Increases In Prefrontal Cortex Theta Power To Maintain Cognitive Performance In Adulthood/ J. Kleen, E. Wu, R. Scott, G. Holmes, P. Lenck-Santini

1.386 Right-Sided Receptive Language Dominance In Medically Refractory Resective Epilepsy Surgery Candidates: An Meg Study With Multiple Language Tasks/D. Eliashiv, N. Gage, S. Otis, L. Kurelowech, P. Quint, J. Chung

1.387 Cognitive And Affective Functions In Add-On Therapy With Lacosamide/W. Graf, K. Kurzbuch, F. Kerling, E. Pauli, H. Stefan

1.388 Factors Underlying Discordant Right Hemispheric Language Classification On WADA-Confirmed Left Dominant Patients/A. Hempel, G. Risse

1.389 Reliability Of The Intracarotid Amobarbital Procedure (IAP)/ C. Morrison, L. Whitman, C. Carlson, T. Becske, W. Barr

1.390 Out-Of-Body Experience During Extra-Operative Cortical Stimulation Of Right Precuneus: A Novel Observation/ A. Moosa Naduvil Valappil, J. Bulacio, D. Nair, I. Najm

1.391 Does Consciousness Occur In "Frames"? Evidence From Intracranial EEG Recordings/S. Pickett, B. Brennan, G. Bold, M. Holmes



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The **American Epilepsy Society** serves as a resource for its membership and the epilepsy community by providing access to data on the latest breakthroughs, technologies and methodologies in epilepsy research.

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SUNDAY December 5, 2010

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8:45 a.m. – 5:15 p.m.

Annual Course: Inflammatory Issues and Infectious Causes of Epilepsy (6.0 CME Credits)

Convention Center – Lila Cockrell Theatre

This session will highlight the following Benchmark goals:

I. Prevent epilepsy and its progression.

- A. Identify as yet unrecognized causes of epilepsy (e.g., genetic, autoimmune and infectious).
- B. Identify underlying mechanisms of epileptogenesis.
 1. Identify at least one susceptibility gene or other risk factor (e.g., viral, trauma, autoimmune) and identify how it predisposes to changes in network excitability.
 3. Identify at least one specific role for non-neural mechanisms (e.g., glia, immune cells, angiogenesis) in epileptogenesis.

Benchmarks Steward: William H. Theodore, M.D.
For more information, see p 53.

Overview

The 2010 course is devoted to a comprehensive review of the inflammatory and infectious causes of epilepsy. The course will focus on epilepsy as a manifestation of specific inflammatory or infectious conditions, the pathophysiology of these conditions, the treatment of these conditions, and the treatment of epilepsy. Autoimmune diseases, though uncommon, are being increasingly recognized as a cause of seizures. In contrast, infections are common causes of epilepsy, particularly in lesser developed and tropical countries. The course faculty includes international experts in the field who will review the latest pertinent information. Educational formats include didactic lectures, debate format, panel discussions, and case presentations.

Learning Objectives

- ▶ Consider autoimmune causes of epilepsy when evaluating patients
- ▶ Undertake appropriate testing to define infectious causes of epilepsy in appropriate patients
- ▶ Use knowledge of pathophysiology and prognosis in developing a treatment plan for Rasmussen encephalitis
- ▶ Undertake evaluation to diagnose neurocysticercosis in patients with risk factors and, when diagnosed, undertake treatment based on current understanding of the pathophysiology of the disorder
- ▶ Identify patients at risk plan for both viral and tropical diseases causing epilepsy
- ▶ Use most current understanding regarding prognosis and potential long term consequences of febrile seizures in managing patients with febrile seizures
- ▶ Develop a treatment algorithm for status epilepticus.

Target Audience

Intermediate, Advanced (see page 101 for details)

Program

Chair: Michael R. Sperling, M.D.
Vice-Chair: Joseph Sirven, M.D.

- 8:45 a.m. Introduction Overview
Michael R. Sperling, M.D.
- 8:55 a.m. Lecture: Epilepsy and Inflammation in the Brain: Overview and Pathophysiology
Annamaria Vezzani, Ph.D.

- 9:20 a.m. Lecture: Autoimmune Epilepsy
Sean Pittock, M.D.
- 9:50 a.m. Case Presentation: Patient With Adult-Onset Seizures
Enrique Serrano, M.D.
- 9:55 a.m. Panel Discussion: Screening and Treating Patients with Autoantibodies
Michael Sperling, M.D., Christian Bien, M.D., Sean Pittock, M.D.
- 10:10 a.m. Break
- 10:25 a.m. Case Presentation: Rasmussen's Encephalitis
Sudha Kessler, M.D.
- 10:30 a.m. Debate: Rasmussen's Encephalitis and the Timing of Surgery
Adam Hartman, M.D., J. Helen Cross, M.D., Ph.D.
- 11:05 a.m. Lecture: Epilepsy Associated With Systemic Autoimmune Diseases
Orrin Devinsky, M.D.
- 11:30 a.m. Case Presentation: Patient with Encephalopathy and Seizures After Vaccination
Derek Chong, M.D.
- 11:35 a.m. Lecture: Vaccines and Seizures
Samuel F. Berkovic, M.D.
- Noon – 2:00 p.m. Lunch Break
- 2:00 p.m. Lecture: Febrile Seizures: The Role of Inflammation in Febrile Seizures and Its Relation to Epilepsy
Tallie Z. Baram, M.D., Ph.D.
- 2:25 p.m. Panel Discussion: Controversies in Febrile Seizures
Tallie Z. Baram, M.D., Ph.D., Shlomo Shinnar, M.D., Ph.D., William D. Gaillard, M.D.
- 2:40 p.m. Lecture: Neurocysticercosis
Jorge G. Burneo, M.D., MSPH
- 3:05 p.m. Case Presentation: Patient With Neurocysticercosis
Katie Noe, M.D.
- 3:10 p.m. Panel Discussion: Controversies in Management of Neurocysticercosis
Joseph I. Sirven, M.D., Theodore Nash, M.D., Jorge G. Burneo, M.D., MSPH, Jose Cavazos, M.D., Ph.D.
- 3:30 p.m. Break
- 3:45 p.m. Lecture: Epilepsy Caused by Tropical Diseases
Theodore Nash, M.D.
- 4:15 p.m. Lecture: Epilepsy and Viral Infections
William H. Theodore, M.D.
- 4:40 p.m. Panel Discussion: Management of Status Epilepticus in the Setting of Encephalitis
Michael R. Sperling, M.D., Daniel H. Lowenstein, M.D., Elizabeth J. Waterhouse, M.D., Matthew Walker, M.D.
- 5:05 p.m. Conclusion
Michael Sperling, M.D.
- 5:15 p.m. End of Course

SUNDAY

Credit Designation

The American Epilepsy Society designates this education activity for a maximum of 6.0 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacy Credit

ACPE Universal Activity Number (UAN) is 031-999-10-024-L01-P and provides 6 contact hours (.6 CEUs)

Acknowledgment

This program is supported in part by an educational grant from UCB, Inc.

8:45 a.m. – 5:45 p.m.

➤ Investigators' Workshops

Marriott Rivercenter – Room names under each session
Please complete program survey – see page 14

Overview

These workshops, conducted informally and designed to encourage interaction, will address several important areas of rapidly emerging knowledge in clinical and basic research in epilepsy. The workshops are intended to identify challenges in current research, propose methods to overcome those challenges, and encourage areas for future investigation.

The four Clinical Investigators' Workshops provide a series of working seminars in matters of active clinical investigation and controversy. In addition, these Workshops cover basic research approaches germane to each clinical topic in addition to relevant and recent human studies. Speakers present results from their ongoing research and place their findings in the context of current understanding. Accordingly, one of these Workshops has been selected in a translational category for a longer presentation of two hours in order to accommodate a particularly broad scope from basic to clinical research.

The 11 Basic Science Workshops will highlight a number of research areas, which have been developing rapidly over the last year. The Basic Science Workshops are scheduled on three days of the Meeting. For the first time this year one of the Workshops has been set aside to highlight a topic from this summer's Gordon Research Conference.

Most of the Workshops will run as concurrent sessions on Sunday, while two concurrent Workshops including the longer translational Workshop are scheduled for Saturday evening and one single Workshop on Monday afternoon. Again this year we will feature the Epilepsy Research Recognition Award recipients in a keynote address session following the Poster Session on Sunday afternoon.

Target Audience

Basic scientists, neurologists, neuroscientists, pharmacologists, neuropsychologists and neurosurgeons who are performing research in epilepsy

Program

Investigators' Workshops Chair: Nicholas P. Poolos, M.D., Ph.D.
Clinical Investigators' Workshop Chair: Matthias J. Koepp, M.D., Ph.D.

Morning Session I – 8:45 a.m. - 10:15 a.m.

- 1. Epigenetic Mechanisms of Epileptogenesis**
Marriott Rivercenter – Grand Ballroom, Salon G/M
Moderator: Christophe Bernard, Ph.D.
Speakers: Raymond J. Dingledine, Ph.D., Avtar S. Roopra, Ph.D., Tallie Z. Baram, M.D., Ph.D.
- 2. The Endocannabinoid System and Temporal Lobe Epilepsy**
Marriott Rivercenter – Grand Ballroom, Salon H/K
Moderator: Astrid Nehlig, Ph.D.
Speakers: Robert J. DeLorenzo, M.D., Ph.D., M.P.H., Karolien Goffin, M.D., Ph.D., Zsafia Magloczky, Ph.D.

- 3. Mapping Brain Networks in Epilepsy: Insights From Novel EEG, fMRI and Morphometric MRI Methods**
Marriott Rivercenter – Grand Ballroom, Salon I/J
Moderators: Andrea Bernasconi, M.D., William D. Gaillard, M.D.
Speakers: Neda Bernasconi, M.D., Ph.D., Maxime Guye, M.D., Ph.D., Madison Berl, Ph.D.

Break: 10:15 a.m. - 10:30 a.m.

Morning Session II – 10:30 a.m. - Noon

- 4. The Emerging Role of the Axon Initial Segment in Epileptogenesis**
Marriott Rivercenter – Grand Ballroom, Salon G/M
Moderator: Verena C. Wimmer, Ph.D.
Speakers: Edward C. Cooper, M.D., Ph.D., Matthew N. Rasband, Ph.D., Verena C. Wimmer, Ph.D.
- 5. Neurobiological Mechanisms in Genetic Focal Epilepsies: The Case of LGI1**
Marriott Rivercenter – Grand Ballroom, Salon H/K
Moderator: Ruth Ottman, Ph.D.
Speakers: Ruth Ottman, Ph.D., John K. Cowell, Ph.D., D.Sc., Matthew P. Anderson, M.D., Ph.D.
- 6. Insights from Neuroimaging on Brain Development in Children with "Epilepsy Only"**
Marriott Rivercenter – Grand Ballroom, Salon I/J
Moderators: Rochelle Caplan, M.D., Bruce P. Hermann, Ph.D.
Speakers: Bruce P. Hermann, Ph.D., Rochelle Caplan, M.D., Hal Blumenfeld, M.D., Ph.D.

Noon - 1:30 p.m. Poster Session (Boxed Lunch)

Marriott Rivercenter – Grand Ballroom, Salon F
Note: Number below refers to poster assignment

- 1.002** The Role of Astrocytes in the Epileptogenicity of Cortical Microgyri, *C. Dulla, H. Tani, J. Brill, R. Reimer, J. Huguenard*
- 1.010** Altered GABA Signaling in the Acute Hippocampal Slice Model of Brain Trauma, *V. Dzhala, M. Mail, K. Staley*
- 1.014** mTOR Inhibition Has Potential Antiepileptogenic Effects in a Controlled Cortical Impact Model of Traumatic Brain Injury, *D. Guo, L. Zeng, D. Brody, Michael Wong*
- 1.018** Kainate-induced Status Epilepticus Alters BDNF Gene Expression in Area CA1 and Memory Formation Using Epigenetic Mechanisms, *F. Lubin, R. Parrish*
- 1.029** Regional Differences in Arc/Arg 3.1 Protein Expression in the Immature Brain Induced by Seizures, *C. Gomez, B. Kosaras, P. Klein, F. Jensen*
- 1.031** Rapid Loss of Dendritic HCN Channel Expression Following Status Epilepticus, *S. Jung, L. Warner, J. Pitsch, A. Becker, N. Poolos*
- 1.039** Focal Status Epilepticus in the Somatosensory Cortex Enhances Intrinsic Excitability and Synaptic Excitation in the Reticular Thalamic Nucleus, *J. Paz, W. McDonald, D. Prince, J. Huguenard*
- 1.045** A Putative Cellular Mechanism for Childhood Absence Epilepsy in Patients with Cav3.2 Gain-of-Function Mutations, *L. Xu, Z. Jin, S. Smith, M. Anderson*
- 1.060** Permanently Impaired Mitochondrial Redox Status and Oxidative/Nitrosative Stress During Epileptogenesis, *S. Waldbaum, K. Ryan, L. Liang, M. Patel*
- 1.317A** Neuroprotective Effect in Rat Hippocampus of Cyclooxygenase-2 Inhibitor and Diazepam after Pilocarpine-induced Status Epilepticus, *C. Trandafir, W. Pouliot, F. Dudek*
- 1.360** Motivational Effects on Executive Function in Pediatric Epilepsy: An fMRI and DTI Study, *M. Asato, C. Geier, A. Padmanabhan, R. Terwilliger, N. Nawarawong, W. Gaillard, B. Hermann, K. Ellsworth, B. Luna*

3.006 Long-Lasting Alterations in NKCC1 and KCC2 Expression Induced by Evoked and Spontaneous Seizures in Kindled Epileptic Rats, *T. Sutula, K. Gielissen, S. Osting, D. Sun*

3.018 Minocycline Ameliorates Cerebral Lesions but Not Decreases Spontaneous Recurrent Seizures After Pilocarpine-induced Status Epilepticus, *M. Foresti, G. Arisi, L. Shapiro*

3.021 Humanized Mouse Models of Epilepsy, *J. Kearney*

3.164A Increased Crossing of Cortico-striatal Connections Following Resective Epilepsy Surgery in Children: A Probabilistic DTI Tractographic Study, *R. M. Govindan, H. Chugani, S. Sood*

3.164B MU Opioid Receptor mRNA Expression, Binding and Functional Coupling to G-proteins in Human Epileptic Hippocampus, *L. Rocha, M. Cuellar-Herrera, A. Velasco, F. Velasco, L. Chavez, M. Alonso-Vanegas, S. Orozco-Suarez, A. Yalcin, S. Benyhe, A. Borsodi*

3.316 Concordance of Seizure Semiology and Pharmacosensitivity in Sibling Pairs from the Epilepsy Phenome/Genome Project (EPGP), *M. Winawer, R. Fahlstrom, D. Rabinowitz and The EPGP Senior Investigators*

3.341 NRSF/REST Dependent and Independent Gene Pathways in Epileptogenesis, *S. McClelland, C. Flynn, C. Dube, J. Yang, R. Petrosyan, J. Mundy, C. Bernard, T. Baram*

3.362 mTOR Cascade Activation Observed in Human Hippocampal Sclerosis is Not Recapitulated in a Rat Pilocarpine Model of Epilepsy, *A. Sosunov, X. Wu, C. Mikell, R. McGovern, D. Coughlin, R. Goodman, H. Scharfman, G. McKhann*

3.365 Immature Large Newborn Neurons in Human Hippocampal Dentate Gyrus from Patients with Temporal Lobe Epilepsy, *H. Sugano, M. Nakajima, H. Okura, T. Hig, H. Arai*

1:45 p.m. - 2:15 p.m. Keynote Speakers
Marriott Rivercenter – Grand Ballroom, Salon H/K

Research Recognition Award Recipient (Basic Science)
Douglas A. Coulter, Ph.D.

Research Recognition Award Recipient (Clinical Science)
Tracy A. Glauser, M.D.

Afternoon Session I – 2:30 p.m. - 4:00 p.m.

7. "Interneuronopathies" – Diversity in the Phenotypes of Genetic Mutations that Alter Forebrain GABAergic Interneuron Ontogeny
Marriott Rivercenter – Grand Ballroom, Salon G/M
Moderator: Elizabeth Powell, Ph.D.
Speakers: Eric Marsh, M.D., Ph.D., Molly Huntsman, Ph.D., Gregory Barnes, M.D., Ph.D.

8. Adenosine and Epilepsy – Promising Start Into a New Century: The First Decade
Marriott Rivercenter – Grand Ballroom, Salon H/K
Moderator: Detlev Boison, Ph.D.
Speakers: Thomas H. Swanson, M.D., Philip G. Haydon, Ph.D., Susan Masino, Ph.D.

9. De-Standardizing Antiepileptic Therapy Development: Translating "Translational" Research Into Clinical Trials
Marriott Rivercenter – Grand Ballroom, Salon I/J
Moderator: Cynthia L. Harden, M.D.
Speakers: Cynthia L. Harden, M.D., Mark S. Quigg, M.D., Emilio Perucca, M.D., Ph.D.

Break: 4:00 p.m. - 4:15 p.m.

Afternoon Session II – 4:15 p.m. - 5:45 p.m.

10. Control of Synapse Formation and Epileptogenesis
Marriott Rivercenter – Grand Ballroom, Salon G/M
Moderator: David A. Prince, M.D.
Speakers: Cagla Eroglu, Ph.D., Beth Stevens, Ph.D., David A. Prince, M.D.

11. Early Detection of Epileptogenesis and the Search for Preventative Treatments in Experimental Models and the Clinic
Marriott Rivercenter – Grand Ballroom, Salon H/K
Moderator: Anatol Bragin, Ph.D.
Speakers: Daniel Friedman, M.D., Stanislav L. Karsten, Ph.D., Frances E. Jensen, M.D.

12. Highlights from the Gordon Research Conference
Marriott Rivercenter – Grand Ballroom, Salon I/J
Moderator: John Huguenard, Ph.D., 2010 GRC Chair
Speakers: Lori Isom, Ph.D., Elsa Rassinol, M.D., Waldemar Swiercz, Ph.D.

6:00 p.m. – 7:30 p.m.
► Investigators' Workshop Poster Session

Marriott Rivercenter – Grand Ballroom, Salon F

Note: Number below refers to poster assignment

1.001 The Relation Between Interictal Spikes and Seizures in Rat Models of Epilepsy, *M. Dichter, H. Juul, J. Keating*

1.006 Role of trkB Receptors, and Presynaptic Axonal Sprouting in Hyperexcitability After Schaffer Collateral Transection and Its Contribution to Posttraumatic Epilepsy, *S. Aungst, P. England, S. Thompson*

1.017 Early-life Seizures Lead to Increased AMPA Subunit-Containing Synapses and Higher Ca²⁺ Responses in Rat Pyramidal CA1 Neurons, *J. Lippman Bell, C. Zhou, P. Klein, F. Jensen*

1.038 Recurrent Seizures Suppress Dendritic Growth of Developing Hippocampal Pyramidal Cells, *M. Nishimura, J. Swann*

1.042 Pathways of interictal Spike Propagation are Determined by Network Inhibition, *W. Swiercz, H. Sabolek, S. Cash, G. Huberfeld, S. Clemenceau, R. Miles, K. Staley*

1.055 Rapamycin Suppresses Mossy Fiber and Somatostatin Interneuron Axon Sprouting But Not Epileptogenesis in a Mouse Model of Temporal Lobe Epilepsy, *P. Buckmaster, X. Wen, F. Lew*

1.057 Gene Profiling of the CA1 after Multiple Early-Life Seizures, *L. Friedman, J. Mancuso, A. Sagyhan, D. Iacobas, S. Iacobas, D. Spray*

1.136 Propagation of Intracranial Electroencephalographic Activity between Neocortex and Subcortical Structures as an Indicator of Seizure Onset, *A. Korzeniewska, M. Cervenka, C. Jouny, J. Perilla, G. Bergey, N. Crone, P. Franaszczuk*

1.137 Observation of Emerging Ictal Network Dynamics using Synchrony Index, *G. Martz, S. Johnson, J. Hudson, M. Quigg*

1.145 Characterizing Pre-ictal and Inter-ictal States with Graph Theoretical Approaches, *K. Lehnertz, M. Horstmann, C. Elger*

1.346 Induction of Psychogenic Non-Epileptic Events: Success Rates Vary with Ictal Semiology and Neuropsychological Profile, *S. Izadyar, D. Chen, R. Collins, J. Benge, A. LeMaire, R. Hrachovy*

3.015 Epilepsy-induced Pathologic Plasticity and NMDA Alterations in the Malformed Brain of Human FCD Patients and MAM-pilocarpine Rat Model, *F. Colciaghi, A. Finardi, P. Nobili, A. Frasca, L. Castana, G. LoRusso, A. Vezzani, G. Battaglia*

3.036 Differential Neuronal Activation Pattern and Seizure Susceptibility in Newborn Rat Pups Following Maternal Stress and Immune Challenge, *M. Esser, A. Reid, Q. Pittman*

3.045 Low Blood Glucose Increases Absence Seizure Susceptibility, *C. Reid, T. Kim, S. Berkovic, S. Petrou*

3.053 Fast Ripples in an Experimental Non-lesional Temporal Lobe Epilepsy, *J. Jefferys, P. Jiruska, G. Finnerty, A. Powell, N. Lofti, R. Cmejla*

3.062 A Closed-Loop Implantable Device For Epileptic Seizure Detection and Neurostimulation, *M. Salam, F. Mounaim, M. Sawan, D. Nguyen*

3.212 Cluster Analysis Applied to fMRI Data in Typical Childhood Absence Seizures, *X. Bai, B. Killory, J. Guo, M. Vestal, R. Berman, M. Negishi, E. Novotny, R. Constable, H. Blumenfeld*

3.339 Dynamic Disinhibition of Cortical Circuits, *J. Brill, J. Mattis, K. Deisseroth, J. Huguenard*

3.340 Aberrant Integration of Postnatally Generated Neurons is Sufficient to Cause Epilepsy, *S. Danzer, D. Richards, K. Holland, J. Uhl, C. Faulkner, H. Yin, B. Murphy, S. Bronson, R. Pun*

3.357 Temporal Lobe Epilepsy Induced Increases in Persistent (INaP) and Resurgent (INaR) Na Currents, *M. Patel, N. Hargus, E. Bertram*

6:00 p.m. – 7:30 p.m.

Special Interest Group Meetings

Convention Center – Location listed under each session

Please complete program survey – see page 14

Engineering and Epilepsy – Modeling Epileptic Networks

Convention Center – Room 008

Coordinators: Piotr J. Franaszczuk, Ph.D., Gregory K. Bergey, M.D.
Speakers: Stiliyan Kalitzin, Ph.D., Ivan Osorio, M.D., Alexander Rothkegel, Dipl.Phys., Dipl.Math, Piotr Suffczynski, Ph.D., Michal Zochowski, Ph.D.

The recent advances in recording from intact biological systems (e.g. increased sampling, special recording wires for recording high frequency activity) have further increased the value of neural network modeling of seizure dynamics. Improved computational power and the use of parallel processors (clusters) have facilitated computationally intensive modeling studies. The advantage of neural network modeling is the ability to “record” and modify variables simultaneously on different levels of the modeled system. This may include investigating and/or modifying synaptic weights, concentrations of ions, neurotransmitters, changes in neural membrane potentials, as well as simulations of local field potentials, and the effects of external stimulation. These studies can be done for single neurons, small networks of neurons as well as the larger networks and whole brain structures. This allows for systematic testing of influences on seizure dynamics that then can be compared with biological systems. This SIG will have presentations by experts in neural modeling who will address the various considerations important in implementing these models and considerations of the different approaches currently available.

► How to Obtain NIH Funding - Changes in Peer Review and Grant Applications

Convention Center – Room 006 D

Coordinator: Randall Stewart, Ph.D. and Bill Benzing
Speakers: Alan Willard, Ph.D.

Allan Willard, Chief of the NINDS Scientific Review Branch and Acting Deputy Director of the NINDS Division of Extramural Research, will provide helpful hints to deal with the changes to NIH peer review.

Neuroendocrinology – Hormonal Issues in Men with Epilepsy: The Impact of Seizures, AEDs and Aging

Convention Center – Room 201

Coordinators: Jana Veliskova, M.D., Ph.D., Doodipala Samba Reddy, Ph.D., R.Ph.
Speakers: Expert panel and open discussion

This SIG will discuss hormonal issues in men with epilepsy during their lifespan. Discussion will focus on the effects of epilepsy on hormones, which AEDs do and do not affect the hormonal levels, on the impact of these changes on sexual function and fertility, on the aging component, and the importance of counseling available for the male patients.

Neuroimaging – Imaging in Focal Cortical Dysplasia (FCD): What’s New in the Diagnosis and Classification?

Convention Center – Room 007 A/B

Coordinator: Fernando Cendes, M.D., Ph.D.

Speakers: Ingmar Blumcke, M.D., Imad M. Najm, M.D., André Palmieri, M.D., Ph.D.

In this SIG we will discuss the imaging and histopathological spectrum of FCDs in the light of recent clinical and experimental evidence. FCDs are highly epileptogenic lesions which present a wide spectrum of imaging abnormalities: They can be either small or invisible to standard imaging techniques in one end of this spectrum, or they can be easily detected by MRI and sometimes affect multiple lobes in the other end of the spectrum. FCDs may occur also in combination with other types of lesion such as low grade tumors and hippocampal sclerosis.

Quality & Value Indicators – Practice, Research and Education of Epilepsy Using the 8 Epilepsy Quality Metrics

Convention Center – Room 202

Coordinator: Joseph I. Sirven, M.D.

Speakers: Richard Zimmerman, M.D., Nathan B. Fountain, M.D., Sandra L. Helmers, M.D.

There are 8 Epilepsy Quality Metrics which will need to be addressed in each and every visit with patients with epilepsy in order to assure quality care. Moreover, all recent board certified neurologists must have some quality metrics demonstrated in order to maintain board certification. The logical question that follows is how do we best use these metrics to inform and guide research, education and practice. The 2010 SIG will address the following topics in order to answer that question: 1. How do we best alter or transform the health care delivery system at your institution to best deliver quality care for patients with epilepsy?; 2. What are potential research questions and examples of current research projects that can be done using the 8 quality metrics?; 3. An Introduction to the American Academy of Neurology Epilepsy Performance in Practice Module for Maintenance of Certification

Acknowledgment

This SIG is supported by Sunovion Pharmaceuticals Inc.

Tuberous Sclerosis – How Does Genotype Matter?

Convention Center – Room 007 C/D

Coordinators: Elizabeth Thiele, M.D., Ph.D., E. Martina Bebin, M.D., M.P.A.

Speakers: Hope Northrup, M.D., Peter Crino M.D., Ph.D.

A disease-causing mutation in the TSC1 or TSC2 gene is found in 85% of individuals with TSC. Speakers will discuss the current understanding of the genetics of TSC, including the value of testing, and interpretation of the results. Possible genotype / phenotype correlations with regard to epilepsy and other neurologic symptoms will also be addressed, as well as possible mechanisms explaining those with “no mutation identified.”

➤ **Authors Present: Noon – 2:00 p.m.**

➤ **Poster Walking Tours (see page 12 for details)**

**Translational Research
Human Tissue & Pathology**

- 2.001** High Resolution Copy Number Variation Of Ion Channel Genes In Epilepsy/A. Goldman, T. Klassen, W. Gu, F. Zhang, V. Bomben, T. Chen, J. Lupski, J. Noebels
- 2.002** Epileptogenic Regions Of Human Cortical Dysplasia Display A Persistently Immature GABAergic Pharmacologic Profile/L. Jansen, W. Roden, L. Peugh, H. Alexander, J. Ojemann
- 2.003** Differential Metabotropic Glutamate Receptor Type 5 (Mglur5) Expression In The Hippocampus Of Patients With Mesial Temporal Lobe Epilepsy/L. KandrataVICIUS, P. Rosa-Neto, M. Monteiro, M. Guiot, C. Carlotti, Jr, J. Assirati, J. Leite, E. Kobayashi
- 2.004** Differences In Persistent Calcium And Sodium Inward Currents Between Focal And Parafocal Regions In Pediatric Neocortical Epilepsy/C. Marcuccilli, M. Király, A. Tryba, S. Lew, F. Elsen
- 2.005** In-Situ Single-Unit Microelectrode Recordings From Hypothalamic Hamartomas Demonstrate Bimodal Neuron Firing Rates/P. Steinmetz, S. Wait, G. Lekovic, H. ReKATE, J. Kerrigan
- 2.006** Increased Expression Of Growth Associated Protein 43 (Gap-43) In Human Epileptic Dysplastic Cortex/Z. Ying, R. O'Dwyer, J. Gonzalez-Martinez, W. Bingaman, I. Najm
- 2.007** Neuronal Binucleation And Cyclin Expression In Human Temporal Lobe Epilepsy/A. Guekht, N. Gulyaeva, A. Stepanenko, M. Onufriev, M. Popova, M. Stepanichev, A. Lebedeva, I. Aryasova, E. Gusev
- 2.008** High GM-CSF Concentrations In Post Ictal Plasma: A Possible Temporal Lobe Seizure Biomarker/J. Pollard, E. Brand, H. Pollard, C. Anderson, M. Baybis, O. Eidelman, S. Ivaturi, M. Lerario, E. Burakgazi, P. Crino
- 2.009** Effect Of Everolimus On Normal-Appearing White Matter In Patients With Tuberous Sclerosis (TS)/J. Tillema, D. Franz, D. Krueger, J. Leach
- 2.010** Human Herpesvirus-6 (HHV6) And Children With Medically Refractory Epilepsy/P. Kankirawatana, F. Lakeman, H. Kim, J. Blount, C. Rozzelle, D. Kimberlin

**Professionals in Epilepsy Care
Nursing**

- 2.011** Epilepsy Self-Management In Older Adults: A Pilot Study/W. Miller, J. Buelow
- 2.012** Caregiver Anxiety Associated With The Inpatient Pediatric Epilepsy Monitoring Experience/M. Foster, T. Gregory, J. Paolicchi
- 2.013** Managing Aggression In An Epilepsy Monitoring Unit (EMU): A Case Of Ictal Rage/P. Kerr, S. Koutsogiannopoulos, F. Dubeau

2.014 The Rocky Road To Epilepsy Surgery: A Case Study/L. Ortiz, C. Bordson

**Professionals in Epilepsy Care
Psychosocial**

- 2.015** Making Meaning Of Life With Epilepsy: The Use Of Metaphor In Understanding Individual Experiences/D. Andersen, U. Teucher
- 2.016** Recession Escalates Need For Patient Supports/A. Bezuyen
- 2.017** Managing Epilepsy: Perspectives Of Professionals With And Without Epilepsy/N. Clark, R. Derry, E. Youatt, M. Sweetman, S. Stoll
- 2.018** Foundations For Developing A Support Group For Parents Of Children With Intractable Epilepsy: A Qualitative Exploration Of Parents' Support Needs/S. Macrodimitris, E. Sherman, T. Fay, M. Blackman, D. Rutherford, K. Fiest
- 2.019** Opinion Survey Of Health Care Providers Towards Psychogenic Non-Epileptic Seizures/K. Sahaya, S. Dholakia, D. Lardizabal, P. Sahota
- 2.020** Therapeutics Approaches To The Treatment Of Epilepsy In Slovakia/V. Donath, M. Ciernik

**Professionals in Epilepsy Care
Education**

- 2.021** Teachers' Epilepsy Knowledge And Confidence In Instructing Students With Epilepsy: Preliminary Findings/D. Wodrich, R. Jarrar, J. Buchhalter, C. Gay, R. Levy
- 2.022** Experience In Electroencephalography During Neurology Residency/C. Chansakul, S. Chung, R. Maganti
- 2.023** IBE Promising Strategies Program 2008: "Epilepsy At School: Teaching The Teachers". Educational Plan Of "Associação Brasileira De Epilepsia" With Teachers Of Elementary School/H. Martins, L. Guilhoto, M. Vidal-Dourado, E. Almeida, S. Mesquita, C. Tavares, K. Lin, V. Alexandre, Jr, A. Castro, A. Masuko, A. Mendonça, M. Martins, M. Galvez, M. Camarinho, N. Mateus, R. Jurjuck, E. Yacubian
- 2.024** Establishing A Comprehensive Epilepsy Surgery Center In South America, The Dartmouth – Uruguayan Experience/M. Natola, B. Jobst, A. Scaramelli, A. Bogacz, P. Braga, W. Spire, P. Pereda, D. Roberts
- 2.025** Using An Online Epilepsy Diary To Enhance Self-Management Behaviors Of People With Epilepsy/P. Shafer, R. Fisher, E. Bartfeld
- 2.026** Medical Identification Use Patterns In Patients With Epilepsy & Methods To Increase Their Use/P. McGoldrick, S. Wolf
- 2.027** Early Education Teachers' Knowledge About Epilepsy – How Well Are They Prepared In Their Undergraduate Years?/J. Mifsud, J. Dempsey

2.028 Resident Physician Activity Recommendations For Patients With Seizures/H. Skinner, W. Morgan, B. Riggeal, J. Cibula, S. Eisenschen, J. Sackellares

2.029 Predictors Of Falls Among Patients Admitted In Epilepsy Monitoring Unit: A Retrospective Case-Control Study/M. Plueger, S. Pati, A. Deep, G. Kiyota, S. Chung, D. Treiman

**Clinical Neurophysiology
Clinical EEG**

- 2.030** Correlation Between EEG Findings And Language Lateralization For Intracarotid Amobarbital Procedure In Children/C. Akman, C. Cassidy, A. Wilfong, V. Micic, R. Schultz, A. Welsh, M. Quach, A. Malphrus, A. Anderson, J. Owens, S. Agadi, J. Riviello, M. Chapieski
- 2.031** Periodic Lateralized Epileptiform Discharges (PLEDs): Clinical Significance, Neuroimaging Findings, Etiology, And Outcome In 51 Infants And Children/A. Gupta, A. Moosa
- 2.032** Interictal Fast Oscillations Can Be Recorded From Scalp EEG/L. Andrade-Valença, F. Dubeau, F. Mari, R. Zelmann, J. Gotman
- 2.033** High-Frequency Oscillations (HFOs) In Patients With Refractory Epilepsy And Normal MRIs/F. Dubeau, L. Andrade-Valença, F. Mari, R. Zelmann, J. Jacobs, J. Gotman
- 2.034** Pseudo-Temporal Ictal Patterns Compared To True Temporal Ictal Patterns/S. Elwan, N. So, R. Enatsu, W. Bingaman, I. Najm
- 2.035** Occurrence Of High-Frequency Oscillations Depends On Pathology In Patients With Focal Cortical Dysplasia/J. Jacobs, K. Kerber, P. Levan, M. Dümpelmann, R. Korinthenberg, A. Schulze-Bonhage
- 2.036** Utility Of Stat EEG In A Tertiary Care Institution/S. Lee, M. Teleb, A. Crepeau, J. Chang, T. Wu, S. Chung, R. Maganti
- 2.037** Enhanced Intracortical Inhibition: A Cortico-Cortical Evoked Potential Study/C. Malpe, D. Nair
- 2.038** Extent Of The Intracranial Ictal Onset Zone In Seizures With And Without Ictal Scalp EEG Pattern: A Case-Control Study/K. Unnwongse, T. Wehner, A. Alexopoulos
- 2.039** The Added Value Of Intracerebral Seeg Recordings In The Pre-Surgical Evaluation Of Refractory Focal Epilepsy Cases/F. Babbain, A. Olivier, J. Hall, F. Andermann, J. Gotman, F. Dubeau
- 2.040** Generalized Paroxysmal Fast Activity And Tonic Seizures In Older Adults/A. Bhatt, R. Brenner, A. Van Cott
- 2.041** Diagnostic Yield Of Emergent EEG/N. Gaspard, M. Van Nuffelen, C. Melot, B. Legros

2.042 The Value Of Scalp Spike Frequency As An EEG Marker Of Epileptogenesis In Temporal Neocortex In Patients With MTLÉ/Y. Geng, I. Yung, S. Hawes-Ebersole, J. Ebersole, J. Tao

2.043 The Stability Of Spike Counts In Children With Interictal Epileptiform Activity/A. Haldar, M. Libenson

2.044 Lateralization Of Generalized Spikes After Corpus Callosotomy/ M. Iwasaki, N. Nakasato, S. Osawa, M. Uematsu, K. Haginoya, T. Tominaga

2.045 Consciousness And Seizure Characteristics In Adults With Recurrent Absence Status And Generalized Epilepsy/P. Mireles, C. O'Donovan

2.046 Neonatal Seizures: Ictal EEG Characteristics/L. Nagarajan, L. Palumbo, S. Ghosh

2.047 The Epilepsy Phenome/Genome Project (EPGP): Informatics Tools And Workflow For Processing Electroencephalogram (EEG) Data/ G. Nesbitt, A. Carpenter, D. Dlugos, J. Sullivan, R. Shellhaas, A. Boro, R. Fahlstrom, K. Miller, V. Mays, The EPGP Senior Investigators

2.048 Assessment Of Trainee Expertise In Interpretation Of Neonatal EEG With The Use Of Inter-Reader Reliability Methods/M. Quigg, R. Bailey, U. Uysal, H. Goodkin

2.049 Scalp Temporal Positive Sharp Waves May Originate From The Mesial Temporal Cortex/R. Serafini, G. Barkley, K. Elisevich, K. Mason

2.050 Inter-Rater Variability In Quantification Of Epileptic Spikes; A Spike-By-Spike Analysis/M. Takeoka, D. Sarco, K. Boyer, A. Haldar

2.051 Longer Intermittent Photic Stimulation Increases Photoparoxysmal Response Yield/D. Tarquinio, A. Nwaubani, R. Jonas, W. DeBassio, L. Douglass

2.052 Interictal Spike And HFO Occurrence Frequency In Tumor-Related Refractory Epilepsy/Y. Tran, T. Mihaylova, D. Barkmeier, D. Feurst, J. Loeb, S. Mittal, A. Shah

2.053 The Diagnostic Utility Of Routine (20-40 Minutes) Electroencephalogram In Elucidating The Etiology Of Altered Mental Status Not Otherwise Specified/M. Chen, C. Sinsioco, N. Sethi, G. Solomon

2.054 P300 In Temporal Lobe Epilepsy Patients/K. Hara, H. Iino, M. Miyajima, K. Ohta, T. Maehara, A. Matsuda, M. Baba, E. Matsushima, M. Watanabe, S. Watanabe, M. Hara, M. Matsuura

2.055 Chronic Use Of Felbamate Increased Ripples In EEG/H. Hasegawa

2.056 Head-surface EEG Geometry Of Focal Interictal Epileptiform Transients (FIET)/F. Matsuo

2.057 Suppression Of Interictal Epileptiform Discharges By Levetiracetam During Video-EEG Monitoring/J. Moeller, C. Bazil, R. Emerson

2.058 Early EEG In Patients With New-Onset Seizures: Correlation With Neuroimaging Findings And Seizure Recurrence/R. Rathakrishnan, K. Ali, I. Ibrahim, T. Sim, E. Wilder-Smith

2.059 The Diagnostic Yield Of An Extended Sleep EEG In Angelman Syndrome/A. Robinson, K. Haas, B. Malow, J. Paolicchi

2.060 Clinical Significance Of Very High Frequency Oscillations (Over 1000 Hz) In Epilepsy/N. Usui, K. Terada, K. Baba, K. Matsuda, F. Nakamura, K. Usui, M. Yamaguchi, T. Tottori, S. Umeoka, S. Fujitani, A. Kondo, T. Mihara, Y. Inoue

2.061 Changing Semiology And Its Relation To Functional Brain Networks In Children With Refractory Partial Epilepsy/E. van Diessen, C. Stam, M. van Breemen, K. Braun, O. van Nieuwenhuizen, F. Jansen

2.062 CIRDA – Central Intermittent Rhythmic Delta Activity – A Localizing Interictal Abnormality In Surgical Partial Epilepsy/L. Williams, J. Britton

2.063 Can We Evoke Epileptic High-Frequency Oscillations By Single Pulse Stimulation? Yes, We Can!/M. Zijlman, M. van 't Klooster, G. Huiskamp, C. Ferrier, F. Leijten

2.064 Anticonvulsant Termination Of Seizures In Neonates Undergoing Whole Body Hypothermia For Moderate To Severe Encephalopathy/M. Alduligan, T. Wechapinan, T. Chang, T. Tsuchida, A. Massaro, S. Baumgart

2.065 Clinical Outcome Of EEG Findings At 3-12 Months Of Age/ S. Almubarak, P. Wong

2.066 The Signal Detecting Ability Of The Scalp Dense Array Electroencephalogram – Spike Comparison With The Simultaneous Subdural Electrodes/A. Fujimoto, T. Yamazoe, M. Yamazaki, H. Enoki, T. Okanishi, T. Yokota, T. Yamamoto

2.067 The Effect Of Yang-Yang Aroma On Auditory P300 Event-Related Potentials In Temporal Lobe Epilepsy/ S. Watanabe, H. Iino, M. Miyajima, K. Hara, K. Ohta, A. Matsuda, T. Maehara, M. Hara, M. Matsuura, E. Matsushima

2.068 Nonpharmacological Management Of Epilepsy Comorbidities/M. Legarda, S. Ford, A. Kondratyev, K. Gale

2.069 EEG Presentation In Rapidly Evolving Sporadic Creutzfeldt-Jakob Disease (sCJD)/S. Sehgal, A. Bollineni, I. Ali, H. Li

2.070 Methods Of Sleep Deprivation In Children Undergoing Sleep-Deprived EEG/S. Sharma, R. Ramachandran Nair

2.071 Scotosensitive Myoclonic Epilepsy/T. Buchanan, F. Matsuo, P. Afra

Clinical Neurophysiology MEG

2.072 Prospective Multicenter Study Assessing The Clinical Added Value Of MEG In The Presurgical Evaluation Of Refractory Partial Epilepsy/X. De Tiege, E. Carrette, B. Legros, K. Vonck, M. Op de beeck, M. Bourguignon, N. Massager, D. Van Roost, A. Meurs, K. Deblaere, S. Goldman, P. Boon, P. Van Bogaert

2.073 Which Spikes Are Visible On MEG? – Three Case Reports Of Simultaneous Recordings Of Interictal Epileptiform Discharges By MEG And Invasive Stereo-EEG/K. Jin, A. Alexopoulos, J. Gonzalez-Martinez, J. Bulacio, R. Burgess, J. Mosher, I. Najm

2.074 Magnetoencephalography Using Total Intravenous Anesthesia In Pediatric Patients With Intractable Epilepsy: Comparison Of Spike Sources With And Without Propofol/ H. Okamoto, A. Fujimoto, A. Ochi, S. Chuang, O. Snead III, H. Otsubo

2.075 Is A Cortical Focus Driving A Cortico-Thalamic Circuit In Human Absence Epilepsy?/P. Ossenblok, B. Kornips, P. Van Houdt, D. Gupta, P. Boon, G. Van Luitelaar

2.076 Postoperative Seizure Outcomes When Interictal MEG Concordant With Ictal Depth EEG/ K. Upchurch, J. Stern, N. Salamon, S. Dewar, D. Eliashiv

2.077 MEG Source Localization Of Epileptogenic Zone In Children With Porencephalic Cyst/O. Bennett-Back, A. Ochi, E. Widjaja, S. Chuang, J. Rutka, J. Drake, S. Nanbu, C. Go, O. Snead, H. Otsubo

2.078 Stat Magnetoencephalography – An Emergency Tool Whose Time Has Come/R. Burgess, S. Hantus, D. Cleary, D. Engle, J. Mosher, A. Alexopoulos

2.079 Sensitivity Of MEG To Interictal Events Arising From The Irritative And Ictal Onset Zones: Findings From Simultaneous MEG-iEEG Recordings/ E. Castillo, Z. Li, G. Von Allmen, J. Baumgartner, J. Slater, C. Bodden, A. Papanicolaou

2.080 Bilateral Asymmetries In The Maximal Activation Of Same Subject SSEP's/N. Phillips, D. Clarke, F. Perkins, R. Ogg, M. McManis

2.081 Yield Of Magnetoencephalography In Mesial Temporal Lobe Epilepsy/S. Singh, A. Antony, N. Thakur

2.082 Characterization Of Magnetoencephalographic Interictal Epileptiform Discharges With Time-Resolved Cortical Current Maps Using The Helmholtz-Hodge Decomposition/ J. Slater, E. Castillo, Z. Li, A. Papanicolaou

2.083 Synthetic Aperture Magnetometry-Kurtosis (SAM(g2)) For Single/Multiple Epileptic Foci In Children With Neocortical Epilepsy/I. Sugiyama, K. Imai, A. Ochi, T. Akiyama, C. Go, E. Widjaja, D. Cheyne, S. Chuang, O. Snead III, H. Otsubo

2.084 Magnetoencephalography Of Spike And Wave Discharges In Drug Naive Childhood Absence Epilepsy/ J. Tenney, H. Fujiwara, D. Rose, N. Hemasilpin

2.085 MEG Functional Connectivity And Complex Networks Relate To Clinical Characteristics Of Lesional Epilepsy Patients/E. van Dellen, L. Douw, A. Hillebrand, J. Heimans, I. Ris-Hilgersom, M. Schoonheim, J. Baayen, P. De Witt Hamer, C. Stam, J. Reijneveld

2.086 MEG Aids Interpretation Of Epileptic Activity Propagation Where Invasive Electrode Sampling Is Inadequate/Z. Wang, J. Mosher, R. Burgess, K. Jin, Y. Kakisaka, I. Najm, A. Alexopoulos

2.087 Generalized 3 Hz Spike-And-Wave Complexes Emanating From Focal Epileptic Activity In Pediatric Cases/ Y. Kakisaka, J. Mosher, A. Alexopoulos, I. Wang, M. Iwasaki, R. Burgess

Clinical Neurophysiology

Brain Stimulation

2.088 A Case Report Using High Precision, Navigated Transcranial Magnetic Stimulation/T. Hallböök, M. Thordstein, S. Kohler, J. Lundgren, S. Bergstrand, G. Pegenius, M. Elam

2.089 Identifying Pathological And Functional Networks With Single Pulse Electrical Stimulation In Patients With Intractable Epilepsy/C. Keller, L. Entz, S. Bickel, M. Argyelan, S. Hwang, S. Jain, A. Mehta

2.090 Altered Cortical Excitability In Drug-Naive Generalized Or Focal Epilepsy Patients/E. Yeon Joo, J. Lee, S. Lee, S. Hong

2.091 Connectivity Between The Posterior Cingulate And Mesial Temporal Structures/M. Koubeissi, R. Maciunas, J. Miller, K. Smith, S. Nehamkin, H. Luders

2.092 Human Hippocampal-Cingulate Gyral Connectivity-Cortico-Cortical Evoked Potentials(CCEP) Study/ Y. Kubota, D. Nair, R. Enatsu, J. Bulacio, J. Gonzalez, I. Najm

2.093 Intracranial Electrophysiological Study Of The Human Posterior Cingulate Gyrus During Rest, Self-Referential Memory Processing, And Arithmetic Tasks/M. Dastjerdi, B. Foster, J. Parvizi

2.094 Monopolar Versus Bipolar Electrical Stimulation For Extraoperative Cortical Mapping In Patients With Focal Epilepsy/B. Diehl, S. Kovac, C. Scott, S. Smith, V. Maglajlija, M. Walker, N. Toms, P. Allen, A. McEvoy

2.095 Perceptual And Behavioral Phenomena During Electrical Stimulation Of The Human Brain/ A. Selimbeyoglu, J. Parvizi

2.096 Stimulation-Based Paradigm For Assessment Of Epileptogenic Potential/ S. Kalitzin, D. Velis, S. Claus, F. Lopes da Silva

Neuro-Imaging

Structural Imaging

2.097 Intelligence Relates To Structural Integrity Of Normal Appearing White Matter In Tuberous Sclerosis Complex/ S. Koudijs, J. van Campen, O. Braams, A. Leemans, O. van Nieuwenhuizen, K. Braun, F. Jansen

2.098 Structural Connectivity In Pediatric Epilepsy Measured With W-Matrix Diffusion Tensor Tractography/I. Amarreh, D. Hsu, B. Hermann, K. Dabbs, M. Hsu, M. Meyerand

2.099 Hippocampal Atrophy In Patients With Medial Temporal Lobe Epilepsy: Differences Between The 'Generator' And The 'Receiver'/ L. Bonilha, J. Halford, J. Edwards

2.100 Language Lateralization Determined By Tract-Based Spatial Statistics Of The Arcuate Fasciculus/M. DiSano, T. Ellmore, T. Pieters, O. Hope, G. Kalamangalam, J. Slater, J. Breier, N. Tandon

2.101 Reorganization Of The Right Arcuate Fasciculus Following Left Arcuate Fasciculus Resection In Children With Intractable Epilepsy/ D. Goradia, H. Chugani, R. Govindan, C. Juhasz, S. Sood

2.102 Mapping Thalamic Pathology In Idiopathic Generalized Epilepsy And Temporal Lobe Epilepsy/H. Kim, B. Bernhardt, J. Natsume, A. Bernasconi

2.103 Three-Dimensional Caudate Atrophy Pattern In Recent-Onset Juvenile Myoclonic Epilepsy/J. Lin, J. Riley, K. Dabbs, M. Seidenberg, B. Hermann

2.104 Stereotactic Amygdalohippocampectomy For The Treatment Of Mesial Temporal Lobe Epilepsy: Good Clinical Seizure Outcome Despite Of Only Partial Volume Reduction Of The Target Structures/H. Malikova, R. Liscak, Z. Vojtech, T. Prochazka, J. Vymazal

2.105 Impaired Fronto-Striatal Connections Are Associated With Executive Dysfunction In Temporal Lobe Epilepsy/J. Riley, J. Lin

2.106 Application Of Tractography To Delineate The Relationship Of The Optic Radiation To Epileptogenic Lesions Prior To Neurosurgery/G. Winston, M. Yogarajah, S. Bonelli, M. Symms, C. Micallef, J. Duncan

2.107 Focal Brain Abnormalities In Patients With Epilepsy With Absence Seizures: Evidence From High-Resolution T1-Weighted And Diffusion Tensor MR Images/S. Alves-Leon, T. Doring, M. Cardoso, I. D'Andrea Meira, V. Pereira, C. Rego, M. Zimmermann, J. Vilela, N. Ventura, B. Bizzo, E. Gasparetto

2.108 Hippocampal Volume As A Predictor Of Verbal Memory Decline After Left Anterior Temporal Lobectomy/P. Bauer, J. Binder, S. Swanson, D. Sabsevitz, B. Stengel, T. Hammeke, M. Raghavan, W. Mueller

2.109 MRI-Based Cortical Thickness Analysis In Temporal Lobe Epilepsy: Reproducibility And Relation To Surgical Outcome/B. Bernhardt, N. Bernasconi

2.110 Tract-Based Spatial Statistics In Idiopathic Generalized Epilepsies/ L. Betting, C. Yasuda, L. Min, C. Guerreiro, F. Cendes

2.111 Structural Changes In A Family With Autosomal Dominant Partial Epilepsy With Auditory Features And LGI1 Mutation/A. Coan, C. Yasuda, L. Betting, F. Torres, F. Pereira, I. Lopes-Cendes, F. Cendes

2.112 Inverse Relationship Between Structural Volume And Hemispheric Connectivity Strength In Temporal Lobe Epilepsy Patients With Hippocampal Sclerosis/T. Ellmore, N. Tandon

2.113 Three-Dimensional Atrophy Patterns Of The Thalamus In Recent-Onset Juvenile Myoclonic Epilepsy/ B. Hermann, J. Lin, J. Riley, K. Dabbs, D. Hsu, R. Sheth, C. Stafstrom, M. Seidenberg

2.114 Voxel-Based Morphometry And Cognitive Abnormality In Benign Childhood Epilepsy With Centrottemporal Spikes/J. Hwa Lee, S. Kim, H. Lee

2.115 Effect Of Focal Versus Generalized Epilepsy On The DTI Of Corpus Callosum For Patients With Normal MRI/Z. Li, E. Castillo, M. González Nosti, J. Slater, G. Von Allmen, D. Hope, A. Papanicolaou

2.116 Postoperative Changes In Fiber Tract Integrity And Visual Fields After Anterior Temporal Lobectomy/ C. McDonald, D. Hagler, Jr, H. Girard, C. Pung, M. Ahmadi, D. Holland, R. Patel, D. Barba, E. Tecoma, V. Iragui, E. Halgren, A. Dale

2.117 Diffusion Tensor Imaging (DTI) Shows Motor Fibers May Be Intimately Related To Cortical Dysplasia/ J. Ojemann, A. Poliakov, D. Shaw, R. Saneto, J. Kuratani, E. Novotny

2.118 Benign Mesial Temporal Lobe Epilepsy Associated With Isolated Amygdala Or Amygdala And Hippocampal Enlargement/N. Pillay, S. Myles, J. Scott, J. Singh, S. Wiebe

2.119 Comparative Ability Of Volumetry, T2-Relaxometry, And Magnetization Transfer Ratio To Preoperative Lateralization Of Hippocampal Sclerosis/A. Santos, P. Diniz, C. Salmon, S. Escorsi-Rosset, T. Velasco, J. Leite, A. Sakamoto

2.120 Fractional Anisotropy And Mean Diffusivity In Temporal Lobe Epilepsy With And Without Mesial Temporal Sclerosis Using TBSS Analysis/ C. Scanlon, S. Mueller, D. Tosun, I. Cheong, M. Weiner, K. Laxer

2.121 Whole-Brain Cortical Thickness Analysis In Focal Cortical Dysplasia Reveals Accelerated Age-Related Thinning/D. Schrader, B. Bernhardt, A. Bernasconi

2.122 DTI Of The Fornix And Frontal White Matter In Children With Epilepsy: Association With Memory And Executive Function/E. Sherman, H. Carlson, C. Beaulieu, G. Gong, X. Wei, A. Keller, W. Hader, L. Bello-Espinosa, A. Kirton, K. Barlow, B. Brooks, W. Abou Reslan, S. Wiebe, I. Mohamed

2.123 Automatic Detection Of "MRI-Negative" Epileptogenic Cortical Malformations With Surface-Based MRI Morphometry/T. Thesen, J. DuBois, B. Quinn, C. Carlson, E. Halgren, H. Wang, V. Neilman, J. French, O. Devinsky, R. Kuzniecky

2.124 Longitudinal MRI Volume In Temporal Lobe Epilepsy/V. Tuchscherer, M. Seidenberg, K. Dabbs, R. Sheth, P. Rutecki, J. Jones, B. Hermann

2.125 Increased Cortical Folding Complexity In Temporal Lobe Epilepsy/ N. Voets, B. Bernhardt, H. Kim, N. Bernasconi

2.126 VBM And Cortical Analysis In Focal Cortical Dysplasia Reveal Areas With Widespread GM Abnormalities In Cortex And Cerebellum/C. Yasuda, F. Cappabianco, F. Pereira, A. Costa, A. Saude, F. Bergo, A. Coan, L. Betting, F. Cendes

2.127 Nociferous Cortex In Refractory Temporal Lobe Epilepsy: Measuring Prefrontal Atrophy/R. Gale-Ross, D. Fuerst, A. Baird, C. Watson

2.128 Assessment Of MRI Issues For The VNS Therapy System At 3-Tesla/ P. Kim, C. Heck, M. Law, R. Torres, S. Valencerina, M. Shiroishi, M. Mogensen, A. Lerner, F. Shellock

2.129 Abnormalities In Diffusion Tensor Imaging Of The Superior Longitudinal Fasciculus And Cingulum In Pediatric Partial Epilepsy/R. Kozitza, J. Provenzale, W. Moon, M. De Bellis, W. Gallentine, M. Mikati

2.130 Cortical Thickness And White Matter/Gray Matter Boundary Delineation Reveal Dysplastic Seizure Inducing Cortex/P. LaViolette, S. Rand, M. Raghavan, K. Schmainda, W. Mueller

2.131 Now displayed as 3.164A

2.132 Diffusion Tensor Imaging In Cryptogenic West Syndrome: TBSS Analysis/J. Natsume, T. Fukasawa, T. Nakata, S. Yokoi, N. Ishihara, N. Ando, T. Nagoro, K. Watanabe

2.133 Clinical And Radiological Profile Of Epilepsy Patients With Signal Changes In The Corpus Callosum/ S. Prabhu, A. Halder, T. Loddenkemper, S. Kothare

2.134 Cortical Thickness Extratemporal In Temporal Lobe Epilepsy/S. Rosset, P. Diniz, C. Salmon, T. Velasco, J. Leite, A. Sakamoto, A. Santos

2.135 Fronto-Temporal Phenotypes In Pediatric Epilepsy/P. Siddarth, B. Hermann, J. Levitt, S. Gurbani, R. Caplan

2.136 Extrahippocampal Cortical Thickness Changes In Temporal Lobe Epilepsy/T. Stoub

2.137 Mesial Temporal Sclerosis (MTS) In Childhood: Is A Mutation In The SCN1A Gene The Most Common Cause?/K. Van Poppel, Z. Patay, A. McGregor, D. Clarin, F. Perkins, D. Clarke, J. Wheless

2.138 Widespread Cortical Thinning In Children With Frontal Lobe Epilepsy/ E. Widjaja, S. Zarei Mahmoodabadi, O. Snead, A. Almehdar, M. Smith

2.139 Fractional Anisotropy Analysis On Major White Matter Fibers In Children With Medically Intractable Focal Epilepsy: A Diffusion Tensor Imaging Study/H. Kim, A. Harrison, P. Kankirawatana, C. Rozzelle, J. Blount

2.140 Correlation Between Water Diffusion Abnormalities And Regional Volume Reduction In TLE Patients With Unilateral Hippocampal Sclerosis/ S. Lim, Y. Shon, Y. Kim

2.141 Longitudinal MRI Of The Limbic System In Medically Intractable Temporal Lobe Epilepsy/M. Liu, L. Concha, C. Beaulieu, D. Gross

2.142 Widespread Alterations Of White Matter In Temporal Lobe Epilepsy: A Study Using Diffusion Tensor Imaging And Magnetization Transfer Ratio/A. Sakamoto, P. Rejane Diniz, C. Salmon, T. Velasco, J. Leite, A. Santos

2.143 The Importance Of Diffusion Weighted Magnetic Resonance Imaging And Hippocampal Apparent Diffusion Coefficient Values In The Pre-Surgical Evaluation Of Patients With Temporal Lobe Epilepsy/T. Tombul, A. Dogan, O. Unal

2.144 Now displayed as 3.164B

2.145 3T Brain MRI And Ictal Findings Of Patients With Non-Lesional Partial Epilepsy Refractory To Medical Treatment/E. Andrade, Z. Liu, S. Eisenschenk, J. Cibula, I. Goldsmith, M. Parekh, W. Triplett, A. Cadotte, T. Mareci, P. Carney

2.146 Subtle Cortical Gyral Abnormalities Predict Focal Cortical Dysplasia: A Review Of 3 Cases/ J. Oster, E. Igbokwe, G. Cosgrove, A. Cole

Antiepileptic Drugs Drug Interaction

2.147 Pharmacokinetic Evaluation On The Influence Of Enzyme Inducing Antiepileptic Drugs On The Disposition Of Levetiracetam In Patients With Epilepsy/M. Alexandre, P. Freitas-Lima, L. Pereira, F. Feletti, E. Perucca, A. Sakamoto

2.148 Influence Of Win 55,212-2 Mesylate, A Potent Non-Selective Cannabinoid Receptor Agonist, On The Anticonvulsant Activity Of Four Classical Antiepileptic Drugs Against Pentylentetrazole-Induced Seizures In Mice/S. Czuczwar, J. Luszczki

2.149 Voltage-Dependent Calcium Channel And Nmda Receptor Antagonists Augment Anticonvulsant Effects Of Lithium Chloride On The Pentylentetrazole-Induced Clonic Seizure In Mice/M. Ghasemi, H. Shafaroodi, A. Ghasemi, A. Dehpour

2.150 Cross-Section Study Of 389 Veterans Analyzing The Effect Of AEDs On Cholesterol Levels And Simvastatin Dose Utilization In Clinical Practice/ G. Jetter, L. Moreno, S. Rogers, S. Carlson, W. Gentry, S. Lee, J. Cavazos

2.151 Differences In Tolerability And Discontinuation Rate Of Lacosamide Among Patients With Or Without Concurrent Sodium Channel Blocking AEDs/K. Kelly, S. Donlon, C. Schusse, S. Chung

2.152 Pharmacokinetics And Clinical Experience Of Rufinamide In Treating Children With Severe Epilepsy/ M. Dahlin, I. Ohman

2.153 An Evaluation Of The Effect Of Eslicarbazepine Acetate On Weight, Glucose, And Lipids: An Integrated Analysis Of Three Double-Blind Phase III Clinical Studies/J. Zummo, D. Blum, M. Versavel, K. Tripp, P. Soares-da-Silva

Antiepileptic Drugs

Other

2.154 Response To AED Treatment In A Tertiary Epilepsy Center In 2003-09/J. Janousek, P. Klein, A. Barber

2.155 Use Of Retrospective Data And A Structured Decision Approach To Characterize Drug-Level And Patient-Level Antiepileptic Drug Response For The Epilepsy Phenome/G. Project/ R. Fahlstrom, The EPGP Senior Investigators

2.156 Phenobarbital-Induced Apoptosis In The Neonatal Rat Brain Occurs In A Limited Compartment Of Neurons/A. Kondratyev, K. Gale, S. Tsukerman

2.157 Final Results From An International Observational Study Of Pregnancy Outcomes Following Exposure To Lamotrigine/ J. Messenheimer, M. Cunningham

2.158 Acute Therapeutic Effects Of Carisbamate In A Rat Model Of Infantile Spasms/T. Ono, A. Galanopoulou

2.159 Role Of Lacosamide As Adjunctive Treatment Of Adults With Primary Generalized Epilepsy/P. Afra, L. Strom, J. Bainbridge, T. Buchanan, A. Berry, M. Spitz

2.160 Initial Post-Marketing Clinical Experience With Lacosamide In Adult Patients With Epilepsy/A. Cohn, C. Harden, M. Lowe, E. Serrano

2.161 Efficacy Of Lacosamide As An Adjunctive Therapy In Patients With Partial Epilepsy, The First Year Experience/S. Donlon, C. Schusse, K. Kelly, S. Chung

2.162 Severity And Temporal Pattern Of Levetiracetam And Lamotrigine Withdrawal Seizures During Epilepsy Monitoring/H. Kettani, Y. Song, N. Azar

2.163 Use Of Intravenous Levetiracetam In Acute Seizure Management In Neonates/O. Khan, E. Chang, C. Cipriani, C. Wright, P. Ritch, E. Crisp, B. Kirmani

- 2.164** Pharmacological Characterization of a Systemically Bioavailable Galanin Receptor (GalR) Subtype-2 Preferring Analog In Rodent Models Of Pain And Epilepsy/B. Klein, E. Scholl, M. Smith, C. Metcalf, T. Pruess, C. Robertson, G. Bulaj, H. White
- 2.165** Stated Preferences For Attributes Of Anti-Epileptic Drugs (AEDs) In Patients With Uncontrolled Epilepsy/R. Manjunath, F. Johnson, J. Yang, A. Ettinger
- 2.166** Croatian Pregnant Women With Epilepsy And Effects Of Antiepileptic Drugs Exposure In Their Offspring – Seven Years Of Prospective Surveillance/S. Miskov, R. Gjergja Juraski, A. Fucic, T. Ivcevic Bakulic, I. Mikula, L. Cvitanovic Sojat, J. Bosnjak, V. Demarin
- 2.167** Sabril® Registry Initiated To Characterize Vision Loss Associated With Vigabatrin Therapy/J. Pellock, E. Faught, R. Sergott, M. Smith, D. Shields, G. Burkhart, D. Wesche, E. Lainey
- 2.168** Caregiver Measures For Seizure Control And Efficacy Of Antiepileptic Drugs For Childhood Epilepsy: Results Of A Preference Survey/M. Scott Perry, C. Swint, J. Hawley, K. Rask, S. Blake, S. Kohler, N. Krawiecki
- 2.169** Stiripental: Our Experience/S. Philip, S. Agrawal, E. Wassmer, R. Gupta, M. Smith, A. Sudarsanam
- 2.170** Analysis Of Pregabalin Use And Effectiveness In A Clinic Setting: A Pilot Of The Web-Based Post-Marketing Antiepileptic Drug Registry/J. Rasmussen, G. Morris, J. Kroll, S. Trayanov, D. Steber
- 2.171** Inverse Agonism Of Cannabimimetic (R+)-WIN55, 212 On Behavior And Seizure Threshold During The Juvenile Period/V. Rudenko, A. Rafiuddin, L. Friedman
- 2.172** The Effect Of Food On The Bioavailability Of USL255, A Novel Extended-Release Formulation Of Topiramate/W. Todd, L. Lambrecht, M. Boulware, M. Halvorsen
- 2.173** Now displayed as 1.317A
- 2.174** Aggravation Of Absence Seizure Related To Levetiracetam/S. Auvin, S. Chunn, P. Berquin, E. Bourel, C. Delanoe, C. Chiron
- 2.175** Lowered Platelet Counts In Levetiracetam Treated Epilepsy Patients/T. Bachmann, K. Bertheussen, S. Svalheim, M. Rauchenzauner, G. Luef, E. Taubøll
- 2.176** Pharmacokinetic Equivalence Between Immediate-Release Topiramate And USL255, A Novel Extended-Release Formulation Of Topiramate/M. Halvorsen, L. Lambrecht, M. Boulware, W. Todd
- 2.177** ARK™ Immunoassays For Antiepileptic Drugs: Gabapentin, Lamotrigine, Levetiracetam, Topiramate, Zonisamide/K. Kasper, K. Chung, B. Moon, J. Nguyen, A. Orozco, J. Valencia, J. Valdez
- 2.178** Development Of A Web-Based, Post-Marketing Surveillance Registry For Antiepileptic Medications/J. Kroll, G. Morris, S. Trayanov, D. Steber, J. Rasmussen
- 2.179** Development And Optimization Of Extended-Release Formulations Of Topiramate/L. Lambrecht, M. Halvorsen, M. Boulware, W. Todd, J. Carrithers
- 2.180** Safety Of Lacosamide For Hospitalized Patients With Seizures/M. Luk, W. Freeman, A. Patel, W. Tatum, K. Nau
- 2.181** Inter-Pregnancy Variability In Lamotrigine Pharmacokinetics In A Single Patient/R. Marawar, M. Kaur, A. Ritaccio
- 2.182** Valencian Community Lacosamide Experiences Collection Group (RELACOVA)/J. Palau, E. Lopez-Gomariz, J. Lopez-Trigo, M. Garcia, V. Villanueva
- 2.183** Evidence For The Nootropic Effects Of Acthar Gel (ACTH) In Epileptic Kcna1-null Mice/H. Parker, D. Kim, J. Wilke, Y. Ahn, J. Rho
- 2.184** Efficacy And Tolerability Of Classic Versus New Generation Antiepileptic Treatment Of Patients With Low Grade Brain Tumors And Epilepsy/A. Ricciardi Ciochini, J. Becerra, C. Balanya, S. Fumanal, M. Codina
- 2.185** Oculogyric Crises Secondary To Lamotrigine Overdosage/A. Veerapandiyam, W. Gallentine, S. Winchester, S. Kansagra, J. Baker, M. Mikati
- 2.186** Antiepileptic Drugs And Side Effects In Adults With Epilepsy In Tertiary Care/S. Wiebe, P. Federico, A. Hanson, N. Jette, B. Klassen, W. Murphy, N. Pillay, S. Save, M. Leveerison, S. Macrodimitris
- 2.187** Lack Of Association Of Polymorphisms In The Cytochrome P450 (CYP) 2D6 Genes In Intractable Childhood Epilepsy/F. Alehan, S. Saygi, B. Atac, I. Erol, R. Erdem
- 2.188** Reversible Visual Changes And Electroretinogram (ERG) Changes In A Child On Vigabatrin For Infantile Spasms/S. Benes, K. Zamel
- 2.189** The Effects Of Antiepileptic Drugs On Rat Uterine Implantation/A. Cansu, S. Gurgun, M. Yildirim, S. Canpolat, M. Serin, I. Abidin
- 2.190** Disposition And Adverse Effects Of Intravenous Topiramate In Adult Patients With Epilepsy Or Migraine Headaches/J. Cloyd, A. Clark, I. Leppik, J. White, T. Henry, R. Brundage, R. Kriel
- 2.191** Lacosamide Does Not Alter Bone Densitometry Parameters In Juvenile Dogs/M. Cornet, D. Tytgat, M. Léonard
- 2.192** Bioequivalence Of Rufinamide Oral Suspension Formulation And The Marketed Tablet/D. Critchley, J. Aluri, P. Boyd, M. Whayman, M. Narurkar, H. Delargy, F. Bibbiani
- 2.193** The Role Of Phenytoin In The Era Of Newer Anti Epileptic Medications: An Internet Based International Survey Of Neurologists And Epileptologists/R. Das, D. Griesemer, S. Kothare
- 2.194** Use Of Lacosamide In Nonconvulsive Seizures In Critically Ill Patients/M. Doreswamy, T. Lassiter, A. Husain
- 2.195** Treatment Of Malignant Migrating Partial Seizures Of Infancy With Rufinamide: Report Of 5 Cases/S. Kothare, T. Lodenkemper, G. Kluger, G. Coppola, M. Vendrame
- 2.196** Long-Term Use Of Vigabatrin In Adults With Epilepsy/K. Pargeon, S. Resor, Jr, P. Gouras, A. Manzee, S. Tsang, L. Hirsch
- 2.197** Efficacy Of Lacosamide As Adjunctive Therapy In Adolescents With Intractable Epilepsy: A Case Series/C. Patterson, S. Williams, P. Crumrine, S. Gedela, R. Varma, D. Holder
- 2.198** Enteric-Coated, Delayed-Release Divalproex With 1st-Order Absorption Characteristics Vs. Extended-Release Divalproex With Zero-Order Absorption: Graphical Comparison And Visual Analysis Of Plasma Concentration-Time Profiles/R. Reed, S. Dutta, W. Liu, D. Kasteleijn Nolst-Trenite, R. Ramsay
- 2.199** Rufinamide: Efficacy And Safety In Intractable Epilepsy (Lennox Gastaut Syndrome And Non Lennox Gastaut Syndromes) – Our Experience/A. Sudarsanam, E. Wassmer, R. Gupta, M. Smith, S. Agrawal, S. Philip
- 2.200** Levetiracetam And Neonatal Seizures/J. Verma, A. Wilfong
- 2.201** Safety And Efficacy Of Lacosamide In Critically Ill Patients/S. Cherry, L. Judd, H. Elzawahry, S. LaRoche
- 2.202** Efficacy Of A New Antiepileptic Medication Vimpat/A. Kogan, N. Dzhafarova, M. Andriola, R. Spiegel
- 2.203** Bone Density In Ambulatory Epilepsy Patients In South Florida/E. Serrano, C. Harden, M. Lowe, R. Martinez, A. Escandon-Sandino, A. Cohn, J. Gonzalez, Y. Grillo
- 2.204** Rufinamide In Pediatric Patients With Lennox-Gastaut Syndrome And Neuronal Migration Disorders/A. Spalice, F. Del Balzo, L. Papetti, F. Ursitti, C. Cerminara, F. Nicita
- 2.205** Rufinamide In Frontal Lobe Epilepsy/S. Adhami, C. Harini
- 2.206** Adjunctive Treatment With Lacosamide: An Option For Generalized Epilepsy?/S. Arnold, A. Beige
- 2.207** Use Of Pregabalin In Nonconvulsive Seizures In Critically Ill Patients/T. Lassiter, M. Doreswamy, A. Husain
- 2.208** The Effect Of Valproic Acid On Serum Total Cholesterol Level In Children With Epilepsy/S.-Ook Nam, Y. Kim

2.209 Lacosamide In Brain Tumor Patients With Seizure Disorder/
L. Robles Irizarry, G. Stevens,
K. Lupica, H. Newton, J. Connelly,
J. Lima, H. Cunningham, D. Pearl,
M. Malkin

**Non-AED/Non-Surgical Treatments
(Hormonal, Ketogenic, Alternative,
Etc.)**

Adult

2.210 A Ketogenic Diet Reduces Hippocampal Long-Term Potentiation In Freely Behaving Adult Rats/J. Blaise, J. Koranda, D. Ruskin, U. Chow, S. Masino

2.211 Characteristics And Clinical And Economic Outcomes In Medicaid Patients Receiving Vagus Nerve Stimulation (VNS) Therapy For The Treatment Of Refractory Epilepsy/
S. Helmers, M. Duh, A. Guerin,
S. Sarda, T. Samuelson, E. Faught

2.212 Vagus Nerve Stimulation Allows Reduction Of Polypharmacy In Medically Refractory Epilepsy: 10-Year Outcome/J. Dean, C. Allen

2.213 Does Modafinil Exacerbate Seizures In Epilepsy?/E. Artsy, D. McCarthy, S. Hurwitz, B. Dworetzky, J. Lee

2.214 Seven-Year Follow-Up In Patients With Refractory Epilepsy Treated With Medial Temporal Lobe Deep Brain Stimulation/E. Carrette, K. Vonck, A. Van Dycke, V. De Herdt, R. Raedt, T. Wyckhuys, D. Van Roost, K. Deblaere, A. Meurs, P. Boon

2.215 Brain Oxygenation Responses In Control And Tetanus Toxin Treated Rats/N. Nathwani, N. Hasulak, D. Erdheim, F. Sun, T. Tchong, J. Goodman

2.216 Adult-Onset Rasmussen Encephalitis Treated Using Transcranial Electrical Stimulation/D. Orta, J. Calcano, M. González-Aragón, L. Maldonado, A. Avellán, E. Argumosa, F. Fregni

2.217 Evaluation Of Induced Current Near The Lead Electrodes Of Vagus Nerve Stimulators Due To Time-Varying Gradient Magnetic Fields During MRI/M. Wang, M. Kayali, E. Eubank, J. Begnaud, J. Chen

**Non-AED/Non-Surgical Treatments
(Hormonal, Ketogenic, Alternative,
Etc.)**

All Ages

2.218 The Functional Neuroprotective Effects Of The Ketogenic Diet Versus Standard Antiepileptic Drugs In Epileptic Kcna-Null Mice/D. Kim, H. Milligan, J. Rho

2.219 Ketogenic Diet For The Treatment Of Seizures Associated With Hypothalamic Hamartomas/
K. Chapman, D. Kim, J. Rho, Y. Ng,
J. Kerrigan

2.220 Reduction Of Neocortical Neuronal Firing By Therapeutic Trigeminal Nerve Stimulation/
E. Fanselow, D. Noel

2.221 Effect Of Everolimus On Seizure Activity In Patients With Tuberous Sclerosis (TS)/D. Krueger, M. Care, K. Holland-Bouley, K. Agricola, C. Tudor, P. Mangeshkar, A. Weber-Byars, T. Sahmoud, D. Franz

2.222 The Ketogenic Diet Inhibits The Mammalian Target Of Rapamycin (Mtor) Pathway/S. McDaniel, N. Rensing, L. Thio, K. Yamada, M. Wong

2.223 Children On The Ketogenic Diet Combined With Zonisamide Or Topiramate, Are They At Higher Risk For Acidosis?/I. Muzyka, H. Kayyali, A. Hafez Abdelmoity, V. Driscoll, A. Sherman, A. Abdelmoity

2.224 The Risk Of Seizure Recurrence In Children With Refractory Epilepsy Seizure Free On The Ketogenic Diet/
K. Taub, S. Kessler, C. Bergqvist

2.225 Long-Term Efficacy Of Vagal Nerve Stimulation Therapy In Young Children With Intractable Epilepsy/
L. Romantseva, P. Ogden, A. Hussein

2.226 Ketogenic Diet Efficacy In The Treatment Of Intractable Infantile Spasms/A. Abdelmoity, H. Kayyali

2.227 Urgent Ketogenic Diet Initiation Helps Accomplish Discharge In Unremitting Seizures/K. Costas, S. Tarrant, B. Bourgeois, M. Takeoka, A. Poduri, A. Bergin

2.228 Cathodal Transcranial Direct Current Stimulation Suppresses PTZ-Induced Seizures In Rats/D. Ekstein, S. Dhamne, P. Muller, T. Loddenkemper, A. Pascual-Leone, F. Jensen, A. Rotenberg

2.229 The Efficacy Of The Ketogenic Diet In Correlation With Beta-Hydroxybutyrate Level/H. Kayyali, A. Hafez Abdelmoity, I. Muzyka, V. Driscoll, A. Sherman, A. Abdelmoity

2.230 Will Seizures Improve By Switching From The Modified Atkins Diet To The Traditional Ketogenic Diet?/E. Kossoff, H. Kang, M. Miranda, A. Wiemer-Kruel

2.231 Ketogenic Diet: Clinical Predictors For Significant Seizure Control/N. Agarwal, M. Ramanathan, M. Hartley-McAndrew, C. Gillogly, A. Weinstock

2.232 Deep Brain Stimulation For Dravet Syndrome: A 10-Year Follow-Up Study/D. Andrade, R. Wennberg, A. Lozano, C. Hamani

2.233 Concurrent Betahydroxybutyrate And Glucose Levels In Children Receiving Ketogenic Diet Therapy/
B. Kania, A. Edlbeck, S. O'Connor

2.234 Effect Of ACTH And Corticosteroids In Patients With Down Syndrome And Epileptic Spasms: A Case Series/B. Mudigoudar, S. Gandhi, K. Arya, G. Chari

2.235 Vagus Nerve Stimulation (VNS) Therapy In Children And Adolescent With Refractory Epilepsy/A. Soto, G. Contreras, V. Sainz, H. Scholtz, F. Duran

2.236 Ketogenic Diet Exhibits Anti-Inflammatory Properties: Involvement Of Ppar Pathways?/N. Curatolo, C. Lecointe, J. Benoist, P. Gressens, S. Auvin

2.237 Adding A Ketogenic Diet To Vagus Nerve Stimulation Or Implanting Vagus Nerve Stimulator In Patients Receiving A Ketogenic Diet, Does It Make A Difference In Seizure Control And Quality Of Life?/M. Driscoll, M. Finnerty, A. Hafez Abdelmoity, A. Abdelmoity

2.238 Nicotine Patch For The Treatment Of Intractable ADNFLE In A Non-Smoking Pediatric Patient/
J. Schoenfeld, M. Sotero de Menezes

2.239 Successful Maintenance Of Ketosis Using Parenteral Nutrition Therapy/S. Tarrant, K. Costas, A. Bergin, S. Huh

2.240 Life-Long Refractory Epilepsy Controlled By A Novel Acidosis-Sparing, Euketonemic Ketogenic Diet: A Case History/A. Yuen, I. Walcutt

Surgery

Adult

2.241 Epilepsy Surgery For Temporal Lobe Epilepsy With Mesial Temporal Sclerosis: The Impact Of Measuring Health-Related Quality Of Life And Psychosocial Outcome/N. Alonso, A. Azevedo, R. Centeno, H. Martins, L. Caboclo, G. Filho, E. Yacubian

2.242 Recent Advances In Stereoelectroencephalography (SEEG)/J. Hall

2.243 Amygdalar Epilepsy, Comparative Study/J. Miró, M. Falip, M. Aiguabella, M. Juncadella, R. Fortuny, G. Plans, J. Acebes, S. Fernandez, S. Castañer, J. Mora, N. Cardoner

2.244 Epileptogenic Zones Are Often Far Removed From Brain Tumors: An Intracranial EEG Analysis/A. Shah, D. Barkmeier, Y. Tran, D. Fuerst, J. Loeb, D. Pai, J. Hua, S. Mittal

2.245 Surgical Treatment Of Nonlesional Supplementary Sensorimotor Area Epilepsy/D. Steven, E. Goellner, J. Burneo, A. Parrent, J. Girvin

2.246 Cortical Dysplasia In Patients With Temporal Lobe Epilepsy; Morphological Study Of 60 Cases/
J. Villeda, M. Alonso, L. Rocha, S. Orozco

2.247 Stimulation Of The Anterior Nucleus (AN) Of The Thalamus For Epilepsy Does Not Appear To Promote Adverse Ventilatory Changes During Sleep/C. Anderson, R. Mani, M. Rizk, M. Callanan, J. Pollard, R. Fisher

2.248 A New Percutaneous Surgically Implanted System For Trigeminal (V3) Nerve Stimulation In Human Epilepsy/
A. Blum, M. Cheng

2.249 Resective Epilepsy Surgery In Patients With Periolandic Epilepsy/
M. Brazdil, R. Kuba, J. Chrastina,
Z. Novak, J. Hemza, M. Hermanova,
I. Tyrlikova, M. Ryzí, H. Oslejskova,
J. Kocvarova, M. Pazourkova, I. Rektor

2.250 Review Of Predictive Factors For Successful Epilepsy Surgery Based On MRI, Routine Electroencephalogram And Clinical Factors/M. Bunch, N. Jette, C. Carlson, J. French

2.251 Drug Withdrawal Protocol After Temporal Lobe Epilepsy Surgery/
R. Centeno, M. Guimarães, L. Caboclo, H. Carrete, E. Yacubian
2.252 Drug-Resistant Epilepsy, Neurocysticercosis And Mesial Temporal Sclerosis: Variations On The Theme Of Dual Pathology/L. Chen, S. Shaw, P. Kim, C. Heck, L. Kalayjian, D. Ko, C. Liu, D. Millett
2.253 Reoperation For Failed Epilepsy Surgery: Outcome In Patients With Refractory Temporal Lobe Epilepsy/
A. Deep, S. Pati, G. Kiyota, Y. Ng, R. Maganti, S. Chung
2.254 Utilizing A Decision Tree Model To Predict Outcome For Patients Assessed For Epilepsy Surgery With EEG, MRI And IQ As Factors/P. Dugan, C. Carlson, J. Menendez, P. Flom, R. Knowlton, J. French
2.255 Frontal Lobe Epilepsy Surgery: Factors Influencing Outcome/
K. Fountas, J. Smith, Y. Park, A. Murro, P. Jenkins
2.256 Epilepsy Surgery In Adults With Medically Intractable Temporal Lobe Epilepsy In Croatia/H. Hecimovic, T. Sajko, V. Demarin, K. Rotim
2.257 Surgical Outcomes For Post-Traumatic Extra-Temporal Epilepsy Surgery/A. Kershenovich, S. Hakimian, J. Ojemann, M. Holmes, A. Hebb, J. Miller, R. D'Ambrosio
2.258 Clinical Features And Pathological Characteristics Of Amygdala Enlargement In Mesial Temporal Lobe Epilepsy/D. Kim, S. Lee
2.259 No Infection In 100 Consecutive Cases Of Vagus Nerve Stimulation For Treatment Of Refractory Epilepsy/
H. Senties-Madrid, M. Alonso-Vanegas, C. Castillo-Montoya, S. Pérez, F. Rubio-Donnadieu
2.260 Outcome Of Temporal Lobectomy For Hippocampal Sclerosis In Older Patients/T. Srikiyvilaiikul, S. Tepmongkol, S. Lerdlum, S. Shuangshoti, C. Lochareernkul
2.261 Management Of Extra-Axial Fluid Collections After Sub-Dural Electrode Placement/N. Tandon, S. Villarreal
2.262 Seizure Outcome After Temporal Lobe Epilepsy Surgery. Comparison Between The Engel And The Proposed International League Against Epilepsy Classifications/
A. Tanner, M. Al-Kaylani, R. Lüders, J. Lüders, H. Lüders
2.263 Refractory Epilepsy Due To Meningioangiomas and Focal Cortical Dysplasia Treated By A Staged Surgical Approach/S. Hwang, J. Hira, A. Zuber, M. Nasim, S. Bickel, S. Stevens, A. Mehta
2.264 Gamma Knife Surgery For Refractory Insular Cortex Epilepsy/
M. Irislimane, D. Mathieu, C. Deacon, D. Nguyen
2.265 Hippocampal Transection For Temporal Lobe Epilepsy Patients With Organic Lesions And MRI-Normal Hippocampus/T. Maehara, T. Narai, Y. Tanaka, K. Hara, M. Matsuura, K. Ohno

2.266 Correlation Of Scalp EEG And MRI Findings With Outcome Of Extraoperative Electrocorticography In Temporal Lobe Epilepsy/V. Wasade, K. Elisevich, B. Smith, M. Spanaki, J. Constantinou
2.267 Seizure And Neuropsychological Outcome Following Mesial Temporal Lobe Epilepsy Surgery: Selective Amygdalohippocampectomy Vs. Anterior Temporal Lobectomy/A. Weil, A. Bouthillier, I. Rouleau, E. Dagenais, W. Surbeck, R. Rahme, P. Cossette, N. Giard, G. Bouvier, J. St-Hilaire, D. Nguyen
2.268 Statistical Modeling Of ICEEG Features That Determine Resection Planning/W. Mathews, L. Ver Hoef, A. Paige, J. DeWolfe, R. Elgavish, K. Riley, R. Knowlton
2.269 Long Term Efficacy Of The SANTE Trial (Stimulation Of The Anterior Nucleus Of Thalamus For Epilepsy)/V. Salanova, R. Fisher, The SANTE Study

**Surgery
Pediatrics**

2.270 Temporal Lobe Epilepsy Surgery In Children: Considerations For Prognostic Predictors/Y. Park, B. Choi, S. Stickland, G. Lee, A. Murro, P. Culbertson-Brown, M. Cohen, S. Miranda, J. Smith, M. Lee
2.271 Does Multimodality Imaging Contribute To Management Of Pharmaco-Resistant Epilepsy In Children With Tuberous Sclerosis Complex?/J. Seo, K. Holland-Bouley, D. Rose, L. Rozhkov, H. Fujiwara, D. Franz, J. Leach, M. Gelfand, L. Miles, F. Mangano, P. Horn, K. Lee
2.272 Vagus Nerve Stimulation (VNS) In Children With Refractory Secondary Generalized Or Multifocal Epilepsy Who Were Not Candidates For Cortical Resection/M. Argentoni-Balochi, C. Forster, C. Baise, C. Cukiert, V. Mello, A. Cukiert, J. Burattini, P. Mariani
2.273 Invasive Intracranial Monitoring In Pediatric Epilepsy Surgery: When Useful And When Not/P. Brna, P. Jayakar, C. Dunoyer, M. Duchowny, T. Resnick
2.274 Surgical Efficacy And Safety In Multilobar Pediatric Epilepsy/S. Ghatan, P. McGoldrick, S. Wolf
2.275 Functional Consequences And Morbidity Of Hemispherotomy/
A. Hamad, R. Centeno, L. Costa, L. Caboclo, H. Carrete Junior, L. Vilanova, A. Sakamoto, E. Yacubian
2.276 Proposed Multi-Axial Classification For Outcome Of Epilepsy Surgery In Children/K. Holland, A. Byars, T. Glauser, J. Seo, T. Arthur, F. Mangano, K. Lee
2.277 Localization Of Interictal Neuromagnetic Spike-Locked High Frequency Oscillations (40-120 Hz) In Pediatric Intractable Extratemporal Epilepsy/I. Mohamed, H. Otsubo, P. Ferrari, A. Ochi, E. Widjaja, S. Chuang, O. Snead, D. Cheyne

2.278 Prevalence And Predictors Of Delayed Intractability In Children Undergoing Resective Epilepsy Surgery/P. Monrad, K. Nickels, M. Hnojickova, N. Wetjen, E. Wirrell
2.279 Subtotal Hemispherectomy Sparing The Primary Sensorimotor Region (pSMR) – An Alternative To Hemispherotomy In Children With Hemispheric Epilepsy Without Hemiparesis?/B. Pascher, T. Pieper, S. Kessler, H. Eitel, I. Bluemcke, M. Kudernatsch, P. Winkler, H. Holthausen
2.280 Longitudinal Analyses Of The Surgical Outcomes Of Pediatric Epilepsy Patients With Focal Cortical Dysplasia/J. Phi, B. Cho, Y. Hwang, K. Kim, J. Chae, K. Wang, J. Han, S. Kim
2.281 Effect Of Hemispherectomy On Contralateral Spikes/G. Popli, A. Pinto, M. Takeoka
2.282 Early Surgical Treatment Of Early Infantile Epileptic Encephalopathy/Ohtahara Syndrome/F. Ritter, M. Dunn, H. Chugani, I. Pavkovic, J. Doescher, M. Frost
2.283 Vagus Nerve Stimulation For Medically Refractory Epilepsy In The Pediatric Population/T. Yamamoto, W. Doyle, A. Sylvesterberg, O. Devinsky
2.284 Repeat Surgery For Medically Refractory Epilepsy In Children: Features And Seizure Outcome/
D. Depositario-Cabacar, J. Walker, H. Kaulas, A. Yaun, J. Conry, P. Pearl, T. Tsuchida, C. Heath, T. Zelleke, L. Vezina, W. Gaillard
2.285 Transsylvian Selective Amygdalohippocampectomy In Children: Seizure And Cognitive Outcome/
A. Durnford, P. Heffer-Rahn, A. Beaton, J. Limond, F. Kirkham, A. Whitney, W. Gray
2.286 Epilepsy Surgery In Children With Intracranial Shunts/M. Goyal, S. Robinson
2.287 Successful Surgical Treatment Of Intractable Epilepsy For Children With Tuberous Sclerosis Complex/
M. Guerra, E. Castillo, J. Baumgartner, G. Von Allmen
2.288 The Use Of An Automatic SPECT Injector Improves The Quality Of Ictal Studies In Pediatric Epilepsy Surgery Patients/D. Holder
2.289 The Effect Of VNS Therapy On Body Mass Index In Children/
S. Kansagra, N. Ataya, D. Lewis, W. Gallentine, G. Grant, M. Mikati
2.290 Outcome And Complication In Hemispherectomies Of Infants Less Than A Year Old/S. Koh, L. Zawadzki, P. Laoprasert, K. Knupp, K. Park, M. Handler
2.291 Clinical Outcomes In Reoperation After Comprehensive Epilepsy Surgery/E. Kwon, H. Kang, H. Kim, J. Lee
2.292 Bilateral Multistage Approach In Epilepsy Surgery/K. Lee, J. Seo, K. Holland-Bouley, F. Mangano

- 2.293** Hyponatremia In Pediatric Patients Undergoing Intracranial Monitoring And Epilepsy Surgery For Intractable Partial Seizures/
A. McGregor, S. Fulton, D. Clarke, F. Perkins, F. Boop, S. Einhaus, J. Wheless
- 2.294** Repeat Surgery Of Hypothalamic Hamartoma For Refractory Epilepsy/Y. Ng, S. Pati, K. Kelly, S. Donlon, R. Rastogi
- 2.295** Early Surgery For Infantile Intractable Epilepsy Associated With Hemimegalencephaly/A. Takahashi, T. Otsuki, T. Kaido, Y. Kaneko, E. Nakagawa, K. Sugai, M. Sasaki
- 2.296** Quality Of Life Changes Following Pediatric Epilepsy Surgery/
J. Titus, M. Smyth, D. Limbrick, L. Thio, J. Rogier, K. Steger-May
- 2.297** Presurgical Invasive Explorations In Childhood Epilepsy: Our Experience With Subdural Electrodes And Stereo-Electroencephalography/
G. Dorfmueller, D. Taussig, S. Ferrand Sorbets, C. Bulteau, C. Jalin, M. Fohlen, O. Delalande
- 2.298** Complete Section Of The Corpus Callosum Associated With Vagal Nerve Stimulation For Atonic Seizures In Pediatrics/
R. Villalobos-Nieto, F. Guzman, J. Torres-Corzo, R. Rodriguez
- 2.299** Reactivation Of Herpes Simplex Virus Encephalitis Following Epilepsy Surgery/S. Arnold, A. Price
- 2.300** Comparison Of Outcome After Callosotomy And Vagus Nerve Stimulation Therapy In Children With Drop Attacks/M. Chiara Colonnelli, S. Varadkar, S. Hannan, W. Harkness, J. Cross
- 2.301** Value Of Computed Tomography (CT) Scan In Children With Medically Refractory Epilepsy Caused By Focal Cortical Dysplasia/P. Laoprasert, D. Arndt, S. Koh, B. Kleinschmidt-Demasters, M. Handler
- 2.302** Drug Withdrawal In The Epilepsy Monitoring Unit: Outcomes In A Newly Established Service/H. Singh, D. Clark, S. Gurr, J. Richmond, S. Malone

**Surgery
All Ages**

- 2.303** Hippocampal Deep Brain Stimulation (Hip-DBS) In Patients With Bilateral Temporal Lobe Epilepsy (TLE) And Normal MRI Findings Or Bilateral Mesial Temporal Sclerosis (MTS)/
A. Cukiert, J. Burattini, P. Mariani, C. Cukiert, C. Baise, M. Argentoni-Baldochi, C. Forster, V. Mello
- 2.304** Centro-Median Deep Brain Stimulation (CM-DBS) In Patients With Refractory Secondary Generalized Epilepsy Previously Submitted To Callosal Section/C. Cukiert, A. Cukiert, M. Argentoni-Baldochi, C. Baise, C. Forster, V. Mello, J. Burattini, P. Mariani

- 2.305** Differences In Seizure Frequency During Scalp Versus Intracranial Video/EEG Monitoring/
C. Kahlenberg, V. Thadani, K. Bujarski, K. Gilbert, K. Kulandaivel, D. Roberts, B. Jobst
- 2.306** Can Acute Electrocorticography Obviate The Need For Chronic Implantation Of Electrodes And Predict Outcome In A Subgroup Of Patients With Temporal Lobe Epilepsy And A Normal MRI?/T. Schwartz, N. Luther, A. Tsiouris, D. Labar, N. Sethi, E. Rubens
- 2.307** Depth Electrode Recording In Epilepsy Surgery. A Five Year Review/
M. Wheatley, D. Gross, D. Sinclair, N. Ahmed
- 2.308** Change In Seizure Severity After Anterior Temporal Lobectomy/
S. Alur, L. Stott, M. Nei, A. Sharan, M. Sperling
- 2.309** Anterior Nucleus Of The Thalamus Deep Brain Stimulation (AN-DBS) In Patients Who Failed Extra-Temporal Or Temporal Lobe Resection/
C. Baise, C. Cukiert, M. Argentoni-Baldochi, C. Forster, V. Mello, A. Cukiert, J. Burattini, P. Mariani
- 2.310** Long-Term Epilepsy Surgery Outcome In Argentina/M. Donadio, M. Moussalli, L. Barrios, C. Vazquez, G. Ugarnes, M. Segalovich, J. Pociacha, C. Petre, H. Pomata, C. D'Giano
- 2.311** Application Of Focal Cerebral Cooling For The Treatment Of Intractable Epilepsy: An Overview Of Past Studies/M. Fujii, H. Imoto, H. Fujioka, Y. Maruta, H. Koizumi, S. Nomura, K. Kajiwara, T. Saito, T. Yamakawa, T. Yamakawa, M. Suzuki
- 2.312** Long-Term Follow-Up After Frontal Lobe Epilepsy Surgery/
S. Lazov, D. Roberts, V. Thadani, K. Gilbert, R. Morse, K. Bujarski, K. Kulandaivel, B. Jobst
- 2.313** The Use Of Vagus Nerve Stimulation (VNS) In Refractory Epilepsy Patients/S. Miranda, A. Murro, K. Drake, Y. Park, S. Strickland, J. Smith, C. Giller, G. Lee
- 2.314** Intracranial Survey Studies: Usefulness And Prognostic Implications/M. Zaatreh, M. Lancman, O. Laban, G. Ghacibeh, E. Fertig, M. EL Khashab, A. Fried
- 2.315** Seizure Outcomes And Quality Of Life Following Corpus Callosotomy For Drop Seizures/R. Bower, J. Van Gompel, G. Worrell, R. Marsh, E. Wirrell, F. Meyer
- 2.316** Clinical Use Of Functional Magnetic Resonance Imaging For Clearing Brain Areas For Resective Surgery/L. Entz, S. Bickel, M. Argyelan, G. Klein, S. Hwang, S. Jain, S. Schaffer, P. Kingsley, A. Mehta
- 2.317** Is Additional Amygdalo-Hippocampectomy Necessary For Intractable Lesional Temporal Lobe Epilepsy?/H. Kishima, S. Oshino, K. Hoshimi, M. Hirata, A. Kato, T. Yoshimine

- 2.318** Planning Intracranial Electrode Studies For Seizure Localization In Cases Of Nonlesional Neocortical Epilepsy/A. Papanastassiou, K. Vives, D. Spencer
- 2.319** A Minimal Invasive Surgical Approach: Thermoablation For An Isolated Periventricular Nodular Heterotopia/F. Schmitt, A. Ebner, H. Pannek, J. Buentjen, H. Heinze, J. Voges
- 2.320** Mortality After Epilepsy Surgery/M. Sperling, S. Durbhakula, L. Stott, M. Nei, A. Zangaladze, S. Mintzer, C. Skidmore, J. Evans, A. Sharan
- 2.321** New Micro Cryogenic Probe As New Facilities For Brain Surgery/
L. Zimin, T. Yamakawa
- 2.322** Temporomandibular Disorders Following Craniotomy For Refractory Epilepsy: A Prospective Evaluation/
A. Costa, C. Yasuda, H. Tedeschi, E. Oliveira, F. Cendes
- 2.323** Evaluation Of The Frequency And Clinical Importance Of Electrically-Induced Seizures By Using Intracerebral And Subdural Electrodes/
T. Hoshida, T. Murakami, K. Kawata, K. Tamura, H. Nakase
- 2.324** Corpus Callosotomy For Medically Refractory Epilepsy Secondary To Congenital Bilateral Perisylvian Syndrome/T. Yamazoe, A. Fujimoto, M. Yamazaki, T. Yamamoto

Practice Resources

- 2.325** Early Postoperative Antiepileptic Drug Withdrawal In Seizure-Free Mesial Temporal Lobe Epilepsy Patients With Concordant Epileptogenic Zone/
D. Adstamongkonkul, K. Sripankaew, W. Krongthong, A. Arnamwong, C. Lim-arune, S. Suwaroporn, C. Locharenkul
- 2.326** Developing A Systematic Team Approach To Monitor, Measure, Modify And Implement Safety In The EMU/
M. Spanaki-Varelas, V. Remedio, D. Budzyn, C. McCloskey, M. Holland, B. Smith
- 2.327** National Institute Of Neurological Disorders And Stroke National Institute Of Neurological Disorders And Stroke (NINDS), National Institutes Of Health (NIH), Common Data Element (CDE) Project: Version 1.0 Of Epilepsy CDEs Available For Use/A. Stout, S. Grinnon, L. Hunegs, J. Odenkirchen, B. Fureman
- 2.328** The Feasibility Of Providing Tele-Epilepsy Services On The Indian Reservation/K. Drake, J. Chong, D. Labiner
- 2.329** Developing A Functional Status Diary (FSD) For Epilepsy/S. Fehnel, R. Manjunath, C. Ervin, J. French, K. VanLandingham, C. Sweeney, A. Ettinger, E. Faught, A. Kanner
- 2.330** Using Concomitant Remote Cardiac Telemetry To Enhance Patient Safety In The Epilepsy Monitoring Unit (EMU)/D. Moses, P. Gerber-Gore

2.331 Epilepsy On YouTube: A Review Of 100 Videos/K. Noe, D. Shulman, L. Tapsell

2.332 Indeterminate EMU Admissions: Does Repeating The Admission Help?/S. Zarkou, M. Grade, M. Hoerth, K. Noe, J. Sirven, J. Drazkowski

2.333 Assessing YouTube Videos As A Teaching Tool For Infantile Spasms/ M. Fat, E. Sell

Epidemiology

2.334 Epilepsy And Activity – A Population-Based Study/K. Gordon, J. Dooley, P. Brna

2.335 Population-Based Prevalence And Incidence Of Epilepsy In Washington, D.C./A. Kenyon, B. Kroner, M. Fahimi, W. Gaillard, W. Hauser, D. Thurman

2.336 Predictors Of Death In Pediatric In-Patients With Status Epilepticus/ T. Loddenkemper, T. Syed, V. Gooty, S. Kothare, A. Alsheklee, M. Koubeissi

2.337 Diagnosis And Hospital Stay For Status Epilepticus: Gender Differences Over A Decade/A. Arain, P. Singh, Y. Song, V. Cain, B. Husaini

2.338 Prevalence Of Sleep Disorders Symptoms In Children With Epilepsy And Type 1 Diabetes/J. Baron, R. Levy, B. Ostrander, C. Ray

2.339 Patients With A Lifetime Of Epilepsy: Characteristics And Co-Morbidities/B. Botti, E. Geller, P. Widdess-Walsh

2.340 A Prospective Study Of A Cohort Of Patients With Newly-Diagnosed Epilepsy: Their Response To Medication, And The Role Of EEG And MRI/J. Burneo, E. Sandison

2.341 Patterns Of Hospital Utilization Among Patients With Seizures And Epilepsy/J. Chong, E. Ouellette, K. Drake, D. Labiner

2.342 The Diagnosis Of Nonepileptic Seizures On EEG Telemetry Reduces Acute Health Care Utilization/J. Jirsch, S. Ahmed, D. Gross

2.343 Lack Of Reliability Of ICD9 Codes For Generalized Convulsive Status Epilepticus Detection/J. Langer, N. Fountain

2.344 Racial/Ethnic Differences In Incident Epilepsy/Seizure Disorder Following Admission To US Nursing Homes, 2003-2007/I. Leppik, S. Harms, K. Svendsen, S. Li, L. Eberly

2.345 Etiology Of Epilepsy In Southeastern Brazil: A Population-Based MRI Study/L. Li, P. Fernandes, S. Stefanello, L. Marín-Léon, N. Botega

2.346 Epilepsy-Related Mortality Is Low In Children: A 25-Year Population-Based Study In Rochester, MN/ K. Nickels, E. Wirrell

2.347 Wait Time For First Medical Assessment After A Single Unprovoked Seizure, Does It Matter?/J. Anang, J. Tellez-Zenteno

2.348 Attitudes Relating To Driving And Risk Taking In Adolescents And Young Adults With Epilepsy/A. Dantzig, E. Macdonald

2.349 Prevalence Of Epilepsy In Korea: Nationwide Study From The National Health Insurance Statistics/S. Lee, K. Jung, D. Kim

2.350 Seizure Remission And Relapse In Adults With Intractable Epilepsy: An Extended Follow-Up Study/H. Munger Clary, G. Heiman, M. Etienne, W. Hauser, H. Choi

2.351 Mortality Following Childhood Status Epilepticus: A Population-Based Study/S. Pujar, R. Scott, R. Chin

2.352 Socio-Occupational And Employment Profile Of Patients With Epilepsy/J. Serratos, E. Elices, A. Gil-Nagel, J. Salas-Puig, J. Sánchez, M. Carreño, V. Villanueva, J. Rosendo, J. Porcel, A. Marinas

2.353 How Often Is Childhood Epilepsy “Preventable”?/L. Wong-Kissel, K. Nickels, E. Wirrell

2.354 Development And Validation Of A Case Definition For Epilepsy For Use With Administrative Data/A. Reid, M. Liu, S. Sadiq, H. Quan, S. Wiebe, P. Faris, S. Dean, N. Jetté

Public Health

2.355 Epilepsy-Related Death In Arizona: Mapping Racial And Ethnic Disparities In Mortality At County Level/S. Pati, A. Sharma, K. Chapple, C. Mrela, R. Porter, A. Deep, R. Dhall, S. Chung, J. Sirven

2.356 Electrocardiographic And Oximetric Changes In Patients During Partial Complex And Generalized Seizures/B. Moseley, E. Wirrell, K. Nickels, J. Johnson, M. Ackerman, J. Britton

2.357 Epilepsy Partnerships That Work: The South Texas Border — Rio Grande Valley Region/S. Rosales, J. Cavazos, C. Szabo, L. Morgan

2.358 Results Of A Randomized Controlled Trial Evaluating WebEase, An Online Self-Management Program/C. Dilorio, Y. Bamps, E. Walker

2.359 Trends In Healthcare Cost Utilization, Length Of Stay, In-Hospital Mortality And Discharge Disposition In Patients Hospitalized For Epilepsy And Convulsions, 1993-2008/M. Rao, A. Bhatt, A. Majid, M. Kassab

2.360 Decreasing The Epilepsy Treatment Gap In The Ecuador Amazon Region/P. Espinosa, N. Falcone, B. Vasquez, B. Dworetzky, E. Ortiz, A. Salom, Y. Garzon, O. Pacheco, A. Berkowitz, D. Fee, K. Swartz, S. Cash, R. Baumann

2.361 Knowledge, Beliefs, And Healthcare Perceptions Of Epilepsy In Minnesota’s Native American Nations/M. Fiol, K. Allison, S. Rosenstone, G. Vazquez

2.362 Translating Research To Practice: CDC Managing Epilepsy Well Network/R. Kobau, C. Dilorio, Y. Bamps, N. Thompson, N. Clark, C. Begley, R. Shegog, R. Fraser, P. Ciechanowski

2.363 Survey Of Non-Neurologists Knowledge Of Department Of Motor Vehicles Rules And Regulations For Loss Of Consciousness In A Mandatory Reporting State/E. Neiman, R. Bitra, S. Sane, A. Farheen, K. Narayana, J. Drazkowski

2.364 Disobedience And Driving In Patients With Epilepsy/W. Tatum, M. Selenica

2.365 Revising Project UPLIFT From A Treatment Intervention To A Prevention Intervention/N. Thompson, A. Edwards, A. Garcia-Williams, R. Fraser, C. Begley, L. Selwa

History of Epilepsy

2.366 Epilepsy And Epilepsy Surgery Newly Characterized In A 1950 Film/ D. Friedman

Late-Breaking Abstracts

2.367 Predictors Of Five-Year Remission In Focal Epilepsy Of Unknown Cause/E. Beghi, U. Aguglia, A. Labate, S. Gasparini, L. Mumoli, C. G. Leonardi, V. Cianci, M. A. Latella, A. Gambardella

2.368 SCN1A-Targeted siRNA In Rats Causes Behavioral Impairment: Implications For Dravet Syndrome/ A. C. Bender, G. L. Holmes, P. P. Lenck-Santini

2.369 Association Between Infantile Spasms And The “Shaken-Baby Syndrome”/A. Birca, L. Carmant

2.370 Epilepsy Co-Morbidity In Complex Childhood Developmental Disorders: Seizure Susceptibility In A Genetic Mouse Model Of RTT Syndrome Demonstrates Age And Genotype Interactions/G. Carlson, T. N. Ferraro, G. G. Smith, R. J. Buono

2.371 Potential Novel Molecular Players In Homeostatic Plasticity Of Hippocampal Neurons Identified By Gene Expression Profiling/H. Chung, S. Royston, M. Vest, D. Ley, K. Lee

2.372 Fluoxetine Reverses Both An Allocentric Spatial Learning Deficit And Reduced Neurogenesis In A Rodent Kainate Model Of Mesial Temporal Lobe Epilepsy/W. P. Gray, L. Barkas, M. Taylor, A. Shtaya, D. Hamilton, E. Redhead

2.373 The Effect Of Early Life Seizures On Synaptic Plasticity In The Prefrontal Cortex Later In Life/ A. Hernan, G. Holmes, E. Isaeva

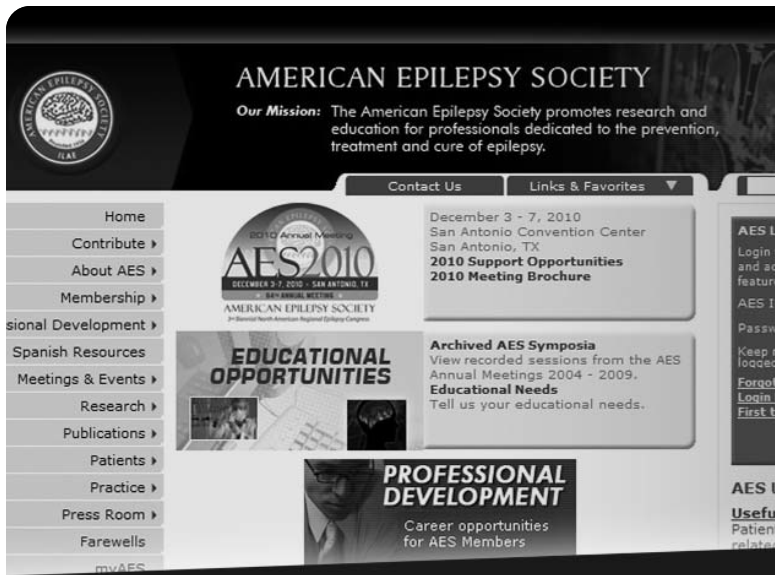
2.374 Hippocampal Theta Rhythm Amplitude Is Reduced After Intraseptal Injection Of GAT1-SAP/S. Jaime, M. G. Perez-Cordova, L. V. Colom

2.375 Splenectomy Modulates Experimental Seizures Induced By Cholinergic Or Glutamatergic Activation/D. Janigro

2.376 Quantitative Video-EEG In A Mouse Model Of Neonatal Ischemic-Seizures: Age-Dependent Efficacy Of Phenobarbital/S. D. Kadam, G. J. Markowitz, S. K. Kang, A. M. Comi, F. E. Dudek, M. V. Johnston

2.377 Activation Of Suicidal Ideation With Adjunctive Rufinamide In Bipolar Disorder/K. R. Kaufman, P. J. Struck
2.378 Levetiracetam Monotherapy In Children With Epilepsy In Chungbuk, Korea/W. S. Kim, G. Sim
2.379 Inter-Rater Reliability Of Engel And ILAE Seizure Outcome Classifications/F. J. Kirkham, A. Durnford, W. Rodgers, K. Forrest, M. A. Mullee, A. Whitney, L. Kinton, M. Prevett, M. J. Harris, W. P. Gray
2.380 Efficacy And Safety Of Perampamel, An AMPA Receptor Antagonist, As An Adjunctive Therapy In A Phase III Study Of Patients With Refractory Partial-Onset Seizures/G. L. Krauss, J. M. Serratosa, V. E. Villanueva, M. Endziniene, Z. Hong, J. French, H. Yang, D. Squillacote, J. Zhu, A. Laurenza
2.381 The Soluble Epoxide Hydrolase Regulates Hippocampal Neuroinflammation In Adult Mice After Pilocarpine-Induced Status Epilepticus/Y. Lin, M. Lai, Y. Hung, T. Lee
2.382 Comparison Of P3 Responses Before And After Surgery In TLE Patients Using CD Analysis/A. Matsuda, K. Hara, M. Miayajima, K. Ohta, T. Maehara, E. Matsushima, M. Watanabe, M. Hara, M. Matsuura
2.383 Perforant Pathway Stimulation In Freely-Moving Rats: Threshold For Hippocampal Neurodegeneration/B. Norwood, F. Rosenow
2.384 Structural Alteration In BBB And Mdr-1 Protein Expression In Tissue Of Pediatric Patients With Partialis Continua Epilepsia/S. Orozco-Suárez, I. Feria-Romero, D. Rayo, R. Garcia, J. Diegopérez, M. I. Fraire, G. Ramirez, R. Cabrera, J. Proaño, L. Arriaga, I. Grijalva
2.385 Noninvasive Ultrasonic Neuromodulation For Status Epilepticus: Preliminary Observations/S. Pati, A. Yoshihiro, Y. Tufail, W. J. Tyler
2.386 Multiple Mechanisms Rapidly Regulate Tonic GABA Currents In Cultured Rat Hippocampal Neurons/C. Ransom, Y. M. Wu, G. B. Richerson
2.387 Resistance To Classical Antiepileptic Drugs In The MTLTLE Mouse: A Model Of Mesial Temporal Lobe Epilepsy To Explore New Mechanisms Of Actions?/C. Roucard, K. Bressand, A. Depaulis
2.388 Epilepsy After Febrile Seizures: Twins Suggest Genetic Influence/S. Seinfeld, J. M. Pellock, M. J. Kjeldsen, K. O. Nakken, H. Jensen, L. A. Corey
2.389 Normal Vigilance Cycling Compromises The Ability Of EEG To Predict Seizures/S. Sunderam, N. Chernyy, J. P. Mason, S. L. Weinstein, S. J. Schiff, B. J. Gluckman
2.390 Use Of Rufinamide In Adults With Epilepsy/L. M. Tiedemann, A. Svoronos, R. Buchsbaum, P. G. Amar, M. E. Wingo, S. R. Resor, L. J. Hirsch

2.391 Definition Of The Neurological Phenotype Associated With Dup (X)(p11.22-p11.23) Syndrome/P. Tinuper, M. Broli, F. Bisulli, M. Mastrangelo, E. Fontana, I. Fiocchi, C. Zucca, M. C. Bonaglia, S. Reitano, R. Corrado, R. Agati, B. Bernardi, D. Cevolani, R. Gallassi, P. Magini, F. Oppi, R. Poda, R. Giorda, O. Zuffardi, B. Dalla Bernardina, M. Seri
2.392 Presurgical Planning Of Intracranial Grid Placement For Improvement Of Seizure Control/R. D. Triolo, S. Vogrin, M. Wagner, K. Morris, M. Cook, M. Murphy
2.393 Emergent EEG In The Emergency Department In Patients With Altered Mental States/W. Ziai, D. Schlattman, R. Llinas, M. Truesdale, S. Venkatesha, A. Shevchenko, P. Kaplan
2.394 Fetal GABAergic Progenitor Grafts In The Dentate Gyrus Of Adult Mice Suppress Spontaneous Recurrent Seizures In The Pilocarpine Model Of Temporal Lobe Epilepsy/S.E. Royston, X. Maisano, N.I. Woods, C. Lassiter, S.M. Tagliatela, G.B. Aaron, J.R. Naegele



Here are a few of the highlights:

Membership – Join online and you may also visit the AES membership area at the registration desk at the Annual Meeting

Professional Development – Epilepsy education programs and archived AES symposia

Annual Meeting Information

Abstracts – Searchable database

Research – Information regarding awards and grants

Publications – Featuring *Epilepsy Currents*, *Epilepsia*, *AES News* and *AES Annual Reports*

Press Room – Press release archives, fact sheets and position statements

www.AESNET.org

Log on to the AES Website

ONLINE EDUCATIONAL OPPORTUNITIES

63RD ANNUAL MEETING OF THE AMERICAN EPILEPSY SOCIETY NOW AVAILABLE!

The **American Epilepsy Society** is proud to offer a wide variety of sessions repurposed from the **2009 Annual Meeting – Boston, MA**.

These online sessions integrate knowledge and dynamic interaction to enhance the online learning experience for epilepsy-related professionals. Each session delivers interactive knowledge as presented at the Annual Meeting and provides quality continuing medical education for physicians, researchers and other professionals whose goal is to improve the quality of life for those with epilepsy and other seizure-related disorders.

- Annual Fundamentals of Epilepsy: *Neurophysiology 101*
- Hot Topics Symposium: *Biomarkers in Epilepsy*
- Spanish Symposium: *Pitfalls in Diagnosis and Treatment of Epilepsy*
- 7th Judith Hoyer Lecture in Epilepsy: *Battling Epilepsy with Models and Molecules*
- Professionals in Epilepsy Care Symposium: *Predictors and Methodologies of Epilepsy Self-Management*
- Merritt-Putnam Symposium: *Beyond Seizures: Mechanisms Underlying Epilepsy Spectrum Disorder*
- Antiepileptic Therapy Symposium: *Treatment Strategies for the Patient with Epilepsy*
- Annual Course: *Selecting Patients for Epilepsy Surgery*
- Presidential Symposium: *It Takes a Village: Solving the Treatment Gap*
- Pediatric State of the Art Symposium: *Treatable Metabolic Epilepsies*
- Plenary II: *The Postictal and Interictal Periods: What Are We Missing?*
- International League Against Epilepsy Symposium: *Redefining Treatment-Resistant Epilepsy*
- Plenary III: *ICU Monitoring*

MONDAY December 6, 2010

www.AESNET.org

9:00 a.m. – 10:30 a.m.

> Special Interest Group Meetings

Convention Center – Location listed under each session

Please complete program survey – see page 14

Botanicals & Alternative Therapies for Epilepsy – Botanicals and Natural Products: Open Mic Night

Convention Center – Room 008

Coordinator: Steven C. Schachter, M.D.

Speakers: Platform presentations

Are you working with botanicals or natural products? Do you want to share your findings with the epilepsy botanical community and meet potential collaborators? Then come join us for an “open microphone” at this year’s Botanical SIG for 5-minute presentations followed by 5-minute discussions. Space is limited, so presenters will be scheduled on a first come, first served basis.

> Junior Investigator Workshop – Mentoring as an Essential Part of Career Advancement

Convention Center – Room 006 D

Coordinators: Audrey S. Yee, M.D., Brandy E. Fureman, Ph.D.

Speakers: Helen E. Scharfman, Ph.D., Scott C. Baraban, Ph.D., Robert L. Macdonald, M.D., Ph.D., Amy Brooks-Kayal, M.D.

Join us for an exciting Junior Investigator workshop on Mentoring with pioneers in epilepsy research: Scott Baraban, Amy Brooks-Kayal, Robert MacDonald and Helen Scharfman. This will be an interactive session where our panelists will share their pearls of wisdom and then we will open the floor for discussion. Join us for this lively interchange!

Pregnancy Registry Outcomes – Update in Pregnancy Registries of AEDs

Convention Center – Room 007 C/D

Coordinators: Cynthia L. Harden, M.D., Georgia D. Montouris, M.D.

Speakers: TBA

This SIG was started in 2004 by Drs. Pennell and Meador to provide an annual update on the recent findings of international pregnancy registries in which outcomes of the offspring born to women with epilepsy were collected. This SIG has continued to provide this update every year, but has also evolved and expanded to include the South India Pregnancy Registry and late-breaking information from the European Pregnancy Registry. In addition to structural teratogenesis, cognitive teratogenesis from the NEADs study is presented. Registry information is becoming more and more detailed and refined, and now specific dose effects of AEDs, longer term effects on cognition and fertility are being put forth. This SIG continues to represent the best efforts of the American Epilepsy Society, which are to provide timely and scientifically valid epilepsy education. This year we will strive to have presentations from all global registries including Australian, European, South Indian, United Kingdom, North American, and the NEADs group. The focus will be on teratogenic outcomes from exposure to newer AEDs and to present teratogenic dose effects of AEDs.

Psychiatry in Epilepsy – Anxiety Disorders in Epilepsy: The Forgotten Psychiatric Comorbidity

Convention Center – Room 007 A/B

Coordinator: Andres M. Kanner, M.D.

Speakers: Michael Trimble, M.D., Dale C. Hesdorffer, Ph.D.

This SIG will be devoted to a discussion on the screening, diagnosis and treatment of anxiety disorders in patients with epilepsy. The last decade has been pivotal in the recognition of the importance of early identification and

treatment of psychiatric comorbidities. While most of the interest has been focused on mood disorders, little attention has been paid to anxiety disorders. And yet, the prevalence of symptoms of anxiety and anxiety disorders in patients with epilepsy is comparable to that of mood disorders. Furthermore, mood and anxiety disorders tend to occur together in a very high percentage of patients. Also, the presence of anxiety disorders is associated with a worse quality of life, more frequent complaints of adverse events to antiepileptic drugs and increases the suicidal risk in depressed patients. Finally, in patients with mood disorders, untreated comorbid symptoms (and / or episodes) of anxiety increase the recurrence risk of major depressive episodes. Despite all of the above, anxiety disorders remain undetected and untreated in a very large percentage of patients with epilepsy.

9:00 a.m. – Noon

Merritt-Putnam Symposium: Consequences of Epilepsy Through the Ages: When Is the Die Cast?

(2.75 CME Credits)

Award Presentation: Extraordinary Contributions to the Field of Epilepsy Award

Convention Center – Lila Cockrell Theatre

Overview

Epilepsy occurs throughout the lifetime with the behavioral and electroencephalographic features of the disorder heavily influenced by age. Likewise, the consequences of epilepsy are age-dependent. In this symposium we will review how maturational and aging changes in brain circuitry account for age-specific sequelae of epilepsy.

The symposium will begin with a review of developmental and aging changes in the brain that provide a biological framework for considerations of the consequences of seizures across the lifetime. The consequences of seizures through the lifespan, using both animal and human data, will follow. While many childhood epilepsies remit with age, many of the sequelae of childhood epilepsy continue into adults raising important issue about management. The outcome of the childhood epilepsies will be discussed and the topic of whether comorbidities associated with epilepsy are due to the underlying cause of the epilepsy or due to the seizures themselves will be reviewed. Just as developmental factors can influence outcome, the multidimensional process of physical and psychological change during aging which have a profound role in outcome of epilepsy will be discussed. Given this information about age-related morbidity with epilepsy, the symposium will conclude with a discussion of how intervention across the lifespan can improve outcome in patients.

Learning Objectives

- ▶ Understand how developmental changes in brain circuitry are related to age-related consequences of epilepsy
- ▶ Learn how the consequences of epilepsy vary as a function of age
- ▶ Understand the relationships between age, etiology and outcome in individuals with epilepsy
- ▶ Learn how age-specific interventions can improve outcome in individuals with epilepsy.

Target Audience

Basic / fundamentals, Intermediate (see page 101 for details)

Program

Chair: Gregory L. Holmes, M.D.

Introduction and Overview

Gregory L. Holmes, M.D.

Brain and Seizures Throughout Life: Understanding a Moving Target

Tallie Z. Baram, M.D., Ph.D.

Transition from Pediatric to Adult Epilepsy Care: A Difficult Process Marked by Medical and Social Crisis

Peter R. Camfield, M.D., FRCP(C)

Neuropsychological Deficits in Childhood Epilepsy: Timing and Risk Factors

Philip S. Fastenau, Ph.D.

The Aged Brain: Causes and Consequences of Late-Onset Epilepsy

Kevin M. Kelly, M.D., Ph.D.

AED Treatment Through Different Ages: As Our Brains Change, Should Our Drug Choices Also?

Jacqueline A. French, M.D.

Closing Remarks

Gregory L. Holmes, M.D.

Credit Designation

The American Epilepsy Society designates this educational activity for a maximum of 2.75 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacy Credit

ACPE Universal Activity Number (UAN) is 031-999-10-026-L04-P and provides 2.75 contact hours (.275 CEUs)

Acknowledgment

This program is supported in part by an educational grant from UCB, Inc. with additional support from Eisai, Inc.

2:15 p.m. – 3:00 p.m.

**Lennox & Lombroso Lecture:
Looking Forward — Opportunities and
Challenges for NINDS**

Convention Center – Lila Cockrell Theatre

Lecturer: Story C. Landis, Ph.D.

3:15 p.m. – 4:45 p.m.

**> Mentoring Session for Junior Investigators
Pre-application is required**

Convention Center – Room 006 D

This program is targeted to fellows, postdoctoral researchers, instructors, and assistant professor level junior faculty. Epilepsy professionals at the Associate Professor or Professor level will volunteer to serve as mentors. Accepted applicants will meet with their assigned mentors during this time.

3:15 p.m. – 4:45 p.m.

Patient Education for Clinicians

*Marriott Rivercenter – Grand Ballroom, Salon A/B
(registration is not required)*

Moderator: Debbie Carr

The Epilepsy Foundation and the Epilepsy Therapy Project offer numerous provider and patient resources both online and in hard copy that can help patients, their caregivers, and their physicians improve treatment and self-management of this condition. This session will discuss the tools and programs to assist with self-management, patient and physician web events and other programs and resources that are available at no cost through these organizations.

3:15 p.m. – 4:45 p.m.

Investigators' Workshop

Convention Center – Room 006 A-C

**Endogenous Regulation of Group 1 mGluR-Mediated
Epileptogenesis**

Moderator: Lisa R. Merlin, M.D.

Speakers: Henri Tiedge, Ph.D., Eric Klann, Ph.D., Randi Hagerman, M.D.

3:15 p.m. – 4:45 p.m.

Special Interest Group Meetings

*Convention Center – Location listed under each session
Please complete program survey – see page 14*

Controversies in Epilepsy

Convention Center – Room 007 A/B

Coordinator: Hans O. Luders, M.D., Ph.D.

Speakers: Hans O. Luders, M.D., Ph.D., Philippe Kahane, M.D., Felix Rosenow, M.D., Ingrid Tuxhorn, M.D.

Classical epileptology describes seizures with typical semiology for epilepsies localized to specific brain regions. Infrequently, however, seizure semiology may be misleading suggesting a wrong seizure onset zone. In this session the moderator is going to show videos of seizures and ask the audience to discuss the semiology and define the epileptogenic zone based on semiological features. The moderator will also provide additional evidence that helps to define the location of the epileptogenic zone. Attempts will be made to have a highly interactive session.

Genetics – Genetic Modifiers in Epilepsy: Of Mice and Men

Convention Center – Room 008 A

Coordinators: Jennifer Kearney, Ph.D., Andrew P. Escayg, Ph.D.

Speakers: P. Elyse Schauwecker, Ph.D., Melodie Winawer, M.D., Jennifer Kearney, Ph.D.

This year's topic for the genetics SIG is Genetic Modifiers. The role of genetic modifiers in influencing clinical severity is becoming increasingly important for understanding the pathophysiology of disease. We will discuss recent progress identifying genetic modifiers that influence epilepsy susceptibility and disease progression in animal models and patient populations. We will also consider how these discoveries might be translated into improved treatment for patients.

**Military Epileptologists: Epilepsy Care Within the VA System
Convention Center – Room 008 B**

Coordinator: Jonathan Halford, M.D.
Speakers: Sunita Dergalust, Pharm.D., Mary Jo Pugh, Ph.D.,
Jonathan Halford, M.D., Aatif Husain, M.D., Paul Rutecki, M.D.

In this SIG, we will discuss the role of pharmacists in epilepsy clinic at the VA, the development of a protocol to examine how the organization of care is associated with outcomes for epilepsy using the epilepsy quality indicators developed for use in the VA/ DoD and the barriers to setting up remote access to neurophysiology data at the VA due to IT regulations. Several of the directors of the regional Epilepsy Centers of Excellence, including Aatif Husain, M.D. and Paul Rutecki, M.D., will briefly discuss progress in setting up the Epilepsy Centers of Excellence in their regions.

Neuropharmacology – Experimental Methods to Guide the Use of Combination AED Therapy

Convention Center – Room 201
Coordinators: Gail D. Anderson, Ph.D., R. Eugene Ramsay, M.D.,
Jacqueline Bainbridge, Pharm.D.
Speakers: Jong M. Rho, M.D., Michael A. Rogawski, M.D., Ph.D.,
Nicholas P. Poolos, M.D., Ph.D.

This SIG will present “Experimental Methods to Guide the use of Combination Antiepileptic Drug Therapy.” This session will discuss the rationale and controversies of using pre-clinical and clinical data to guide practitioners in the use of combination antiepileptic drug therapy. Dr. Rho will discuss antiepileptic drug Polypharmacy, the rationale, definitions and controversies. Dr. Rogawski will review experimental studies of AED combinations and whether they provide useful guidance for the clinician. Lastly, Dr. Poolos will discuss the comparative efficacy of combination AED therapy in refractory epilepsy.

Temporal Lobe Club – WADA Test: If, When and How?

Convention Center – Room 007 C/D
Coordinator: Kimford J. Meador, M.D.
Speakers: Marilyn Jones-Gotman, Ph.D., William Gaillard, M.D.,
David Loring, Ph.D.

The pre-operative localization of cerebral dysfunction allows reduction or avoidance of impaired cognitive function from epilepsy surgery. Further, it is complimentary to the localization of seizure onset by providing additional confidence in delineation of the epileptogenic region. The WADA test was first introduced over 60 years ago as a method of cerebral inactivation to determine language lateralization and shortly thereafter modified to assess hemispheric contribution to memory function. The WADA test has been a mainstay in the preoperative evaluation for epilepsy surgery, but not without problems, controversies and new challenges. The intracarotid amobarbital procedure is not a single test, and methodological differences in the Wada test can lead to quite variable results. Recent shortages in amobarbital have led to the need to employ alternative medications for the amobarbital, but there is some uncertainty as to the methodology and comparability of these alternatives. Emerging techniques (e.g., fMRI) provide potentially new alternatives for pre-operative functional assessment, but the data on post-operative outcomes is less than the WADA test.

**4:00 p.m. – 5:30 p.m.
Pediatric Epilepsy Highlights Session**

Convention Center – Lila Cockrell Theatre

Note: number refers to poster assignment

This session will showcase selected scientific abstracts focused on topics in clinical care and research in pediatric epilepsy. Authors will present a six-minute overview of their work.

1.019 The Antiepileptic Effect of a Ketogenic Diet is Mediated by Adenosine A1 Receptors, *Susan Masino, T. Li, A. Rahman, B. Fredholm, J. Geiger, D. Boison*

1.179 Localization of Pediatric Seizure Semiology: A Review of 1008 Seizures, *Martina Vendrame, M. Zarowski, A. Alexopoulos, S. Kothare, T. Loddenkemper*

1.255 Adjunctive Therapy With Lacosamide For Extremely Refractory Epilepsy in Children, *Mary Gustafson, F. Ritter*

2.001 High Resolution Copy Number Variation of Ion Channel Genes in Epilepsy, *Alicia Goldman, T. Klassen, W. Gu, F. Zhang, V. Bomben, T. Chen, J. Lupski, J. Noebels*

2.031 Periodic Lateralized Epileptiform Discharges (PLEDs): Clinical Significance, Neuroimaging Findings, Etiology, and Outcome in 51 Infants and Children, *Ajay Gupta, A. Moosa*

2.097 Intelligence Relates to Structural Integrity of Normal Appearing White Matter in Tuberos Sclerosis Complex, *Suzanne Koudijs, J. van Campen, O. Braams, A. Leemans, O. van Nieuwenhuizen, K. Braun, F. Jansen*

2.221 Effect of Everolimus on Seizure Activity in Patients with Tuberos Sclerosis (TS), *Darcy Krueger, M. Care, K. Holland-Bouley, K. Agricola, C. Tudor, P. Mangeshkar, A. Weber-Byars, T. Sahnoud, D. Franz*

2.270 Temporal Lobe Epilepsy Surgery in Children: Considerations for Prognostic Predictors, *Yong Duck Park, B. Choi, S. Stickland, G. Lee, A. Murro, P. Culberson-Brown, M. Cohen, S. Miranda, J. Smith, M. Lee*

2.304 Centro-Median Deep Brain Stimulation (CM-DBS) in Patients with Refractory Secondary Generalized Epilepsy Previously Submitted to Callosal Section, *C. Cukiert, A. Cukiert, M. Argentoni-Baldochi, C. Baise, C. Forster, V. Mello, J. Burattini, P. Mariani*

2.338 Prevalence of Sleep Disorders Symptoms in Children With Epilepsy and Type 1 Diabetes, *Joshua Baron, R. Levy, B. Ostrander, C. Ray*

3.007 Blocking Early GABA Depolarization with Bumetanide Results in Permanent Alterations in Cortical Circuits and Sensorimotor Gating Deficits, *Doris Wang, A. Kriegstein*

3.261 Are AEDs Associated with Suicidal Ideation?, *David Dunn, C. Johnson, P. Fastenau, A. Byars, T. deGrauw, S. Perkins, J. Austin*

3.296 A Distinctive Seizure Type in Patients with CDKL5 Mutations: Hypermotor-Tonic-Spasms Sequence, *Karl Klein, S. Yendle, A. Harvey, G. Wallace, T. Bienvenu, I. Scheffer*

3.337 Adolescents in Transition: Developmental and Psychosocial Concerns for Youth with Intractable Epilepsy, *Sarah Ahlm, H. Kaplan, A. Berg, M. Forcier, D. Nordli*

**4:00 p.m. – 6:15 p.m.
➤ Platform Sessions: 3 Concurrent Sessions
Convention Center – See page 54**

There will be three concurrent sessions consisting of selected key scientific abstracts. Authors will present a ten-minute overview of their work followed by a five-minute Q & A.

THE EPILEPSY RESEARCH BENCHMARKS

The Epilepsy Research Benchmarks were established by and for the epilepsy community to guide research toward cures, defined as no seizures and no side effects for people with epilepsy and the prevention of epilepsy in those at risk. First developed in 2000 and updated in 2007, the Benchmarks and their implementation are the shared responsibility of the entire epilepsy community, including NIH, extramural research scientists, epilepsy professional and patient organizations, and people with or affected by epilepsy. Beginning this year, the National Institute of Neurological Disorders and Stroke (NINDS), AES, and researchers who volunteer as Epilepsy Benchmarks Stewards are working together to highlight Benchmarks goals during the AES Annual meeting. In addition to the sessions specifically emphasized throughout this year's meeting program, we are impressed and encouraged by the number of other events and presentations that also fall within the scope of the Benchmarks. We look forward to hearing about progress made in all areas of the Benchmarks and to continuing our work together toward these goals in years to come.

Story C. Landis, Ph.D.
Director, National Institute of Neurological
Disorders and Stroke

Jaideep Kapur, M.D., Ph.D.
President, AES
University of Virginia Health Sciences

Daniel H. Lowenstein, M.D.
Chair, Epilepsy Research Benchmarks
University of California, San Francisco

Benchmarks Area I: Prevent epilepsy and its progression.

- A. Identify as yet unrecognized causes of epilepsy (e.g., genetic, autoimmune and infectious).
- B. Identify underlying mechanisms of epileptogenesis.
- C. Identify biomarkers for epileptogenesis.
- D. Identify approaches to prevent epilepsy or its progression.
- E. Develop new animal models to study epileptogenesis.
- F. Test the efficacy of prevention strategies.

Benchmarks Area II: Develop new therapeutic strategies and optimize current approaches to cure epilepsy.

- A. Identify basic mechanisms of ictogenesis (seizure generation) that will lead to the development of cures.
- B. Develop tools that facilitate the identification and validation of a cure.
- C. Optimize existing therapies and develop new therapies and technologies for curing epilepsy.

Benchmarks Area III: Prevent, limit, and reverse the comorbidities associated with epilepsy and its treatment.

- A. Identify and characterize the full range and age specificity of comorbidities in people with epilepsy.
- B. Identify predictors and underlying mechanisms that contribute to comorbidities.
- C. Determine the optimal treatments for the neuropsychiatric and cognitive comorbidities in people with epilepsy.
- D. Prevent or limit other adverse consequences occurring in people with epilepsy (including SUDEP, sleep disturbances, and endocrine, reproductive, bone-related or other systemic effects).
- E. Develop effective methods for diagnosis, treatment and prevention of nonepileptic seizures (NES).

Area I Benchmarks Stewards

Ray Dingledine, Ph.D., Emory University School of Medicine
Jerome Engel, Jr., M.D., Ph.D., University of California at Los Angeles
Matthew Anderson, M.D., Ph.D., Harvard Medical School
Jocelyn F. Bautista, M.D., Cleveland Clinic
Solomon Moshé, M.D., Albert Einstein College of Medicine
Carl Stafstrom, M.D., Ph.D., University of Wisconsin

Area II Benchmarks Stewards

Edward Bertram, M.D., Ph.D., University of Virginia
Jacqueline A. French, M.D., New York University
Tracy A. Glauser, M.D., University of Cincinnati
Brian Litt, M.D., University of Pennsylvania
William H. Theodore, M.D., National Institute of Neurological Disorders and Stroke
H. Steve White, Ph.D., University of Utah
Karen Wilcox, Ph.D., University of Utah

Area III Benchmarks Stewards

Anne Berg, Ph.D., Northern Illinois University
Amy Brooks-Kayal, M.D., University of Colorado School of Medicine
John J. Barry, M.D., Stanford University
Bruce P. Hermann, Ph.D., University of Wisconsin
Ruben Kuzniecky, M.D., New York University
W. Curt LaFrance, Jr., M.D., Brown Medical School
John W. Swann, Ph.D., Baylor College of Medicine

Additional contributors to recent Benchmarks activities:

Area I: Aristeia S. Galanopoulou, M.D., Ph.D., Albert Einstein College of Medicine; Annapurna Poduri, M.D., M.PH., Harvard Medical School; Michael Wong, M.D., Ph.D., Washington University

Area II: Chad Carlson, M.D., New York University; Greg Worrell, M.D., Mayo Clinic

Area III: Miya Asato, M.D., Children's Hospital of Pittsburgh; Timothy A. Benke, M.D., Ph.D., University of Colorado, Denver;

Robert C. Doss, Psy.D., LP, ABPP-CN, Minnesota Epilepsy Group; Daniel L. Drane, Ph.D., ABPP-CN, Emory University School of Medicine; Alica Goldman, M.D., Ph.D., Baylor College of Medicine; Molly Huntsman, Ph.D., Children's National Medical Center; Jack J. Lin, M.D., University of California, Irvine; Alison Pack, M.D., Columbia University Medical Center; Page Pennell, M.D., Brigham and Women's Hospital; Elson So, M.D., Mayo Clinic; Mark Stewart, M.D., Ph.D., SUNY Downstate Medical Center; Tanvir Syed, M.D., M.PH., Case Western Reserve University; David Thurman, M.D., M.PH., Centers for Disease Control and Prevention

*For a detailed list of the 2007 Epilepsy Research Benchmarks and a review of recent advances, see the NINDS website:
http://www.ninds.nih.gov/research/epilepsyweb/2007_benchmarks.htm

A. Translational Research
Convention Center – Room 202

Moderators: Karen S. Wilcox, Ph.D.,
 Robert Brenner, Ph.D.

B. Surgery / Neuro-Imaging
Convention Center – Room 203

Moderators: Cynthia L. Harden, M.D.,
 Lawrence J. Hirsch, M.D.

C. Clinical

Convention Center – Room 204

Moderators: Barbara E. Swartz, M.D., Ph.D.,
 José E. Cavazos, M.D., Ph.D.

A.01 Mechanisms Of Axonal Suppression By High Frequency Stimulation/D. M. Durand, A. L. Jensen

4:00 p.m.

B.01 Pilot Study Of Parahippocampectomy: A New Surgical Approach, As Efective As Selective Temporal Lobe Resections, In Mesial Temporal Lobe Epilepsy/M. A. Alonso-Vanegas, C. Castillo Montoya, S. Perez Cardenas , J. Gordillo Espinoza, D. San Juan

C.01 Over 10-30 Years Of Follow-Up, How Often Do People With Childhood-Onset Intractable Focal Epilepsy Have A Substantial But Temporary Remission?/C. S. Camfield, P. R. Camfield

A.02 Baboons And Humans: Comparison Of EEG Traits For Translational Research Purposes/ D. G. Kasteleijn-Nolst Trenite, C. A. Szabó, J. T. Williams

4:15 p.m.

B.02 Bilateral Posterior Periventricular Nodular Heterotopia: An Infrasylian Syndrome/ S. A. Mandelstam, R. J. Leventer, A. Fischer, G. McGillivray, S. Robertson, S. F. Berkovic, G. D. Jackson, I. E. Scheffer

C.02 Long-Term Follow-Up Of The RNS(TM) System In Adults With Medically Intractable Partial Onset Seizures/C. N. Heck, The RNS System Investigators

A.03 Silk-Based Adenosine Delivery: Therapeutic Tool To Prevent Seizures And Disease Progression/ T. Li, E. M. Pritchard, D. L. Kaplan, D. Boison

4:30 p.m.

B.03 Different Anatomical Correlates For Verbal Memory Impairment In Temporal Lobe Epilepsy/ S. G. Mueller, K. D. Laxer, C. Scanlon, P. Garcia, W. J. McMullan, D. Loring, K. J. Meador, M. W. Weiner

C.03 Combined Analysis Of Risk Factors For SUDEP/D. C. Hesdorffer, T. Tomson, E. Benn, J. S. Sander, L. Nilsson, Y. Langan, T. S. Walczak, E. Beghi, M. Brodie, W. A. Hauser

A.04 Hippocampal Microseizures In Epileptogenesis/A. E. Musto, T. M. Quebedeaux, N. G. Bazan

4:45 p.m.

B.04 Subtle Imaging Findings Of The Hippocampus In Temporal Lobe Epilepsy/L. W. Ver Hoef, F. B. Williams, R. E. Kennedy

C.04 Uncontrolled Epilepsy In A Medicaid Population/P. Paradis, R. Manjunath, M. Duh, M. H. Lafeuille, N. Mishagina, H. Parisé, L. Rovba, P. Lefebvre, E. Faught

A.05 Blood-Brain Barrier Disruption On T1-Weighted MRI Is A Biomarker For Seizure Susceptibility After Experimental Traumatic Brain Injury In The Rat/L. Frey, A. Lepkin, K. Hasebroock, N. Serkova

5:00 p.m.

B.05 Invasive Monitoring Using Depth Electrodes At A North American Center: A Prospective Study Analyzing The Feasibility And Safety Of Stereo-Electroencephalography (SEEG) In The Diagnosis And Treatment Of Intractable Epilepsy/ J. A. Gonzalez-Martinez, G. Hughes, T. Chen, J. Bulacio, N. So, W. Bingaman, L. Jeha, S. Hantus, I. Najm

C.05 Continuous EEG Monitoring In Pediatric Moderate-Severe Traumatic Brain Injury/D. Arndt, M. Tripputi, A. Brooks-Kayal

A.06 Antiepileptic Actions Of A Novel AMPA GluR1 Splice Modulating Oligomer In A Model Of Neonatal Seizures/N. M. Lykens, D. J. Coughlin, J. M. Reddi, G. J. Lutz, M. K. Tallent

5:15 p.m.

B.06 Paucity Of Hippocampal Digitations Detected By 7 Tesla MRI In TLE With Hippocampal Sclerosis/T. R. Henry, M. Chupin, S. Lehericy, J. P. Strupp, M. A. Sikora, Z. Y. Sha, K. Ugurbil, P. F. Van de Moortele

C.06 Mortality In Epilepsy – Results From A Large Danish Cohort/J. Christensen, C. B. Petersen, P. C. Sidenius, J. Olsen, M. Vestergaard

A.07 EEG Phenotypes In An Extended Baboon Pedigree/C. A. Szabo, K. Knape, F. S. Salinas, M. M. Leland, J. T. Williams

5:30 p.m.

B.07 Surgical Outcome In Subdural Grid-Based Neocortical Epilepsy Resections/R. C. Knowlton, W. H. Matthews, S. R. Miller, L. W. Ver Hoef, A. L. Paige, J. DeWolfe, R. A. Elgavish, J. Blount, K. O. Riley

C.07 Cognitive Functions At Age 4.5 Years In Children Exposed In Utero To Antiepileptic Drug/ K. J. Meador, G. A. Baker, N. Browning, J. Clayton-Smith, M. Cohen, T. Crawford, L. Kalayjian, A. Kanner, J. Liporace, P. Pennell, M. Privitera, D. Loring, A. NEAD Study Group

A.08 Rapamycin Attenuates The Increases In Seizure Susceptibility And Neuronal Excitability Following Neonatal Seizures In Rat/D. Talos, H. Sun, M. C. Jackson, A. Joseph, E. C. Fitzgerald, F. E. Jensen

5:45 p.m.

B.08 Phosphorus Magnetic Resonance Spectroscopy At High Field In Patients With Malformations Of Cortical Development/ C. S. Andrade, M. C. Otaduy, D. F. Maia, K. Valente, C. C. Leite

C.08 Hippocampal Growth In Children Is Not Affected By Prolonged Seizures/M. Yoong, M. Martinos, C. Clark, R. Chin, R. Scott

A.09 Multiplexed, High-Density Active Electrodes Using Flexible Silicon Electronics/J. Viventi, D. Kim, L. Vigeland, D. Contreras, J. Rogers, B. Litt

6:00 p.m.

B.09 Orbitofrontal Thinning In Association With Depressive Symptoms In Patients With Extratemporal Partial Epilepsy/T. Butler, K. Blackmon, C. McDonald, W. Barr, O. Devinsky, R. Kuzniecky, B. Quinn, J. DuBois, C. Carlson, J. French, D. Hagler, E. Halgren, T. These

C.09 Lateralization Of Temporal Lobe Epilepsy With Long-Term Ambulatory Intracranial Monitoring Using The RNS™ System: Experience At 4 Centers/ D. King-Stephens, E. Mirro, P. Van Ness, V. Salanova, D. Spencer

➤ **Authors Present: Noon – 2:00 p.m.**
 ➤ **Poster Walking Tours (see page 12 for details)**

Translational Research**Animal Models**

3.001 Adenosine Kinase Is A Target For Therapeutic Antisense Strategies In Epilepsy/P. Theofilas, S. Brar, K. Stewart, U. Sandau, D. Poulsen, D. Boison
3.002 Single-Cell Knockout Of Tsc1 In Utero Generates Cortical Tuber-Like Lesions And Heterotopic Nodules With Cytomegalic Neurons/D. Feliciano, T. Su, A. Bordey
3.003 ADK Antisense Virus Reduces Seizure Susceptibility Following Severe Traumatic Brain Injury/T. Lusardi, N. Lytle, D. Boison
3.004 Loss Of GABAergic Tonic Inhibition In A Mouse Model Of Absence Epilepsy Correlates With Decreased Thalamocortical Bursting In Vitro/K. Mangan, S. Petrou, S. Johnson, K. Hengen, M. Jones
3.005 Which Type Of Adenosine Receptors May Suppress Cortical Epileptic After Discharges?/P. Mares
3.006 Long-Lasting Alterations In NKCC1 And KCC2 Expression Induced By Evoked And Spontaneous Seizures In Kindled Epileptic Rats/T. Sutula, K. Gielissen, S. Osting, D. Sun
3.007 Blocking Early GABA Depolarization With Bumetanide Results In Permanent Alterations In Cortical Circuits And Sensorimotor Gating Deficits/D. Wang, A. Kriegstein
3.008 Alterations Of Intrinsic Membrane Properties And Excitatory-Inhibitory Tone In CA3 Pyramidal Neurons In Young Adult And Aged Fischer 344 Rats Following Sensorimotor Cortical Photothrombosis/H. Xu, D. Shiau, Z. Mtchedlishvili, K. Kelly
3.009 Altered Synaptic Input Produces Quiescent Interneurons In Experimental Cortical Dysplasia/F. Zhou, S. Roper
3.010 Effect Of Central 5-HT Neuron Deletion On Post-Ictal Respiration, Seizure-Susceptibility And Seizure-Related Mortality/G. Buchanan, G. Richerson
3.011 Increased Interconnectivity Between Hippocampal Lamellae Might Contribute To Circuitry Hyperexcitability In Experimental Temporal Lobe Epilepsy/J. Cavazos, G. Tolstykh
3.012 New Insights Into Mechanisms Of Cryptogenic Infantile Spasms From An Animal Model/T. Chachua, M. Yum, J. Veliskova, L. Velisek
3.013 Adult Human Neuronal Progenitors Generate Functional Neurons In Rat Neocortex/H. Chen, F. Siebzehnrubl, F. Zhou, D. Steindler, S. Roper
3.014 Detectable Blood And Brain Concentrations Of The NKCC1 Inhibitor Bumetanide Following Anticonvulsant Doses/R. Cleary, Y. Li, M. Jackson, B. Kosaras, J. Soul, G. Berry, F. Jensen

3.015 Epilepsy-Induced Pathologic Plasticity And NMDA Alterations In The Malformed Brain Of Human FCD Patients And MAM-Pilocarpine Rat Model/F. Colciaghi, A. Finardi, P. Nobili, A. Frasca, L. Castana, G. LoRusso, A. Vezzani, G. Battaglia
3.016 Lipopolysaccharide Potentiates Hyperthermia Induced Seizures: Development Of A New Model Of Prolonged Febrile Convulsions/B. Eun, M. Kim, S. Koh
3.017 Plasticity In The Pathway From Amygdala To Periaqueductal Gray (PAG) Is An Important Mechanism Of Epileptogenesis In Audiogenic Kindling (AK)/C. Faingold, S. Tupal
3.018 Minocycline Ameliorates Cerebral Lesions But Not Decreases Spontaneous Recurrent Seizures After Pilocarpine-Induced Status Epilepticus/M. Foresti, G. Arisi, L. Shapiro
3.019 Ictal Death In Dravet Syndrome Model Mice/Y. Horigome, H. Ohtani, Y. Inoue, S. Sakai, I. Ogiwara, K. Yamakawa, Y. Takahashi
3.020 Occurrence Of Spontaneous Seizure Activity In A Bilateral Prenatal Freeze-Lesion Rat Model/T. Kamada, W. Sun, K. Takase, H. Shigeto, J. Kira
3.021 Humanized Mouse Models Of Epilepsy/J. Kearney
3.022 Thalamic Kindling In Rats With Genetic Absence Epilepsy/M. Kendirli, F. Onat, E. Bertram
3.023 Deficits In Memory And Social Behavior Following Seizures Early In Life/J. Lugo, K. Winoske, J. Swann, A. Anderson
3.024 Minocycline Reverses Anhedonia In An Animal Model Of Comorbidity Between Epilepsy And Depression/A. Mazarati, E. Pineda, R. Sankar, D. Shin
3.025 Electrophysiological Investigation Of Hippocampal Neurogenesis Induced By Epilepsy/M. Nakajima, H. Sugano, T. Higo, H. Ohkura, Y. Ilmura, K. Nishimura, H. Arai
3.026 Mechanism-Based Combination Drug Therapy In A Mouse Model Of Severe Myoclonic Epilepsy In Infancy/J. Oakley, F. Kalume, R. Westenbroek, T. Scheuer, W. Catterall
3.027 Treatment With Lacosamide Impedes Generalized Seizures In Rodent Model Of Cortical Dysplasia/R. O'Dwyer, A. Nemes, I. Najm, A. Alexopoulos
3.028 Functional Studies Of Interleukin 1-Beta In The Pilocarpine Rat Model Of Epilepsy Using Rna Interference/V. Pascoal, R. Marchesini, A. Matos, T. Pereira, R. Gilioli, J. Malheiros, R. Polli, A. Tannús, L. Covolan, E. Cavalheiro, F. Cendes, I. Lopes-Cendes

3.029 Pentylentetrazole-Induced Neonatal Seizures In Transgenic Knock-In Mice Lacking GluR1 Phosphorylation Reveal Critical Role Of AMPA Phosphorylation In Epileptogenesis/S. Rakhade, C. Zhou, M. Jackson, E. Fitzgerald, P. Klein, R. Huganir, F. Jensen
3.030 The Interactions Of Interleukin-18 And Interferon- γ On The Neuroprotection In The Rat Hippocampus Following Status Epilepticus/H. Song, D. Shin, H. Ryu, S. Suh, T. Kang, H. Choi
3.031 Circadian Rhythm Of Core Body Temperature In An Animal Model Of Chronic Epilepsy/S. Talathi, J. Zhao, A. Cadotte, P. Carney
3.032 CCL2 Is Rapidly Increased In Piriform Cortex, Hippocampus, And Neocortex But Not In Cerebellum After Pilocarpine-Induced Seizures/G. Arisi, M. Foresti, K. Katki, L. Shapiro
3.033 Comparison Of Two Seizure Threshold Rat Models For Evaluation Of Proconvulsant Drug Properties/M. Bankstahl, J. Bankstahl, W. Löscher
3.034 Spontaneous Infantile Spasm-Like Events Provoked By Chronic Early Life Stress: A New Model Of Idiopathic Infantile Spasms That Explains The Efficacy Of ACTH?/C. Dube, A. Ivy, E. Kleeman, Y. Alagband, M. Pakhikian, M. Look, T. Baram
3.035 A Blind Randomized Study Of Anti-Epileptic And Anti-Epileptogenic Effects Of Carisbamate On Posttraumatic Epilepsy In The Rat/C. Eastman, J. Fender, D. Verley, T. Stewart, G. Curia, E. Nov, R. D'Ambrosio
3.036 Differential Neuronal Activation Pattern And Seizure Susceptibility In Newborn Rat Pups Following Maternal Stress And Immune Challenge/M. Esser, A. Reid, Q. Pittman
3.037 Confirmation Of Multiple Seizure Susceptibility QTLs On Chromosome 15 In C57BL/6J And DBA/2J Inbred Mice/T. Ferraro, G. Smith, C. Schwebel, G. Doyle, S. Ruiz, J. Oleynick, F. Lohoff, W. Berrettini, R. Buono
3.038 Antiepileptic Drugs (AEDs) In Neonatal Rats Disrupt Striatal Synaptic Maturation/P. Forcelli, M. Janssen, S. Vicini, K. Gale
3.039 Early Life Status Epilepticus Compromises Nonassociative Learning And Increases Anxiety In Juvenile Rats/H. Kubova, P. Mares
3.040 Stroke-Related Hyper Excitability In A Novel Acute In Vitro Model Of Focal Ischemia/L. Librizzi, G. Breschi, M. de Curtis
3.041 Animals With Malformations Of Cortical Development Have Relatively Normal Eeg And Place Cell Characteristics/M. Lucas, P. Lenck-Santini, G. Richard, G. Holmes, R. Scott

- 3.042** High Dose Phenobarbital Decreased Seizure Suppression And Lost Neuroprotection, Compared To Low Dose, In Immature Mouse Model Of Stroke/G. Markowitz, S. Kadam, D. Smith, M. Johnston, A. Comi
- 3.043** Spontaneous Convulsive Seizures And Spike-Wave Discharges In Aged Alzheimer's Disease Mice/H. Nygaard, S. Strittmatter
- 3.044** Modification Of Status Epilepticus Models To Simulate Temporal Lobe Epilepsy Without Extensive Brain Damage/A. Poveda-Ramos, J. D'Amour, D. Friedman, J. LaFrancois, N. MacLusky, H. Scharfman
- 3.045** Low Blood Glucose Increases Absence Seizure Susceptibility/C. Reid, T. Kim, S. Berkovic, S. Petrou
- 3.046** Acute $\text{A}\beta$ Neurotoxicity Induces Hippocampal Sclerosis With Seizures Independent Of Alzheimer's Pathology/U. Sandau, A. Rahman, D. Blum, D. Boison
- 3.047** Estimating State-Of-Vigilance Dynamics To Improve Prediction Of Epileptic Seizures/M. Sedigh-Sarvestani, B. Gluckman, S. Schiff
- 3.048** Brd2 Haploinsufficiency Predisposes For GABA Downregulation, Increased Seizure Susceptibility, And Spontaneous Seizures/L. Velisek, E. Shang, J. Veliskova, T. Chachua, G. Maglakelidze, S. Macchiarulo, D. Wolgemuth, D. Greenberg
- 3.049** A Potential Treatment For Infantile Spasms: An Evidence From The Animal Model Of Cryptogenic Infantile Spasms/M. Yum, T. Chachua, J. Veliskova, L. Velisek
- 3.050** EEG Correlates Of Catamenial Epilepsy In Intact Female Rats/J. D'Amour, D. Friedman, A. Poveda, T. Radman, J. LaFrancois, C. Schevon, R. Emerson, C. Schroeder, N. MacLusky, H. Scharfman
- 3.051** Intrapulmonary Midazolam Protects Against Chemoconvulsant Seizures In Mice/A. Dhir, D. Zolkowska, M. Rogawski
- 3.052** Genetic And Behavioural Characterization Of A Rodent Model Of Depression And Epilepsy CoMorbidity/S. Alisha Epps, K. Tabb, S. Lin, K. Boss-Williams, J. Weiss, D. Weinshenker
- 3.053** Fast Ripples In An Experimental Non-Lesional Temporal Lobe Epilepsy/J. Jefferys, P. Jiruska, G. Finnerty, A. Powell, N. Lofti, R. Cmejla
- 3.054** Long-Duration Epileptiform Activity In Mouse Neocortical Slices Associated With Zero Mg^{2+} /High K^{+} Conditions: An *In Vitro* Seizure Model/M. Király, F. Ben Mabrouk, A. Tryba, C. Marcuccilli
- 3.055** Electrochemical Analysis Of An Acute Swine Model Of Cortical Epileptiform Activity: Adenosine's Rise And Fall/J. Van Gompel, M. Bower, M. Stead, B. Brinkmann, S. Chang, I. Kim, S. Goerss, W. Marsh, F. Meyer, C. Kimble, B. Winter, K. Bennet, G. Worrell, K. Lee
- 3.056** Alteration Of Wnt Signaling Following Status Epilepticus/A. Yee, J. Wojcik, K. Saul, K. Paulson, M. Gonzalez, A. Yee
- 3.057** Comparison Of Acute Electrographic Abnormalities In A Rat Model Of Hypoxia/Hypoxia-Ischemia/A. Zayachivsky, M. Lehmkuhle, J. Ekstrand, F. Dudek
- 3.058** Investigating The Risk Of Seizure At High Frequency Repetitive Transcranial Magnetic Stimulation Using Epileptic And Control Non-Human Primates/S. Narayana, F. Salinas, W. Zhang, M. Leland, C. Szabo
- 3.059** Enhanced Excitability And Epileptogenesis On Hippocampal CA3 In EL Mice/K. Oguro, H. Yokota, K. Shimazaki, Y. Murashima, E. Watanabe
- 3.060** Frontal Cortex Requires Optimal Parvalbumin Interneurons For Seizure Prevention And Cognition/J. Xu, G. Bissonette, E. Powell
- Translational Research Devices, New Technology**
- 3.061** Physiologic Sensor Array To Identify Generalized Seizures In Children In A Residential Setting/B. Kroner, A. Pitruzello, J. Shorey, W. Gaillard, D. Strubé
- 3.062** A Closed-Loop Implantable Device For Epileptic Seizure Detection And Neurostimulation/M. Salam, F. Mounaim, M. Sawan, D. Nguyen
- 3.063** Mouse Embryonic Stem Cell-Derived Pyramidal Neurons Are Able To Survive In A Kainic Acid Cortical Lesion And In A Sclerotic Hippocampus/P. Boon, I. Dauwe, K. Michelsen, S. Acosta, T. Wyckhuys, A. Van Dycke, K. Vonck, W. Wadman, P. Vanderhaeghen, R. Raedt
- 3.064** On-Demand Pulsatile Intracerebral Delivery Of Carisbamate Concurrent With Closed-Loop Direct Neurostimulation Therapy In A Self-Sustained Limbic Status Epilepticus (SSLSE) Rat Model/E. Mangubat, M. Rossi
- 3.065** This poster has been changed to Platform A.09
- 3.066** Poisson Distributed High Frequency Hippocampal Stimulation Suppresses Epileptic Seizures In The Kainate Rat Model/T. Wyckhuys, P. Boon, R. Raedt, B. Van Nieuwenhuysse, K. Vonck, W. Wadman
- 3.067** Effect Of Transcutaneous Electrical Stimulation On Pentylene-tetrazole-Induced Seizure Activity Synchrony In Beta And Gamma Bands In Rats/W. Besio, X. Liu, L. Wang, A. Medvedev, K. Koka
- 3.068** Muscimol-Delivering Subdural Pharmacotherapy Device For The Treatment Of Intractable Neocortical Epilepsy: Preliminary Safety And Efficacy Studies In Freely-Behaving Bonnet Macaques/N. Ludvig, H. Tang, S. Baptiste, G. Medveczky, J. Kral, C. Novotney, J. Charchafli, J. French, O. Devinsky, C. Carlson, R. Kuzniecky
- 3.069** Convection-Enhanced Delivery Of Levetiracetam For Treatment Of Epilepsy/S. Osawa, M. Iwasaki, N. Nakasato, T. Tomimaga
- 3.070** Vagus Nerve Stimulation-Induced Increase In Hippocampal Noradrenaline Levels Is Responsible For The Control Of Limbic Seizures/R. Raedt, R. Clinckers, L. Mollet, K. Vonck, R. El Tahry, T. Wyckhuys, V. De Herdt, E. Carrette, W. Wadman, I. Smolders, Y. Michotte, P. Boon, A. Meurs
- 3.071** Control Of A Visual Keyboard Using An Electrographic Brain-Computer Interface/J. Shih, D. Krusienski
- 3.072** Rapid Termination Of In Vivo Neocortical Seizures By Photorelease Of GABA With A Blue Light Emitting Diode/X. Yang, D. Rode, D. Peterka, R. Yuste, S. Rothman
- 3.073** Evaluation Of StatNet Device For Rapid EEG Recordings/T. Pang, M. Selvitelli, F. Drislane, S. Herman, K. Krishnamurthy, S. Schachter, L. Walker, D. Schomer
- Clinical Epilepsy Clinical Treatments**
- 3.074** Changes In Efficacy Of Vagus Nerve Stimulation (VNS) Over Time: Review Of 65 Consecutive Patients With Treatment-Resistant Epilepsy Treated With VNS \geq 10 Years/R. Elliott, A. Morsi, A. Silverberg, C. Carlson, E. Geller, O. Devinsky, W. Doyle
- 3.075** Surgical Treatment Of The Patients With Rasmussen's Encephalitis (20 Cases)/G. Luan, Y. Guan
- 3.076** Status Epilepticus In A Veteran Population: Causes, Treatment Approaches And Outcomes In 72 Patients/M. Nguyen, L. Pham, S. Dergalust
- 3.077** Refractory Status Epilepticus In Children: Clinical And Continuous Electroencephalogram Monitoring Characteristics And Response To Treatment/K. Acevedo, I. Cardoso, T. Mesa, S. Uribe, P. Moya, J. Godoy, J. Santin
- 3.078** Effects Of Vagal Nerve Stimulation On Patients With Epilepsy And Mental Retardation/K. Bohlmann, A. Friedo, H. Straub
- 3.079** Lacosamide As Add-On Therapy In Pediatric Epilepsy: Retrospective Clinical Experience/M. Chez
- 3.080** Pilot Feasibility Trial Of The Acute And Long-Term Safety Of External Trigeminal Nerve Stimulation For Epilepsy/C. DeGiorgio, J. Pop

- 3.081** Medical Simulation Of Sentinel Events: Validation And Implementation Of A Team Training Curriculum For Patient Safety In The Epilepsy Monitoring Unit (EMU)/B. Dworetzky, S. Peyre, E. Bubrick, T. Milligan, H. Doucette, M. Gulley, C. Pozner
- 3.082** Selective Serotonin Reuptake Inhibitors: A Safe Treatment For Depression In Children With Refractory Epilepsy/N. Fonseca, E. Oliveira, S. Thome-Souza, E. Kuczynski, K. Valente
- 3.083** Continuous Midazolam Infusion Use In The Cessation Of Neonatal Status Epilepticus While On Continuous Video EEG Monitoring/E. Freilich, T. Tsuchida, J. Scafidi, T. Chang
- 3.084** Predictors For Seizure Outcome In A Prospective AVM Database Using Multimodal Treatment Strategies/V. Geib, B. Pohlmann-Eden, M. Wallace, D. Cook
- 3.085** The Effects Of Intracranially-Placed Electrodes For Epilepsy Surgery In Seizure Frequency/M. Hamilton, D. Steven, J. Burneo
- 3.086** Propofol Infusion Syndrome In Patients With Intractable Status Epilepticus/D. Koo, W. Hwang, E. Joo, D. Seo, K. Ji
- 3.087** Selenium Status Of Children Treated With The Classic And Medium-Chain Triglyceride (MCT) Ketogenic Diets/Y. Liu, H. Lowe, M. Zak, V. Chan, J. Kobayashi, E. Donner
- 3.088** Use Of Nutritional Supplements And Recreational Substances In Adults With Epilepsy In Tertiary Care/C. Ma, S. Macrodimitris, P. Federico, N. Jette, M. Lowerison, W. Murphy, N. Pillay, A. Hanson, S. Wiebe
- 3.089** Intraoperative Electrooculography In Temporal Lobe Epilepsy Surgery/K. Medani, E. Bubrick, T. Loddenkemper, J. Madsen, B. Dworetzky
- 3.090** Effect Of Seizures On Cognition, Behavior, And Quality Of Life During Carbamazepine Or Lamotrigine Monotherapy In Patients With Newly Diagnosed Partial Epilepsy/K. Ju, S. Lee, H. Lee, K. Heo, D. Shin, H. Song, O. Kim, S. Lee, S. Kim, B. Lee
- 3.091** Factors Contributing To Driving In Patients With Epilepsy In Korea/Y. No, S. Lee, H. Park, S. Lee
- 3.092** Lacosamide In The Treatment Of Acute Recurrent Seizures And Periodic Epileptiform Activity In Critically Ill Patients/K. Parkerson, C. Reinsberger, S. Chou, B. Dworetzky, J. Lee
- 3.093** Callosotomies In Sweden 1990-2004: Data From The Swedish National Epilepsy Surgery Register/B. Rydenhag, I. Olsson, H. Silander, R. Flink
- 3.094** Similar Response To Antiepileptic Medications Among Epileptic Siblings/H. Sonmez Turk, B. Abou-Khalil
- 3.095** Outcome Of Patients Undergoing Hemispherectomy For Rasmussen Encephalitis Receiving An Intensive Post Surgical Rehabilitation Programme/S. Aylett, P. Kashyape, V. Burch, E. Tingley, J. Norrington, J. Chitty, S. Harrison, P. Rankin, W. Harkness, J. Cross
- 3.096** Intravenous Lacosamide In The Treatment Of Status Epilepticus/B. Berger, A. Crepeau, S. Chung, R. Maganti
- 3.097** To Evaluate The Tolerability Of Lacosamide As Add-On Therapy To Either Non-Sodium Channel Blocking Or Traditional Sodium Channel Blocking Anticonvulsant Agents/M. Frey, M. Denny, D. Zielinski, J. Gattone, L. Bogojevich, A. Kanner, G. Stebbins
- 3.098** Post Hypothermic Status Epilepticus – Is It Treatable?/J. Gill, J. Narayanan
- 3.099** Treatment Of Electrical Status Epilepticus In Slow-Wave Sleep With High-Dose Oral Diazepam/S. Hussain, J. Matsumoto, J. Lerner, C. Szeliga, J. Wu, P. Sharifi-Hannauer, W. Shields, R. Sankar
- 3.100** Surgical Prognostic Factor For MRI-Negative Temporal Lobe Epilepsy/Y. Iimura, H. Sugano, M. Nakajima, T. Higo, H. Arai
- 3.101** Long Term Prognostic Factors After Hemispherotomy In Catastrophic Epilepsy/J. Lee, S. Kim, H. Kang, D. Kim, H. Kim
- 3.102** Obstructive Sleep Apnea In An Epilepsy Population/P. Li, S. Ghadersohi, B. Jafari, M. Sazgar
- 3.103** Allergic Rash With Generic Substitution: When To Leave Well Enough Alone/M. Lowe, E. Serrano, C. Harden
- 3.104** Characteristics Of Intractibility In A Community-Based Epilepsy Surgery Program/P. Lyons, C. Bradley, L. Phillips, L. Selznick
- 3.105** Evaluating The Concerns Of Pregnant Women With Epilepsy: A Focus Group Approach/J. McAuley, C. Patankar, C. Lang, M. Prasad, P. Samuels
- 3.106** Recurrence Of Seizures In Great After Discontinuation Of Immunomodulation/D. McDermott, R. Kemp, L. Strom
- 3.107** A Pilot Study Of Nonepileptic Seizures (NES): Support And Education At The Time Of Diagnostic Disclosure/W. Nowack, N. Thompson, J. Peltzer, L. Connelly, I. Osorio, M. Kavalir, E. Hamera, B. Gajewski, N. Hammond, E. Hunter
- 3.108** Lacosamide In Progressive Myoclonic Epilepsy Type 1: A Case Report/K. Polovitz, M. Spitz
- 3.109** The Curious Case Of Seizure Remission In A Patient With Refractory Bitemporal Epilepsy: Role Of Neutropenia?/E. Tecoma, R. Compton, V. Iragui-Madoz
- 3.110** Efficacy And Safety Of Adjuvant Intravenous Lacosamide In Children With Intractable Epilepsy/G. Yadava, G. Phillipps, A. Hussein
- 3.111** Efficacy And Tolerability Of Lacosamide In Refractory Epilepsy/Maria Aguilar Amat Prior, V. Ivañez Mora
- 3.112** Topiramate Is Effective For Status Epilepticus And Seizure Control In Neuraminidase Deficiency/J. Bragatti, C. Torres, C. Netto, L. Vedolin, E. Garzon, C. Rieder, I. Schwartz, M. Bianchin
- 3.113** Epilepsy In Children Hashimoto Encephalopathy/D. Dees, P. Maertens, C. Bullock, R. Vidal
- 3.114** New Onset Refractory Status Epilepticus/S. Gonzalez Reiley, G. Chari, N. Peguero, M. Ramirez
- 3.115** Intractable Epilepsy And SCN1A Mutations: Clinical Characterization, Treatment Options And Outcome/A. Hall, M. Guerra, G. VonAllmen, J. Baumgartner
- 3.116** Improving The Patient Experience For Families With Children Undergoing Vagus Nerve Stimulation Therapy: A Qualitative Study/S. Hannan, J. Cross, M. Colonnelli, W. Harkness, S. Varadkar
- 3.117** Electrical Status Epilepticus During Slow Sleep: A Review Of 7 Pediatric Cases/G. Hmameess, I. Dabaj, H. Mansour
- 3.118** Lamotrigine Is Favorable For Startle-Induced Seizures/H. Ikeda, K. Imai, H. Ikeda, T. Shishido, R. Takayama, Y. Takahashi, Y. Inoue
- 3.119** Add-On Lacosamide In Refractory Focal Epilepsy. Which Other AED?/V. Ivañez Mora, M. Aguilar-Amat
- 3.120** Long-Term Outcome Of Ethosuximide, Valproic Acid, And Lamotrigine, In Childhood Absence Epilepsy : A Single Center Observational Outcome Study/H. Kim, S. Kim, S. Kim, S. Kim, J. Lee, B. Lim, H. Hwang, J. Choi, J. Chae, K. Kim, Y. Hwang
- 3.121** Electroretinogram Changes In A Paediatric Population With Epilepsy – Is Vigabatrin Acting Alone?/B. McCoy, T. Wright, C. Westall, S. Weiss, C. Go
- 3.122** Efficacy And Tolerability Of Vimpat In Patients With Intractable Epilepsy/D. Mungall, R. Castillo, B. Kirmani
- 3.123** Neurodevelopmental Outcome In Children Exposed To Antiepileptic Drugs In Utero/G. Pushchinska, N. Dzhaferova, T. Bindra, M. Andriola, R. Spiegel
- 3.124** Adults With Epilepsy In Tertiary Care: Risk Factors, Seizure Triggers And Psychiatric Comorbidity/S. Save, S. Macrodimitris, P. Federico, A. Hanson, N. Jette, B. Klassen, W. Murphy, N. Pillay, M. Lowerison, S. Wiebe
- 3.125** Ablative Temporal Lobe Epilepsy Surgery Should Be Considered In Patients With A Pre-Existing Liver Transplantation/M. Spitz, S. Moreland, L. Frey, C. O'Brien, A. Shrestha, L. Strom
- 3.126** Pharmacotherapy Of Non-Idiopathic Partial Epilepsies Based On Precise Seizure Symptoms: A Prospective Study/K. Sugai, E. Nakagawa, H. Komaki, Y. Saito, H. Sakuma, M. Sasaki

- 3.127** Topiramate In Refractory Status Epilepticus: Experience From A Tertiary Care Center/A. Synowiec, K. Yandora, K. Kelly, J. Valeriano
3.128 Analysis Of Prognostic Factors Of Vagus Nerve Stimulation For Refractory Epilepsy – Review Of 40 Cases/M. Bao, G. Luan
3.129 The History Of The FDA 80-125 Rule For Bioequivalence Of Generic Drugs Including AEDs/M. Berg, M. Privitera, B. Gidal, J. Cloyd, T. Welty, R. Sawchuk
3.130 Basal Ganglia Injury Due To Prior Temporal Lobe Surgery: Variable Expression Of Movement Disorder After Subsequent Epilepsy Surgery In Children/S. Wolf, P. McGoldrick, A. Hussein, N. Lubarr, S. Ghatan

Clinical Epilepsy

Prognosis

- 3.131** Seizure Control Is One Of Many Factors Determining The Quality Of Life In Epilepsy Patients/L. Jehi, G. Tesar, I. Katzan, J. Bautista, A. Alexopoulos, N. Foldvary-Schaefer, S. Hantus, D. Nair, S. Neme-Mercante, D. Silveira, N. So, A. Stojic, I. Najm
3.132 Following A First Unprovoked Seizure When Is The Risk Of A Recurrence Low Enough To Restart Driving? Further Analysis Of The MESS Study/T. Marson, L. Bonnett, C. Tudur Smith, P. Williamson
3.133 Utility Of Imaging In Status Epilepticus/L. Morton, L. Kopec, V. Ramakrishnan, A. Towne, E. Waterhouse, L. Kernitsky, R. DeLorenzo
3.134 Response To First Antiepileptic Drug Trial Predicts Health Outcome In Epilepsy/P. Perucca, F. Gilliam
3.135 The Effect Of Seizures On Outcome In Neonatal Ischemic Stroke/J. Pablo Appendino, M. Cortez, G. deVeber, H. Otsubo, M. Moharir
3.136 Increased Incidence Of Sudden Unexpected Death In Epilepsy (SUDEP) With Lamotrigine In Rogaland County, Norway/D. Aurlien, J. Larsen, E. Taubøll, L. Gjerstad
3.137 Perinatal Stroke And The Risk Of Developing Epilepsy/M. Balestri, F. Del Balzo, D. Longo, M. Soldati, F. Greco, A. Spalice, M. Cilio
3.138 Rhythmical And Periodic Patterns In Adults With Aneurysmal Subarachnoid Hemorrhage And Altered Mental Status/A. Crepeau, K. Chapman, A. Little, G. Parikh, P. Gerber, H. Jahnke, P. Nakaji, J. Kerrigan
3.139 Seizure Outcome In Patients With Intellectual Disability/P. Modur, W. Milteer, R. Bhupalam, S. Zhang
3.140 The Effect Of Lead Time To Treatment And Of Age Of Onset On Developmental Outcome In Infantile Spasms: Evidence From The United Kingdom Infantile Spasms Study (UKISS)/F. O'Callaghan, A. Lux, K. Darke, S. Edwards, E. Hancock, A. Johnson, C. Kennedy, R. Newton, C. Verity, J. Osborne

- 3.141** The Duration Of The Negative Myoclonias Is A Main Reason For The Progression In Locomotory Disability In Patients Suffering From Unverricht-Lundborg Disease/H. Vogt, T. Baisch, I. Mothersill
3.142 How Do Neurologists Use EEGs When Withdrawing AEDs In Seizure-Free Patients? Results Of An International Internet-Based Questionnaire/P. Bergin, W. D'Souza, E. Beghi, M. Richardson, J. Burneo, Z. Mogal, B. LeGros, A. Raymond
3.143 Use Of A New Disability Scale-SERDAS In Epilepsy Patients/E. Burakgazi-Dalkilic, J. Pollard, A. Thaler, J. French
3.144 Abnormal MRI Is A Predictor Of Poor Outcome In Focal Epilepsy/D. Consalvo, M. Kauffman, S. Oddo, B. Giagante, S. Kochen
3.145 Neuropathological Study Of Medically Intractable Mesial Temporal Lobe Epilepsy (MTLE): Histological & MRI Classification Of Hippocampal Sclerosis And Its Clinical Relevance/T. Hori, H. Miyata, S. Kondo
3.146 Seizures After Hematopoietic Stem Cell Transplantation In Children/I. Lee, S. Kim, H. Hwang, J. Bin, Y. Kim, S. Chung
3.147 New Onset Critical Seizures In The Elderly: Experience From A Tertiary Care Centre From South India/S. Sinha, P. Satishchandra, K. Thennarasu, K. Balaji
3.148 Postoperative Interictal Epileptiform Discharge Within One Month Is Associated With Seizure Recurrence After Anterior Temporal Lobectomy/H. Yu, D. Yen, C. Yiu, Y. Lin, S. Kwan, C. Chen, S. Hsu, Y. Shih
3.149 Progressive Deterioration Of Heart Rate Variability Prior To SUDEP/A. DeGiorgio, G. Rausch, P. Miller, C. DeGiorgio
3.150 Does Seizure-Related Head Injury Influence Health Related Quality Of Life In People With Epilepsy?/D. Friedman, X. Li, H. Levin
3.151 A Case Of Non-Herpetic Acute Limbic Encephalitis With Severe Psychiatric Symptoms/M. Fukuda, Y. Takahashi, H. Yamamoto
3.152 Favorable Outcome In Near SUDEP Followed By Refractory Status Epilepticus/G. Ghearing, A. Bhatt, A. Delios
3.153 Central Ictal Apnea As A Risk Factor For Subsequent SUDEP/S. Schuele, Z. Afshari, E. Gerard, M. Macken
3.154 Clinical Characteristics And Outcomes Of Neonatal Seizures In A Single Center/J. Yu, K. Hong, J. Park, Y. Chang
3.155 Outcome Of Patients With PLEDs During Continuous EEG Monitoring/C. Lamar, J. Boggs, M. Sam, W. Bell, C. O'Donovan

Neuro-Imaging

Animal Studies

- 3.156** Optical Imaging Of Primate Neocortex Using Oxygen-Sensing Nanoparticles/D. Hochman, M. Haglund, G. Palmer, G. Zhang, C. Fraser
3.157 Noninvasive Imaging Of Epilepsy Using Fast Diffuse Optical Tomography/R. Jiang, Z. Yuan, Q. Zhang, L. Ji, J. Zhou, P. Carney, H. Jiang
3.158 Morphological And Quantitative Brain Alterations Induced By Status Epilepticus: A Longitudinal MR Study On Rat Brain At 7 Tesla/J. Bankstahl, M. Meier, M. Bankstahl, H. Lanfermann, W. Löscher, X. Ding
3.159 MicroPET Study Of Very Early Regional Glucose Uptake Changes In Lithium-Pilocarpine Model Of Epileptogenesis/E. Raffo, F. Maskali, S. Ben Mahmoud, S. Poussier, P. Monin, G. Karcher, P. Marie, A. Nehlig
3.160 Rate Dependent Regional Brain Activations During Intermittent Light Stimulation In Photosensitive And Control Non-Human Primates/F. Salinas, S. Narayana, K. Knape, M. Leland, C. Szabo
3.161 Effect Of P-Glycoprotein Function On Cerebral Uptake Of The GABA_A-Receptor Ligand [¹¹C]flumazenil In Rats And Mice/F. Froklage, S. Syvänen, N. Hendrikse, C. Molthoff, A. Windhorst, M. Huisman, A. Lammertsma, E. de Lange, R. Voskuyl
3.162 Diffusion Tensor MRI In Absence Epilepsy/A. Mishra, D. Coman, N. Danielson, C. Bhasyal, M. Coquillotte, M. Negishi, M. Vestal, B. Killory, T. van Rijn, P. Edelbroek, R. Constable, F. Hyder, G. van Luijckelaar, H. Blumenfeld
3.163 Functional Activity Of Generalized Spike-And-Wave Discharges In The GBL Rat Model: An EEG-fMRI Study/R. Hutchison, L. Leung, J. Gati, S. Mirsattari
3.164 Subdermal EEG Electrode Placement In The Dog Using Neuronavigation/R. Poma, S. Frey, L. Barnard, A. Zaborowsky, J. Ives
- Neuro-Imaging Structural Imaging**
3.164A Increased Crossing Of Cortico-striatal Connections Following Resective Epilepsy Surgery In Children: A Probabilistic DTI Tractographic Study/R. Govindan, H. Chugani, S. Sood
3.164B Mu Opioid Receptor mRNA Expression, Binding And Functional Coupling To G-Proteins In Human Epileptic Hippocampus/L. Rocha, M. Cuellar-Herrera, A. Velasco, F. Velasco, L. Chavez, M. Alonso-Vanegas, S. Orozco-Suarez, A. Yalcin, S. Benyhe, A. Borsodi

Neuro-Imaging**Functional Imaging**

- 3.165** Seizure Frequency Is Related To Brain Perfusion Status In Children With Sturge-Weber Syndrome/ C. Juhasz, J. Hu, Y. Miao, Y. Xuan, H. Chugani
- 3.166** Glutamatergic Dysfunction Underlying Hypometabolism In Temporal Lobe Epilepsy (TLE): A Positron Emission Tomography (PET) Multiparametric Study/E. Kobayashi, J. Rowley, J. Soucy, P. Rosa-Neto
- 3.167** Interhemispheric Connectivity In Temporal Lobe Epilepsy/L. Maccotta, R. Hogan
- 3.168** EEG/fMRI In Focal Epilepsy: What Does The BOLD Response Add To EEG?/F. Pittau, F. Dubeau, J. Gotman
- 3.169** Simultaneous EEG-fNIRS Recording Of Dorsolateral Frontal Lobe Seizures/P. Pouliot, J. Tremblay, O. Florea, P. Vanniasing, F. Lesage, F. Lepore, M. Lassonde, D. Nguyen
- 3.170** [18F]-Flumazenil-PET For The Localisation Of Medically Refractory Focal Epilepsy Using Without Need For Arterial Blood Sampling: A Pilot Study/L. Vivash, M. Gregoire, E. Lau, R. Ware, P. Roselt, D. Binns, V. Bouilleret, A. Katsifis, D. Myers, R. Hicks, T. O'Brien
- 3.171** Imaging Ictal Rhythmic Activity Using High-Density EEG/L. Yang, C. Wilke, B. Brinkmann, G. Worrell, B. He
- 3.172** High Temporal Resolution Photoacoustic Imaging For Seizure Localization And Network Mapping/Q. Zhang, B. Hu, Z. Yuan, J. Zhou, P. Carney, H. Jiang
- 3.173** Metabolic And Molecular Imaging Characteristics Of Epileptogenic Dysembryoplastic Neuroepithelial Tumors (DNETs)/ B. Alkonyi, O. Muzik, D. Chugani, I. Zitron, H. Chugani, S. Sood, S. Mittal, P. Chakraborty, C. Juhász
- 3.174** Simultaneous EEG And fMRI Of Sleep Spindles And K-Complexes/ M. Caporrio, Z. Haneef, H. Yeh, C. Buttinelli, A. Lenartowicz, J. Stern
- 3.175** Memory Dysfunction In Frontal Lobe Epilepsy. The Role Of Frontal Lobes In Long-Term Memory Process/M. Centeno, C. Vollmar, J. O'Muircheartaigh, M. Symms, G. Barker, V. Kumari, P. Thompson, J. Duncan, M. Richardson, M. Koeppe
- 3.176** Ictal BOLD Changes And Behavioral Performance Variability In Childhood Absence Epilepsy/ N. Danielson, J. Guo, B. Killory, X. Bai, M. Negishi, M. Vestal, R. Berman, C. Vega, M. Spann, E. Novotny, R. Constable, H. Blumenfeld
- 3.177** Interaction Of The Networks Sustaining Epileptic Discharge And Memory Function In Temporal Lobe Epilepsy/V. Dinkelacker, L. Thivard, C. Poupon, S. Samson, M. Baulac, S. Lehericy, S. Dupont
- 3.178** Language Lateralization In Patients With Tuberos Sclerosis Complex (TSC) Using MEG And fMRI/ A. Gallagher, N. Tanaka, N. Suzuki, H. Liu, S. Camposano, E. Thiele, S. Stufflebeam
- 3.179** Hippocampal Networks In Temporal Lobe Epilepsy: A 'Seed-Based' fMRI Study/Z. Haneef, H. Yeh, A. Lenartowicz, J. Mumford, J. Stern
- 3.180** Diminished Recruitment Of Hippocampus Into Default Mode Network In Temporal Lobe Epilepsy/ G. James, J. Djemmann, D. Drane
- 3.181** Oxygen-Enhanced MRI: A Novel Imaging Modality For The Diagnosis And Lateralization Of Temporal Lobe Epilepsy/G. Kalamangalam, J. Nelson
- 3.182** Functional Integrity Of Malformations Of Cortical Development In A Language Network: An fMRI Study/G. Kuchukhidze, F. Koppelstaetter, I. Unterberger, J. Dobsberger, G. Walsler, J. Larch, M. Delazer, T. Gotwald, S. Felber, E. Trinka
- 3.183** High-Density EEG Source Imaging And Connectivity Analysis In Partial Epilepsy Patients/Y. Lu, L. Yang, G. Worrell, B. He
- 3.184** Decreased Amplitude Of Low Frequency BOLD Fluctuations In Thalamic Subregions Of Patients With Idiopathic Generalized Epilepsy/ M. McGill, X. Wang, O. Devinsky, E. Halgren, C. Carlson, R. Kuzniecky, J. French, T. Thesen
- 3.185** The Use Of SPECT In The Evaluation Of Epilepsy Surgery In Infants/I. Miller, P. Kršek, M. Duchowny, P. Jayakar, N. Altman
- 3.186** ISAS Inter-Rater Agreement Is Superior To SISCOM And Raw SPECT On Measures Of Localization And Diagnostic Conclusiveness/A. Paige, J. Miller, K. Lee, B. Ojha, J. Kar, R. Knowlton
- 3.187** MRI Diffusion Tensor Imaging (DTI) And MR Spectroscopy (MRS) In Structural Negative Temporal Lobe Epilepsy/M. Xu, E. Ergene, M. Zagardo, W. Liu, M. Nancy
- 3.188** "Ictal" Or "Peri-Ictal" PET Findings In Patients With Refractory Epilepsy And Focal Cortical Dysplasia/ M. Campos, D. Ladrón de Guevara, G. Kuester, L. Ríos, M. Galvez, G. Rojas, F. Otayza, C. Pardo
- 3.189** Simultaneous Intracranial EEG And fMRI Of Interictal Epileptic Discharges In Patients With Epilepsy/D. Carmichael, S. Vulliamoz, R. Rodionov, K. Rosenkranz, B. Diehl, M. Walker, A. McEvoy, L. Lemieux
- 3.190** Seizure Foci Identification: Comparing fMRI-Based Intrinsic Connectivity Mapping And Spike Correlated fMRI/T. Constable, F. Tokoglu, M. Negishi, D. Spencer
- 3.191** Two Methods Of Functional Connectivity In Language Comprehension/E. Duke, M. Berl, B. Yerys, L. Rosenberger, J. Mayo, J. VanMeter, C. Vaidya, W. Gaillard
- 3.192** The Effect Of Frontal And Temporal Seizure Foci On Regional Language Networks/W. Gaillard, E. Duke, M. Tesfaye, M. Berl, J. Walker, E. Ritzl, R. Fasano, S. Sato, W. Theodore
- 3.193** Magnetoencephalography For Language Mapping: A New Approach To Localize Both Language Receptive And Expressive Areas/M. Huang, L. Cui, T. Song, M. Diwakar, R. Lee
- 3.194** EEG-fMRI Without EEG: Can BOLD Changes Caused By Epileptic Discharges Be Detected Without Recording The EEG?/Y. Khatamian, J. Gotman
- 3.195** Absence Seizures Impair Attention And Network Connectivity In Children/B. Killory, X. Bai, M. Negishi, C. Vega, M. Spann, M. Vestal, R. Berman, N. Danielson, J. Guo, S. Foote, E. Novotny, R. Constable, H. Blumenfeld
- 3.196** Factors Influencing Ictal SPECT Findings In Children With Focal Cortical Dysplasia/P. Krsek, A. Jahodova, S. Malone, B. Maton, Z. Hrnčir, M. Kudr, V. Komarek, P. Jayakar, C. Dunoyer, I. Miller, T. Resnick, M. Duchowny
- 3.197** Dynamic Imaging Of Coherent Sources In Absences And Generalized Photoparoxysmal Responses – A Comparison With EEG-fMRI Studies/ F. Moeller, M. Muthuraman, U. Stephani, S. Groppa, G. Deuschl, J. Raethjen, M. Siniatchkin
- 3.198** Cross Hippocampal Influence In TLE Measured By fMRI With Granger Causality/V. Morgan, B. Rogers, H. Sonmezturk, B. Abou-Khalil
- 3.199** Laterality Of The EEG-fMRI Seeded Functional Connectivity As A Predictor Of The Surgical Outcome Of Epilepsy/M. Negishi, R. Martuzzi, E. Novotny, D. Spencer, R. Constable
- 3.200** Functional Connectivity Analysis Of Memory Networks In Epilepsy/ E. Novotny, A. Poliakov, H. Shurtleff, M. Warner, J. Kuratani, R. Saneto, D. Shaw, J. Ojemann
- 3.201** Basal Ganglia And Default Mode Networks In Epilepsy/I. Rektor, J. Tomcik, M. Mikl, R. Marecek, M. Brazdil, I. Rektorova
- 3.202** Cannabinoid Type 1 (CB₁) Receptor Binding Imaged In Vivo Using The PET Ligand [¹¹C]MePPEP/ D. Riano Barros, C. McGinnity, A. Egerton, L. Rosso, S. Battacharyya, R. Heckemann, F. Turkheimer, D. Brooks, O. Howes, M. Koeppe, A. Hammers
- 3.203** Meta-Analytic Connectivity Modeling Of Mesial Temporal Lobe Epilepsy/J. Robinson, B. Kirmani, D. Barron, R. Savjani, R. Malla, P. Fox
- 3.204** Imaging Cortical Networks Involved In Preictal And Ictal Childhood Absence Epilepsy With Magnetoencephalography/ J. Stapleton-Kotloski, T. Huitt, B. Boles, C. O'Donovan, D. Godwin

- 3.205** Coregistration Of Magnetoencephalography(MEG) And Subtraction Ictal SPECT Coregistered To MRI (SISCOM) In Planning For Epilepsy Surgery/M. Stein, T. Stoub, J. Lewine, M. Rossi
- 3.206** Thalamic Nuclei Involvement In Secondary Generalized Seizures: A SISCOM Study/S. Strickland, Y. Park, B. Choi, P. Brown, A. Murro, S. Miranda, K. Drake
- 3.207** Preprocessing Of Magnetoencephalographic Data In Evaluation Of Language Lateralization/N. Suzuki, N. Tanaka, M. Hämäläinen, S. Stufflebeam
- 3.208** Metabotropic Glutamate Receptor Type 5 (mGluR5) And Verbal Memory Performance In Mesial Temporal Lobe Epilepsy/V. Sziklas, P. Rosa-Neto, N. Sanford, J. Rowley, M. Jones-Gotman, E. Kobayashi
- 3.209** Language Lateralization Represented By Spatiotemporal Mapping Of Magnetoencephalography/ N. Tanaka, N. Suzuki, H. Liu, M. Hämäläinen, J. Madsen, B. Bourgeois, B. Dworetzky, S. Stufflebeam
- 3.210** Effect Of Brain-To-Skull Conductivity Ratio On EEG Source Localization From Epileptiform Activity/G. Wang, G. Worrell, B. He
- 3.211** Social Network Theory Applied To Resting-State fMRI Connectivity Data In The Analysis Of Epilepsy Networks/X. Zhang, M. Negishi, D. Spencer, T. Constable
- 3.212** Cluster Analysis Applied To fMRI Data In Typical Childhood Absence Seizures/X. Bai, B. Killory, J. Guo, M. Vestal, R. Berman, M. Negishi, E. Novotny, R. Constable, H. Blumenfeld
- 3.213** Localization Of Epileptic And Functional Networks At Rest Using Independent Component And Functional Connectivity Analysis Of The BOLD Signal/S. Bickel, L. Entz, C. Keller, C. Kelly, P. Kingsley, S. Jain, S. Hwang, A. Mehta
- 3.214** EEG-fMRI BOLD Response Associated With Diffuse Bilateral EEG Events In Focal Epilepsy Patients/ T. Gholipour, F. Pittau, J. Gotman, F. Dubeau
- 3.215** Localizing Seizure Onset Zone Using Ictal SPECT At Varying Thresholds/C. Newey, C. Wong, Z. Wang, G. Wu, A. Alexopoulos
- 3.216** 3.0T-Functional MRI Can Detect Dominant Hemisphere Contributing Memory Function In The Patient With Mesial Temporal Lobe Epilepsy/ H. Okura, T. Takahashi, H. Sugano, M. Nakano, K. Fusegi, K. Asano, H. Arai
- 3.217** Correlation Of Pre-Surgical PET, MRI And Intracranial EEG With Pathologic Findings In Pediatric Epilepsy Surgery/J. Piantino, A. Hussein
- 3.218** Usefulness Of SPM Analysis Of FDG PET In Detecting Epileptogenic Tuber And Cortex In Tuberos Sclerosis Complex/L. Rozhkov, J. Seo, K. Holland-Bouley, M. Gelfand, F. Mangano, D. Franz, P. Horn, K. Lee
- 3.219** Effect Of Temporal Lobe Epilepsy On The Default Mode Network/J. Stern, H. Yeh, Z. Haneef, A. Lenartowicz, J. Mumford
- 3.220** FDG-PET And SPECT Co-Registration For Detection Of Epileptogenic Zone In Patients With Non-Lesional Neocortical Epilepsy/ C. Wong, A. Ristic, A. Alexopoulos, D. Lachhwani, N. So, G. Wu, I. Najm
- 3.221** Identification Of Epileptiform Activity Using eConnectome/H. Zhang, L. Yang, G. Wang, Y. Lu, G. Worrell, B. He
- 3.222** Non-Invasively Reconstructing Epileptogenic Zones Using Scalp MEG Data For Pre-Surgical Evaluation/ M. Zhu, L. Ding, W. Zhang, D. Dickens, J. King
- 3.223** The Clinical Value Of Magnetoencephalography In Epileptic Children With Frontal Lobe Tumors: Two Cases/L. Cui, T. Song, M. Diwakar, M. Huang, R. Lee
- 3.224** fMRI Language Dominance And FDG-PET Hypometabolism/W. Theodore, M. Berl, E. Duke, S. Miranda, C. Liew, A. Finegersh, A. Martinez, I. Dustin, S. Sato, W. Gaillard
- 3.225** Interictal MRI Perfusion Abnormalities Observed By Arterial Spin Labelled Sequences In Focal Epilepsies/M. Toledo, N. Lacuey, S. Sarria, M. Quintana, X. Salas Puig, E. Santamarina, A. Rovira
- 3.226** Ictal-MRI Focal Hyperperfusion Localizes The Epileptogenic Zone Using Arterial Spin Labeled Sequences/ M. Salvadó, N. Lacuey, L. Guzmán, M. Toledo, E. Santamarina, X. Salas-Puig, M. Sueiras, R. Rovira, G. Cuberas, C. Lorenzo, J. Munuera, S. Sarria, A. Rovira
- 3.227** The Usefulness Of Double Density Optical Topography/H. Yokota, K. Oguro, A. Izawa, E. Watanabe
- 3.228** Thalamic Hyperperfusion Using Pulse Arterial Spin Labeling In Generalized Epilepsy/A. Evans, D. Godwin, C. O'Donovan
- Neuro-Imaging**
- Other Emerging Techniques**
- 3.229** Single-Trial Cortical Mapping Of Sensorimotor Organization In Real-Time/E. Chang, C. Cheung, P. Garcia, N. Barbaro, R. Knight
- 3.230** Increased In Vivo Expression Of An Inflammatory Marker In Temporal Lobe Epilepsy/J. Hirvonen, W. Kreisl, M. Fujita, I. Dustin, S. Miranda, Y. Zhang, C. Morse, V. Pike, R. Innis, W. Theodore
- 3.231** Hemodynamic Changes During Temporal Lobe Seizures: A Simultaneous EEG-fNIRS Study/ J. Tremblay, P. Pouliot, O. Florea, P. Vannasing, F. Lepore, F. Lesage, M. Lassonde, D. Nguyen
- 3.232** Relationship Between Interictal MEG Background Source Spectral Anomalies And Epileptogenic Zones/ M. Raghavan, P. LaViolette, W. Mueller, S. Baillet
- 3.233** Application Of Diffusion Tensor Imaging In Temporal Lobe Epilepsy With Mesial Temporal Sclerosis Drug-Resistant: Correlation With FDG-PET Hypometabolic Area/J. Calvo, A. Pedraza, A. Boixet, C. Falcón, S. Sureda, X. Perego, M. Martínez
- 3.234** Corpus Callosum Involvement In Patients With Epilepsy Associated With Hippocampal Sclerosis/K. Lyra, E. Park, C. Rinkus, C. Leite, L. Castro, M. Otaduy
- 3.235** Combining Granger Causality And Diffuse Optical Tomography To Investigate The Effective Connectivity In Temporal Lobe Epilepsy (TLE)/Z. Yuan, R. Jiang, L. Ji, J. Zhou, P. Carney, H. Jiang
- 3.236** Magnetic Resonance Spectroscopy Detects Neuronal Dysfunctions In Extra-Hippocampal Region In Patients With Medial Temporal Epilepsy/T. Velasco, P. Diniz, C. Salmon, A. Sakamoto, J. Leite, A. Santos
- Comorbidity (Somatic and Psychiatric)**
- Medical Conditions**
- 3.237** Bone Mineral Density In Ambulatory Pediatric Patients With Epilepsy/C. Arnsnow, R. Wehbeh, J. Buchlis, B. Weinstock-Guttman, A. Weinstock
- 3.238** Comorbid Obstructive Sleep Apnea In Epilepsy: Clinical Characteristics And Seizure Reduction Following Nasal Cpap Therapy/W. Berth, Erik St. Louis, M. Granner, M. Zimmerman, M. Dyken
- 3.239** Prevalence And Predictors Of Obstructive Sleep Apnea In Epilepsy: Do Traditional Risk Factors Matter?/ D. Pornsriniyom, N. Andrews, N. Foldvary-Schaefer
- 3.240** Significant Reductions In Heart Rate Variability During Ictal And Postictal Episodes In Pharmacoresistant Epilepsy/R. Staba, L. August-Schmidt, J. Pop, P. Miller, C. DeGiorgio
- 3.241** Are Children With Epilepsy At Higher Risk For Injury? – A Prospective Study Of Injury Rates In Children With Epilepsy Compared To Their Nearest-Aged Sibling/M. Blackman, N. Thornton, E. Wirrell
- 3.242** Children With Epilepsy Have Increased Arousal Indices On Polysomnography Compared To Age Matched Controls/S. Jain, L. Thampratankul, N. Simakajornboon
- 3.243** Status Epilepticus Reduces Cardiac Ventricular Function/J. Little, S. Bealer
- 3.244** Tension Type Headache, Migraine And Other Types Of Headache In Epilepsy: A Multivariate Analysis/ R. Londero, J. Bragatti, C. Torres, A. Dal Pizzol, K. Martin, A. Souza, L. Bastianelli, M. Oliveira, P. Cherubini, M. Bianchin

- 3.245** Risk Factors For Migraine In Epilepsy: A Logistic Regression Analysis/M. Bianchin, R. Londero, J. Bragatti, C. Torres, A. Dal Pizzol, K. Martin, A. Souza, M. Oliveira, P. Cherubini
- 3.246** A New Epilepsy Specific Risk Adjustment Comorbidity Index/ C. St. Germaine, M. Liu, H. Quan, S. Wiebe, N. Jette
- 3.247** KCNQ Channels In The Nucleus Tractus Solitarius Of The Brainstem Might Be Involved In SUDEP/ G. Tolstykh, J. Cavazos

Comorbidity (Somatic and Psychiatric)

Psychiatric Conditions

- 3.248** This poster has been changed to Platform B.09
- 3.249** Testing Epilepsy Candidate Genes In Autism/M. Cuccaro, R. Tuchman, D. Ma, R. Abramson, H. Wright, J. Gilbert, M. Pericak-Vance
- 3.250** Long-Term Depression Outcomes After Resective Epilepsy Surgery/H. Hamid, L. Haibe, X. Cong, J. Dziura, O. Gilani, O. Devinsky, W. Barr, B. Vickrey, A. Berg, C. Bazil, S. Pacia, J. Langfitt, T. Walczak, M. Sperling, S. Shinnar, S. Spencer
- 3.251** Increased iPLA2 Activity Is A Marker In The Hippocampus Of Patients With Temporal Lobe Epilepsy And Psychosis/L. Talib, K. Valente, N. Raposo, S. Vincentiis, W. Gattaz
- 3.252** Prevalence And Predictors Of Depression In 2,128 Epilepsy Patients/G. Tesar, L. Jehi, I. Najm
- 3.253** Psychiatric Comorbidity In Childhood-Onset Epilepsy: Neurodevelopment May Be The Key/ A. Berg, R. Caplan, M. Hannah
- 3.254** The Impact Of Psychiatric Comorbidity On Quality Of Life In Children With Epilepsy/C. Bower Baca, B. Vickrey, R. Caplan, S. Vassar, A. Berg
- 3.255** PAI Vs. MMPI-2 In Differentiating NES From Epilepsy Patients/R. Doss, S. Mason
- 3.256** Psychiatric Disease In Adults With Occipital Epilepsy: Role Of Complex Partial Semiology/A. Fessler, J. Henry, L. Liu, J. Langfitt
- 3.257** Screening For Depression And Suicidality In An Epilepsy Clinic/ S. Mason, R. Doss, P. Penovich
- 3.258** Epilepsy And Family History Of Psychiatric Disorders In The National Comorbidity Survey Replication (NCS-R)/J. Pillai, S. Calhoun, J. Mossey
- 3.259** Depression In Epilepsy Is Associated With Lack Of Seizure Control/M. Seyal, R. Dias, L. Bateman, S. Farias, C. Li, T. Lin, J. Jorgensen
- 3.260** Screening For Depression In A Tertiary Adult Epilepsy Clinic Using The Neurological Disorders Depression Inventory For Epilepsy/M. Davies, J. Sandhu, M. Starky, S. Ahmed, J. Jirsch, T. Synder, D. Gross
- 3.261** Are AEDs Associated With Suicidal Ideation?/D. Dunn, C. Johnson, P. Fastenau, A. Byars, T. deGrauw, S. Perkins, J. Austin
- 3.262** Psychosis In Temporal Lobe Epilepsy: Right-Sided Mesial Temporal Sclerosis And Longer Duration Of Epilepsy Are Risk Factors/K. Goldberg, R. Alessi, S. Vincentiis, K. Valente
- 3.263** Role Of Anxiety And Sleep Disorders For Overall Quality Of Life In People With Epilepsy And Controls/ A. Jacoby, D. Snape, S. Lane, G. Baker
- 3.264** A 2-Year Prospective Study Of Psychiatric Comorbidity In Children With Recent Onset Epilepsy/J. Jones, M. Seidenberg, B. Hermann
- 3.265** Postictal Exacerbation In Severity Of Interictal Psychiatric Symptoms Worsens Significantly The Quality Of Life Of Patients With Epilepsy/A. Kanner, H. Kanner, M. Rovner
- 3.266** Seemingly Similar But Essentially Distinct: Comparison Of Clinical And Paraclinical Characteristics In Patients With Epileptic Seizures And Psychogenic Nonepileptic Seizures/ I. Karakis, A. Cole, G. Montouris, M. San Luciano, A. Tsiakiri, C. Piperidou
- 3.267** Outcomes Of Trauma-Induced Psychogenic Nonepileptic Attacks Treated With Eye Movement Desensitization And Reprocessing/ S. Kelley, A. Bozorg
- 3.268** Depression In Elderly Patients With Epilepsy/O. Laban-Grant, E. Fertig, J. Kanter, H. Husaini, L. Myers, M. Lancman
- 3.269** Comparing Standard Medical Care For NES In Latin America To North America/W. Curt LaFrance, A. de Marinis, J. Machan, M. Rusch, A. Kanner
- 3.270** Tonic Gabaergic Inhibition In The Basolateral Amygdala Is Heavily Mediated By $\alpha 5$ Subunit-Containing Receptors, And Is Reduced In A Mouse Model Of Fragile-X Syndrome/ B. Martin, M. Huntsman
- 3.271** The Relationship Between Mood And Antiepileptic Drug Side Effects In Patients With Epilepsy/K. Perrine, H. Husaini, E. Fertig
- 3.272** Paroxysmal Nonepileptic Events In The Elderly: A Video-EEG Review/ D. Silveira, L. Jehi, E. Novak, B. Wolgamuth
- 3.273** Validity Of A Depression Screening Instrument For Youth With Epilepsy (YWE)/G. Smith, P. Ferguson, J. Wagner, V. Hall, B. Wannamaker
- 3.274** Prevalence Of Anxiety And Sleep Disorder In People With Epilepsy And Controls And Contributing Factors/D. Snape, A. Jacoby, S. Lane, G. Baker
- 3.275** Communicating The Diagnosis Of Psychogenic Nonepileptic Spells Is A Tricky Business/M. Tammaa, F. Chaudhary, S. Gill, Y. Song, N. Bangalore-Vittal, N. Azar, P. Singh, A. Arain
- 3.276** Independent Predictors Of Anxiety Disorders In Temporal Lobe Epilepsy: A Cross-Sectional Study/ C. Torres, J. Bragatti, A. Dal Pizzol, K. Martin, A. Souza, L. Bastianelli, P. Cherubini, M. Oliveira, G. Manfro, M. Bianchin

- 3.277** Behavioral Attention And Prefrontal Dopamine Receptor Density In The Rat Perinatal Hypoxia Model Of Epilepsy/A. Willner, S. Briffa-Mirabella, D. McCloskey
- 3.278** Comorbidity In Patients With Psychogenic Nonepileptic Attacks/ E. Acton, E. Vo, W. Tatum
- 3.279** Psychogenic Nonepileptic Seizures In Children: Age-Related Risk Factors And Clinical Findings/R. Alessi, S. Vincentiis, K. Valente
- 3.280** The Teddy Bear Sign Does Not Indicate The Presence Of Psychogenic Non-Epileptic Seizures/M. Cervenka, T. Tran, D. Muthugovindan, R. Lesser
- 3.281** Life-Threatening Nonepileptic Seizures: Report Of Two Cases/ L. de Paola, F. B. Germiniani, C. Silvano, A. Crippa, C. Domingos, C. Del Claro Hopker, M. M. Joaquim, A. Gaspari
- 3.282** Agitation In Epilepsy Patients Monitored With Intracranial EEG/ A. Dole, G. Tesar
- 3.283** Psychopathology And Family Dynamics In Patients With Psychogenic Nonepileptic Spells (PNES)/S. Gill, Y. Song, A. Arain
- 3.284** Body Outline Task In Epilepsy And Its Mimickers/A. Pak, A. Bae, S. Zhang, D. Ansel
- 3.285** Can Multiple Drug Allergies Predict The Final Diagnosis In Patients Undergoing Video-EEG Monitoring?/ D. Robertson, A. Bozorg
- 3.286** Psychogenic Nonepileptic Seizures (PNES): Psychiatric Treatment Of 12 Patients/A. Velez, L. Morgan, K. Karkar, C. Szabo
- 3.287** Which Screening Tools For Depression In Epilepsy?: A Comparison Of Conventional And Visual-Analogue Methods/T. von Oertzen, J. Rampling, A. Mitchell, H. Cock, N. Agrawal
- 3.288** Anxiety And Quality Of Life In Patients With Epilepsy And Psychogenic Nonepileptic Seizures/ H. Williams, M. Bagary
- 3.289** Surrealism And Epilepsy: Max Ernst's Une Semaine De Bonté: A Graphic Representation Of Non-Epileptic Seizures?/F. Germiniani, L. de Paola, H. Teive, C. Silvano, A. Crippa, M. Madder Joaquim, C. Del Claro Hopker, C. Domingos, D. Zorzetto, A. Gaspari

Human Genetics

- 3.290** Whole-Genome Sequencing In Multiplex Epilepsy Families: An Approach To Identify Rare Susceptibility Variants/E. Ruzzo, E. Heinzen, A. Poduri, R. Wedel, R. Ottman, D. Goldstein
- 3.291** Clinical Phenotypes, Epilepsy And Genetics Of Various Subtypes Of Polymicrogyria And Evidence For A Novel Locus For Bilateral Perisylvian Polymicrogyria Narrowed To 2p16.1-p16.3/D. Amrom, A. Poduri, B. Dan, N. Deconinck, C. Christophe, B. Pichon, F. Dubeau, D. Tampieri, F. Andermann, W. Dobyns, C. Walsh, E. Andermann

- 3.292** Action Myoclonus-Renal Failure Syndrome (AMRF) In French Canadian Families Is Due To A Founder Effect/ E. Andermann, D. Amrom, M. Bayly, J. Mulley, M. Talani, M. Pierre, M. Jomphe, S. Berkovic, F. Andermann, L. Dibbens
- 3.293** Putative Susceptibility Alleles Identified From A Genome Wide Association Study In Epilepsy/R. Buono, H. Zhang, K. Wang, M. Sperling, D. Dlugos, W. Lo, P. Cossette, C. Hou, J. Glessner, J. Bradfield, P. Sleiman, Y. Guo, C. Kim, R. Chiavacci, F. Mentch, H. Qui, B. Keating, S. Grant, M. Privitera, J. French, S. Schachter, F. Lohoff, W. Berret
- 3.294** Malignant Migrating Partial Seizures Of Infancy May Be Caused By Sodium Channel Mutations/ D. Carranza, L. Hamiwka, J. McMahon, L. Dibbens, T. Arsov, A. Suls, M. Bayly, C. Burke, T. Stödtberg, T. Bienvenu, P. De Jonghe, D. Thorburn, S. Berkovic, J. Mulley, I. Scheffer
- 3.295** The Contribution Of PCDH19 Gene Mutations In Epilepsy And Mental Retardation In Females (EFMR)/ L. Dibbens, M. Bayly, T. Arsov, T. Desai, S. Sisodiya, J. Gecz, F. McKenzie, S. Berkovic, J. Mulley, S. von Spiczak, A. Ronan, I. Scheffer
- 3.296** A Distinctive Seizure Type In Patients With Cdk15 Mutations: Hypermotor-Tonic-Spasms Sequence/ K. Klein, S. Yendle, A. Harvey, G. Wallace, T. Bienvenu, I. Scheffer
- 3.297** Screening For GLUT1 Deficiency Is A Diagnostic Test In Early-Onset Absence Epilepsy: A Replication Study/S. Mullen, T. Arsov, K. Lawrence, J. Damiano, S. Berkovic, I. Scheffer
- 3.298** SCN1A Channelopathy In Malignant Migrating Partial Seizures In Infancy/P. Pearl, E. Freilich, W. Gaillard, J. Conry, T. Tsuchida, J. Jones, C. Reyes, S. Dibb-Hajj, S. Waxman, M. Meisler
- 3.299** Myoclonic Epilepsy As A Major Symptom Of A Novel Mutation In The Mitochondrial tRNA^{Ala} Gene/Y. Weber, G. Zsurka, H. Gdynia, W. Kunz, H. Lerche
- 3.300** Varying Febrile Seizure Susceptibility Among Scn1a GEFS+ Mutants/S. Dutton, A. Escayg
- 3.301** Next-Generation Sequencing Of Refractory Juvenile Myoclonic Epilepsy Patients/E. Heinzen, G. Cavalleri, M. McCormack, S. Alhusaini, G. O'Connor, R. Radtke, C. Depondt, S. Sisodiya, N. Delanty, D. Goldstein
- 3.302** Domain-Dependent Clustering And Phenotype Association Of LGI1 Gene Mutations In Autosomal Dominant Partial Epilepsy With Auditory Features (ADPEAF)/Y. Ho, I. Ionita-Laza, R. Ottman
- 3.303** Outcomes From The Discovery Of A Novel GABA_A Receptor Mutation In An Epilepsy Family/J. Johnston, J. Davies, K. Baer, C. Hammond, R. Thomas, T. Cushion, S. Chung, J. Mullins, C. White, P. Smith, M. Rees
- 3.304** Estimates Of Familial Risk For Genetic Counseling In The Epilepsies/ A. Peljto, C. Barker-Cummings, C. Leibson, V. Vasoli, W. Hauser, J. Buchhalter, R. Ottman
- 3.305** Methylenetetrahydrofolate Reductase (MTHFR) Deficiency And Infantile Epilepsy/A. Prasad, C. Rupar, C. Prasad
- 3.306** Association Study Shows Relationship Between Mesial Temporal Lobe Epilepsy With Hippocampal Sclerosis And *IL1B* And *PTPRM* Genes/R. Santos, M. Silva, R. Secolin, C. Yasuda, T. Velasco, A. Sakamoto, F. Cendes, I. Lopes-Cendes, C. Maurer-Morelli
- 3.307** Response To Antiepileptic Drugs In Mesial Temporal Lobe Epilepsy Is A Polygenic Trait/M. Saragiotto da Silva, R. Secolin, E. Bilevicius, R. Santos, C. Maurer-Morelli, F. Cendes, I. Lopes-Cendes
- 3.308** Genes Acting In Growth, Differentiation, And Neuronal Migration Potentially Involved In Temporal Lobe Epilepsy/S. Vincentiis, E. Ojopi, J. Flores, W. Tzu, W. Gattaz, K. Valente
- 3.309** Mutation Screening Of *GRIN2A* As A Candidate Gene For Idiopathic Focal Epilepsies/S. von Spiczak, K. Finsterwalder, C. Reutlinger, H. Muhle, A. Caliebe, T. Obermeyer, M. Schilhabel, A. Franke, I. Helbig, U. Stephani
- 3.310** Evaluating The Clinical Use Of Genetic Testing In Patients With Dravet And Doose Syndromes/ M. Gonsales, P. Preto, M. Montenegro, M. Guerreiro, I. Lopes-Cendes
- 3.311** Phenotype Definition In LGI1-Related Epilepsy/K. Kamberakis, R. Wedel, H. Choi, T. Pedley, W. Hauser, R. Ottman
- 3.312** Profound Ictal Apnea In PCDH19 Related Epilepsy: 2 Cases With Novel Phenotypic And Genetic Findings/K. Nash, I. Ahronowitz, J. Sullivan
- 3.313** Association Of Intronic Variants Of The *KCNAB1* Gene With Lateral Temporal Epilepsy/C. Nobile, G. Busolin, S. Malacrida, F. Bisulli, P. Striano, C. Di Bonaventura, G. Egeo, E. Pasini, V. Cianci, E. Ferlazzo, A. Bianchi, G. Coppola, M. Elia, O. Mecarelli, U. Aguglia, S. Striano, P. Tinuper, A. Giallonardo, R. Michelucci
- 3.314** Genome-Wide Linkage Analysis In ADPEAF Families Without Mutations In LGI1/R. Ottman, G. Crockford, Y. Wang, M. Winawer, H. Choi, W. Hauser
- 3.315** Common Genetic Variation In Drug Metabolising Enzymes As A Determinant Of Carbamazepine Dose Requirement In Newly Diagnosed Epilepsy/K. Shazadi, G. Sills, A. Jorgensen, A. Alfrevic, M. Pirmohamed, A. Marson
- 3.316** Concordance Of Seizure Semiology And Pharmacosensitivity In Sibling Pairs From The Epilepsy Phenome/Genome Project (EPGP)/ M. Winawer, R. Fahlstrom, D. Rabinowitz, The EPGP Senior Investigators
- 3.317** Identification And Characterisation Of Endophenotypes For Epilepsy Through MRI/S. Alhusaini, J. Meaney, G. Boyle, A. Fagan, P. Iyer, C. Scanlon, L. Ronan, G. Borgulya, S. Maguire, P. Brennan, C. Doherty, N. Delanty, M. Fitzsimons, G. Cavalleri
- 3.318** Familial Lateral Temporal Lobe Epilepsies: The Clinical And Genetic Spectrum In Italy/R. Michelucci, E. Pasini, G. Busolin, C. Di Bonaventura, O. Mecarelli, A. Gambardella, M. Elia, F. Bisulli, S. Binelli, P. Striano, S. Striano, G. Coppola, P. Tinuper, A. Giallonardo, G. Egeo, V. Sofia, M. Marchini, A. La Neve, F. De Falco, P. Pulita
- 3.319** Recruitment Of Subjects For Genetic Studies Of Temporal Lobe Epilepsy/S. Misiewicz, M. Winawer
- 3.320** Molecular Classification Of Neonatal And Infantile Epilepsies/ J. Mulley, S. Heron, L. Dibbens
- 3.321** CYP2C9 *2 And *3 Genotype Predicting Non-Response To Valproate In Patients With Epilepsy/E. Ojopi, S. Thomé-Souza, W. Gattaz, K. Valente
- 3.322** A Novel Gene Locus Of Photogenic Childhood Absence Evolving To JME/M. Tanaka, P. Cossette, J. Bailey, R. Duron, A. Delgado-Escueta

Health Services Delivery of Care

- 3.323** The Effect Of Seizures In Health-Resources Utilization In Patients With Ischemic Strokes: A Canadian Multi-Center Prospective Study/A. Alabousi, G. Saposnik, J. Fang, J. Burneo
- 3.324** Racial Disparities Of Seizure Care In The Emergency Department/ K. Gleason, S. Hurwitz, K. O'Laughlin, B. Dworetzky
- 3.325** Measuring Parents' Perceptions Of Patient-Centered Care In Childhood Epilepsy: Reliability And Validity Of The Patient Perceptions Of Patient-Centeredness (PPPC) Questionnaire/ S. Craigie, M. Stewart, G. Zou, K. Speechley
- 3.326** Epileptologist Adherence To Depression Treatment Guidelines/ E. Franco, G. Tesar, I. Najm
- 3.327** Knowledge Of Women's Issues Related To Pregnancy In Epilepsy: A Survey Of Healthcare Professionals/ N. Jette, F. Abdulla, J. Roberts, S. Wiebe, A. Hanson, P. Federico, A. Metcalfe
- 3.328** Healthcare Costs For Children With Seizures Presenting To Le Bonheur Children's Hospital Emergency Department/N. Shah, R. Kink, K. Cox, J. MacDonald, J. Wheless

3.329 Patient Perceptions Of Information Needs For TLE Surgery Decisions/H. Choi, K. Pargeon, J. Wong, A. Mendiratta, S. Bakken

3.330 Effective Strategies To Improve Epilepsy Nursing Knowledge Prior To The Development Of An Epilepsy Monitoring Unit At A Community Hospital/W. Fedder, C. Musson, M. Smith

3.331 Quality Improvement In The Epilepsy Clinic/M. Hoerth, J. Draskowski, K. Noe, J. Sirven

3.332 Using A Standardized Assessment Tool To Measure Patient Experience On A Seizure Monitoring Unit Compared To A General Neurology Unit/J. Roberts, K. Sauro, K. Osiowy, J. Knox, N. Jette, S. Macrodimitris

3.333 Staff Experience And Satisfaction With Working On A Seizure Monitoring Unit/K. Sauro, C. Krassman, J. Knox, E. Mercer, M. Rigby, M. Suddes, N. Jette, S. Macrodimitris

Health Services

Access to Care

3.334 Factors Affecting Hospital Length Of Stay For Patients With Epilepsy: Results From A National Inpatient Survey/T. Smith, L. Shi, M. Khan, C. Bazil

Health Services

Healthcare Models

3.335 A Consumer Generated Self-Management Intervention Model/R. Fraser, E. Johnson, J. Miller, N. Temkin, P. Ciechanowski, N. Chaytor, L. Caylor, J. Barber

Health Services

Special Populations

3.336 Depression In Mothers In The 24 Months Following A Diagnosis Of Epilepsy In Their Children: Survival Analysis And Risk Factors/M. Ferro, W. Avison, M. Campbell, K. Speechley

3.337 Adolescents In Transition: Developmental And Psychosocial Concerns For Youth With Intractable Epilepsy/S. Ahlm, H. Kaplan, A. Berg, M. Forcier, D. Nordli

3.338 Development Of A Conceptual Model For The Study Of Breakthrough Seizures In Hospitalized Children With Epilepsy And Associated Risk Factors/C. Jones, F. Yu, J. Kaffka, K. Saag, M. Safford

Neuropathology of Epilepsy

3.339 Dynamic Disinhibition Of Cortical Circuits/J. Brill, J. Mattis, K. Deisseroth, J. Huguenard

3.340 Aberrant Integration Of Postnatally Generated Neurons Is Sufficient To Cause Epilepsy/S. Danzer, D. Richards, K. Holland, J. Uhl, C. Faulkner, H. Yin, B. Murphy, S. Bronson, R. Pun

3.341 NRSF/REST Dependent And Independent Gene Pathways In Epileptogenesis/S. McClelland, C. Flynn, C. Dube, J. Yang, R. Petrosyan, J. Mundy, C. Bernard, T. Baram

3.342 Aberrant Mossy Fiber Sprouting Preferentially Innervates Immature Cells In A Rodent Model Of Temporal Lobe Epilepsy/A. Althaus, M. Kron, H. Zhang, N. Kransz, J. Parent

3.343 Mechanisms For Prenatal Radiation-Induced Rat Cortical Malformations That Simulate Cortical Disorganizations Found In Human Neurologic Disorders/T. Babb, J. Chorostecki

3.344 Neuronal Degeneration In Hypothalamus Induced By Status Epilepticus In Immature Rats/R. Druga, P. Mares, H. Kubova

3.345 Hilar GABAergic Interneurons Receive Increased Excitatory Inputs From Granule Cells And Pyramidal Neurons After Traumatic Brain Injury/R. Hunt, S. Scheff, B. Smith

3.346 Parallel Computing Enables Full-Scale Modeling Of The Control And Epileptic Rat Dentate Gyrus/C. Schneider, M. Case, I. Soltesz

3.347 Single-Cell Microinjection Of Small Hypothalamic Hamartoma Neurons/A. Strobel, Y. Jin, G. Li, J. Wu, J. Kerrigan

3.348 Cell Specific Ablation Of PTEN Signaling Alters GABAergic Circuitry/G. Barnes, Y. Li, S. Siegel

3.349 In Vivo Neuroprotective Role Of M-Type K⁺ Channels During A Transient Ischemic Attack/S. Bierbower, L. Watts, M. Shapiro

3.350 An Investigation Of Spontaneous Cortical Slow Oscillations Using 256-channel EEG In Normal And Epileptic Patients/T. Gilbert, P. Luu, M. Holmes, D. Tucker

3.351 In Vivo Model Of Group I mGluR-Mediated Epileptogenesis/J. Goodman, D. Erdheim, S. Chuang, R. Wong

3.352 Early-Onset Seizures In Adult Mice Following Hypoxic-Ischemic Brain Injury/S. Huang, N. Patel, C. Du, Y. El-Hayek, C. Wu, L. Zhang

3.353 High-Frequency (80-500 Hz) Oscillations In A Rat Model Of Temporal Lobe Epilepsy/M. Lévesque, A. Bortel, J. Gotman, M. Avoli

3.354 Cortical And Subcortical Network Dysfunction In Limbic Seizures: High Field BOLD fMRI In A Rodent Complex Partial Seizure Model/J. Motelow, A. Mishra, D. Englot, B. Sanganahalli, K. Furman, F. Hyder, H. Blumenfeld

3.355 Effect Of Beta-Estradiol On Synaptic Plasticity In Dentate Gyrus Depends On Stimulation Paradigm/N. Nebieridze, L. Velisek, J. Veliskova

3.356 Early Enhancement Of Phasic GABAergic Inhibition In The Pilocarpine-Treated Rat Subiculum/G. Panuccio, M. Avoli

3.357 Temporal Lobe Epilepsy Induced Increases In Persistent (INaP) And Resurgent (INaR) Na Currents/M. Patel, N. Hargus, E. Bertram

3.358 MRI Hippocampal Volume Is Associated With CA1 Neuron Density And Chondroitin Sulfate Expression In Temporal Lobe Epilepsy/J. Peixoto-Santos, O. Galvis-Alonso, D. Araujo, A. Santos, J. Assirati, C. Carloti Jr, R. Scanduzzi, J. Leite

3.359 Is BGT1 mRNA Expression Following Status Epilepticus Influenced By Inflammation And/Or Dehydration In C57/B6 Mice?/N. Rowley, M. Smith, J. Lamb, A. Schousboe, H. White

3.360 Galanin Receptor Type 1 Deletion Exacerbates Hippocampal Neuronal Loss After Systemic Kainate Administration In Mice/P. E. Schauwecker

3.361 Temporal Cytokine Expression Patterns In The Rat Hippocampus Following A Traumatic Brain Injury/L. Shapiro, M. Foresti, G. Arisi, A. Ruch, K. Katki

3.362 mTOR Cascade Activation Observed In Human Hippocampal Sclerosis Is Not Recapitulated In A Rat Pilocarpine Model Of Epilepsy/A. Sosunov, X. Wu, C. Mikell, R. McGovern, D. Coughlin, R. Goodman, H. Scharfman, G. McKhann

3.363 Mechanisms Generating Spike-Wave Discharges In A Detailed Thalamocortical Simulation/E. Thomas, J. Chambers, S. Petrou, D. Abramson, S. Berkovic

3.364 Increased Endoplasmic Reticulum Stress In The Amygdaloid Kindling Model Of Rats/Y. Ueda, Y. Chihara, T. Doi, J. Willmore

3.365 Immature Large Newborn Neurons In Human Hippocampal Dentate Gyrus From Patients With Temporal Lobe Epilepsy/H. Sugano, M. Nakajima, H. Okura, T. Higo, H. Arai

3.366 Neuropathology Of Epilepsy/M. Tristán Agundis, C. Castañeda-González, J.V. Hernandez, D. Rembao Bojórquez, S.P. Escalona, M. Manzanarez Colin, L. Rocha

CAMELICE Posters*

3.367 G_i Protein Activation And D2-Like Dopaminergic Receptor Binding In A Temporal Lobe Epilepsy Model/D. Alcantara-Gonzalez, B. Florán, L. Rocha

3.368 Evaluation Of 5-HT_{1A} Receptor In The Hippocampus Of Patients With Refractory Epilepsy To Antiepileptic Drugs/M. Cuellar Herrera, L.L. Rocha, S. Orozco, L. Chávez, J.M. Núñez, F. Velasco, A.L. Velasco

3.369 Metabolic Activity Test Using Functional Magnetic Resonance With Temporal Lobe Epilepsy Patients During The Stroop Test/J. Alvarez-Alamilla, M. Corsi-Cabrera, D. Trejo Martínez, I.Y. del Río, A.L. Velasco

*Abstracts from the Junior Epileptologist Program from the Mexican Chapter of ILAE (CAMELICE)

3.370 Factors Related To Refractory Epilepsy In Children: "Federico Gomez" Children's Hospital Experience In Mexico City/E. I. Arellano Montellano, E. Barragan Perez,

3.371 Characteristics Of Patients With First Seizure/
M. J. Berenguer-Sánchez,
F. A. Gutiérrez-Manjarrez,
H. Senties-Madrid, G. García-Ramos,
B. Estañol-Vidal

3.372 Evaluation Of Patients With Probable First Epileptic Seizure/
F.A. Gutiérrez-Manjarrez,
M.J. Berenguer-Sánchez,
H. Senties-Madrid, G. García-Ramos,
B. Estañol

3.373 Thyroid Abnormalities With The Use Of Valproate, Carbamazepine And Phenytoin In Mono And Polytherapy And Their Correlation With Blood Levels: Prospective Study At The National Institute Of Neurology And Neurosurgery "MVS" Mexico/
M.A. Díaz-Torres, S. Morán-Molina,
M.A. Fernández-Aguilar,
I.E. Martínez-Juárez

3.374 Callosotomy As An Adjuvant Treatment In A Patient With Cryptogenic Catastrophic Epileptic Encephalopathy: Case Report/
R. Domínguez Herz, C. García,
F. Soto, R. Ortiz, B. Garcia, N. Teyes,
C. Paz

3.375 Epilepsy and Migraine/
N. Plascencia-Alvarez,
R.I. González-Gómez,
E. Juárez-Martínez,
G. Maldonado-Torres,
E. Arrazola-Cortez, L. Núñez-Orozco

3.376 Clinical Utility Of Short-Term Videoelectroencephalogram Monitoring In Epilepsy/I. M. González Orizaga,
M. Berenguer Sánchez,
F. Gutiérrez Manjarrez,
E. Soto Cabrera, F. Zavala Ferrer,
O. Campos Villarreal,
M. Alonso Vanegas, H. Senties Madrid,
B. Estañol, G. García Ramos

3.377 Comparative Study Of The Efficiency And Security Between The Molecule Of Original And Generic Oxcarbazepine Control In Children With Partial Epilepsy Diagnosis Of Recent/C.S. Marquez Chuquimia,
E.J. Barragan Perez,
M. Hernandez Hernandez

3.378 Clinical Characteristics Of Seizures In Patients With Sturge-Weber Syndrome. Implications On Evolution/C.A. Montes Lahuerta,
E. Barragan-Perez

3.379 Assessment Of Olfactory Capability Of Mesial Temporal Lobe Epilepsy (MTLE) Patients/
P. Severiano-Pérez,
U.R. Moreno-Araujo,
M.A. Cejudo-Tejeda,
N. González-Fernández,
C. Mendez-Quintal,
J.M. Nuñez-de la Vega,
A.L. Velasco, R. Guevara-Guzmán

3.380 Voltage-Dependant Verbal Memory – Effects On The Cognitive Function Through Changing Voltage Parameters In Deep Brain Stimulation/
A. Nuche-Bricaire, M. Montes De Oca,
J. Marcos Ortega, D. Trejo,
J.M. Núñez, D. Vazquez,
A.L. Velasco-Monroy

3.381 Brain Hypoperfusion During Todd's Paralysis: Differential Diagnosis With Acute Stroke/
Y.O. Piquet-Uscanga,
E.O. Jiménez-Domínguez,
D.A. Espinoza-López,
I.E. Martínez-Juárez,
A. Moreno-Avellán

3.382 Mental Development Of Infants At Corrected Age Of 24 Months At High Risk Of Impaired Development And Epilepsy Attributed To Peri-Natal Insults Discharged From Neonatal Intensive Care Unit/E. Porras-Kattz,
J.E. Barrera-Reséndiz, T. Harmony,
G.N. AVECILLA-Ramírez,
J. Ricardo-Garcell,
A. Fernández-Bouzas,
D. Martínez de la Escalera,
E. Valencia-Solis

3.383 Hot Water Epilepsy: A Case Report/ R. Sandoval-Pacheco,
R. Avalos-Plata, P. Herrera-Mora,
M. Ruiz-García, A. García-Briseño

3.384 Language Laterality In Patients With Epilepsy And Healthy Subjects By A Dichotic Listening Task/
D. Trejo-Martínez, A.L. Velasco,
F. Velasco, J.M. Nuñez, R. Conde,
E. Colin-Ramírez, A. Nuche

3.385 Surgical Treatment Of Drug Resistant Mesial Temporal Lobe Epilepsy With Bilateral Foci/D. Vázquez,
A.L. Velasco, F. Velasco, J.M. Núñez

3.386 Cortical Dysplasia In Patients With Temporal Lobe Epilepsy; Morphological Study Of 60 Cases/
J. Villeda Hernandez, M. Alonso,
L. Rocha, S. Orozco

TUESDAY December 7, 2010

www.AESNET.org

9:00 a.m. – 10:30 a.m.

Special Interest Group Meetings

Convention Center – Location listed under each session
Please complete program survey – see page 14

Basic Mechanisms of Epilepsy

Convention Center – Room 006 A-C

Coordinators: Claude G. Wasterlain, M.D., Raman Sankar, M.D., Ph.D.
Speakers: TBA

Description not available at time of printing.

Clinical Nursing – Paving the Way to Epilepsy Specialty in Nursing Certification

Convention Center – Room 008

Coordinators: Madona D. Plueger, B.S.N., RN, CNRN, Sarah Kiel, M.S.N.
Speakers: Janice M. Buelow, RN, Ph.D., others TBD

Objectives of this SIG are: 1. Discuss the American Board of Nursing Specialties requirements for application of Speciality Certification; 2. Define the process that is needed to create a formal method of creating an Epilepsy Nurse Specialty Certification; 3. Demonstrate the skills, knowledge and experience desired for nurses seeking Epilepsy Nurse Specialty Certification; 4. Demonstrate ways that could improve patient outcomes in facilities in which there would be certified Epilepsy Nurses.

Clinical Roundtable – Neonatal Seizures — Little Patients, Big Issues

Convention Center – Room 007 C/D

Coordinator: Kevin E. Chapman, M.D.
Speakers: Frances E. Jensen, M.D., Eli M. Mizrahi, M.D., Ronit Pressler, M.D., Ph.D.

Neonatal seizures are a common and ominous sign of neurologic injury that can arise from a variety of etiologies. The immature brain presents particular challenges regarding semiology, mechanisms and response to treatment compared to adults. This discussion will bring together experts in the field of neonatal seizures to discuss their approach to patients in terms of practical issues and future directions. Audience participation is encouraged.

Practice Management Course

Convention Center – Room 006 D

Coordinator: Gregory L. Barkley, M.D.
Speakers: TBA

Description not available at time of printing.

Translational Research – Epilepsy Models, Clinical Syndromes, and “Personalized” Medicine: Are Pre-clinical and Pipeline Pathways Aligned for Successful Translational and Commercial Development?

Convention Center – Room 007 A/B

Coordinators: Thomas P. Sutula, M.D., Ph.D., Warren Lammert
Speakers: Daniel H. Lowenstein, M.D., Jacqueline A. French, M.D., John A. Messenheimer, M.D., Rusty Katz

This SIG will discuss gaps between what basic epilepsy researchers and clinical epileptologists think are suitable target areas for translational research in epilepsy, and how these questions align with industry and regulatory perspectives. Questions to be addressed include: 1) “Do current experimental models of epilepsy adequately recapitulate clinically relevant epileptic syndromes?”, 2) “Are neocortical and non-hippocampal syndromes underemphasized causes of intractable localization-related epilepsy?”, 3) “What syndromes, targets, and markets are attractive for big pharma development? Is the epilepsy research community providing targets that are

attractive for commercial development?” and 4) “Can small market therapies be developed? – principles and pitfalls of the orphan drug pathway.”

9:00 a.m. – 10:30 a.m.

Plenary II: Neurostimulation in the Treatment of Epilepsy: The Road Traveled and the Road Ahead

(1.5 CME Credits)

Convention Center – Lila Cockrell Theatre

This session will highlight the following Benchmark goals:

- II. Develop new therapeutic strategies and optimize current approaches to cure epilepsy
 - C. Optimize existing therapies and develop new therapies and technologies for curing epilepsy.
 2. Develop new approaches (e.g., gene therapy, brain stimulation, cellular therapy, pharmacotherapy) for targeted therapies.

Benchmarks Stewards: Jacqueline A. French, M.D. and Greg Worrell, M.D.
For more information, see p 53.

Overview

Despite the introduction of a large number of new AEDs in recent years, the number of patients with seizures who are refractory to medical therapy has not been significantly reduced. This has prompted renewed interest in studies of therapy with neurostimulation. Neurostimulation for the treatment of epilepsy has the benefits of no drug-related side effects and mechanisms of action presumed to be distinct from antiepileptic drugs, although the actual mechanisms of action are not established. Following the approval in 1997 of vagus nerve stimulation for adjunctive treatment of partial seizures, more recent trials have targeted intracranial sites. Just recently, separate pivotal trials for both programmed anterior thalamic stimulation and responsive neurostimulation have been completed in patients with intractable partial seizures. This symposium will focus on the principles of neurostimulation, the different types of therapy, the results of the clinical trials, and the questions that remain for the optimal application of these novel therapies.

Learning Objectives

- ▶ Apply the principles and targets of the various types of neurostimulation (chronic programmed and responsive) in determining which of these potential therapies might be appropriately used for the treatment of epilepsy
- ▶ Utilize the results of clinical trials for the three neurostimulation treatment modalities that have either been approved or have completed pivotal trials incorporating these treatment modalities into the treatment of selected patients with pharmaco-resistant epilepsy
- ▶ Address unresolved questions regarding the application of neurostimulation as therapy for epilepsy and learn about additional investigations when developing care plans for patients with intractable epilepsy.

Target Audience

Intermediate, Advanced (see page 101 for details)

Credit Designation

The American Epilepsy Society designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Program

Chair: Gregory K. Bergey, M.D.

Neurostimulation: What Do We Need to Know?

Gregory K. Bergey, M.D.

Vagus Nerve Stimulation: Dawn of a New Era

Elinor Ben-Menachem, M.D., Ph.D.

Cerebral Programmed Stimulation

Richard Wennberg, M.D., FRCPC

Responsive Stimulation

Lawrence J. Hirsch, M.D.

Pharmacy Credit

ACPE Universal Activity Number (UAN) is 031-999-10-028-L01-P and provides 1.5 contact hours (.15 CEUs)

Acknowledgment:

This program is supported in part by an educational grant from Cyberonics, Inc.

10:45 a.m. – 12:15 p.m.

ILAE Symposium: Epilepsy Treatment in North America and Around The World: Can We Learn From Each Other?

(1.5 CME Credits)

Convention Center – Lila Cockrell Theatre

Overview

Despite globalization of the science that underlies medical care, common issues in epilepsy are being addressed in ways that continue to reflect specific geographic and cultural approaches to provision of healthcare. This symposium will explore areas which reflect these differences: new drug development and clinical trials; epilepsy surgery; and the impact of limited resources on availability of care. New perspectives on these topics can inform both health policy and clinical decisions related to care of people with epilepsy in North America.

Learning Objectives

- ▶ Broaden treatment options by applying geographic and cultural differences that inform approaches to temporal lobe resections in North America and around the world
- ▶ Use complementary information from clinical trial designs from different regions in managing patients with epilepsy
- ▶ Address limited resources for epilepsy care based on the experience of health policy and treatment decisions in areas outside North America.

Target Audience

Intermediate (see page 101 for details)

Program

Co-Chairs: Jacqueline A. French, M.D., Sheryl Haut, M.D.

Introduction and Overview

Jacqueline A. French, M.D., Sheryl Haut, M.D.

Are Placebo Controlled or Pragmatic Trials More Informative?

Anthony Marson, Ph.D. and Russell Katz, M.D.

How Are Epilepsy Resources Allocated Around the World? Lessons From Epilepsy Surgery

Frans Leijten, M.D., Ph.D. and Samuel Wiebe, M.D.

Credit Designation

The American Epilepsy Society designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Pharmacy Credit

ACPE Universal Activity Number (UAN) is 031-999-10-029-L04-P and provides 1.5 contact hours (.15 CEUs)

Acknowledgment:

This program is supported in part by an educational grant from Pfizer Inc.

10:45 a.m. – 12:15 p.m.

Special Interest Group Meetings

Convention Center – Location listed under each session

Please complete program survey – see page 14

Frontal Lobe Epilepsy – The Added Yield of ESI, MEG, fMRI/DTI and PET/SPECT

Convention Center – Room 007 C/D

Coordinator: Matthias J. Koepp, M.D., Ph.D.

Speakers: Matthias J. Koepp, M.D., Ph.D., Czaba Juhasz, M.D., Ph.D.,

Gregory D. Cascino, M.D., Margitta Seeck, M.D.,

Richard C. Burgess, M.D., Ph.D.

This SIG will address the added yield of new neurophysiological (ESI, MEG / MSI) and imaging (fMRI / DTI, PET / SPECT) techniques in the assessment and evaluation of patients with frontal lobe epilepsy. Speakers will present the methodological advances and limitations, challenges and opportunities for each of these techniques, and then discuss illustrative cases, which include head-to-head comparisons, illustrating which patients stand to benefit the most from which technique.

Pediatric Epilepsy Case-Based Discussion – Advances in Diagnosis and Medical and Surgical Treatment of Children with Epilepsy

Convention Center – Room 006 A-C

Coordinator: Elaine Wyllie, M.D.

Speakers: TBA

Six dynamic faculty will each present an exciting case from his or her clinical experience that teaches an important clinical point and advances our field of pediatric epilepsy. Topics will be diverse and touch on aspects of EEG, seizure semiology, genetics, neuroimaging, antiepileptic drug therapy, epilepsy surgery, and psychosocial comorbidity. We encourage audience interaction!

Sleep and Epilepsy – Memory and Cognitive Dysfunction Related to Subclinical / Interictal Epileptiform Activity During Sleep

Convention Center – Room 007 A/B

Coordinators: Carl Bazil, M.D., Ph.D., Mark S. Quigg, M.D.

Speakers: Carlo Tassinari, M.D., Mark S. Quigg, M.D.

This year's SIG will continue last year's discussion of memory relating to sleep with presentations regarding electrical status epilepticus of sleep and potential impact on cognitive development. This will lead into discussion regarding the broader question of the potential impact of interictal epileptiform discharges on memory. We will also discuss data regarding EEG changes during apnea in children and impact on cognition.

Status Epilepticus – NEW

Convention Center – Room 008

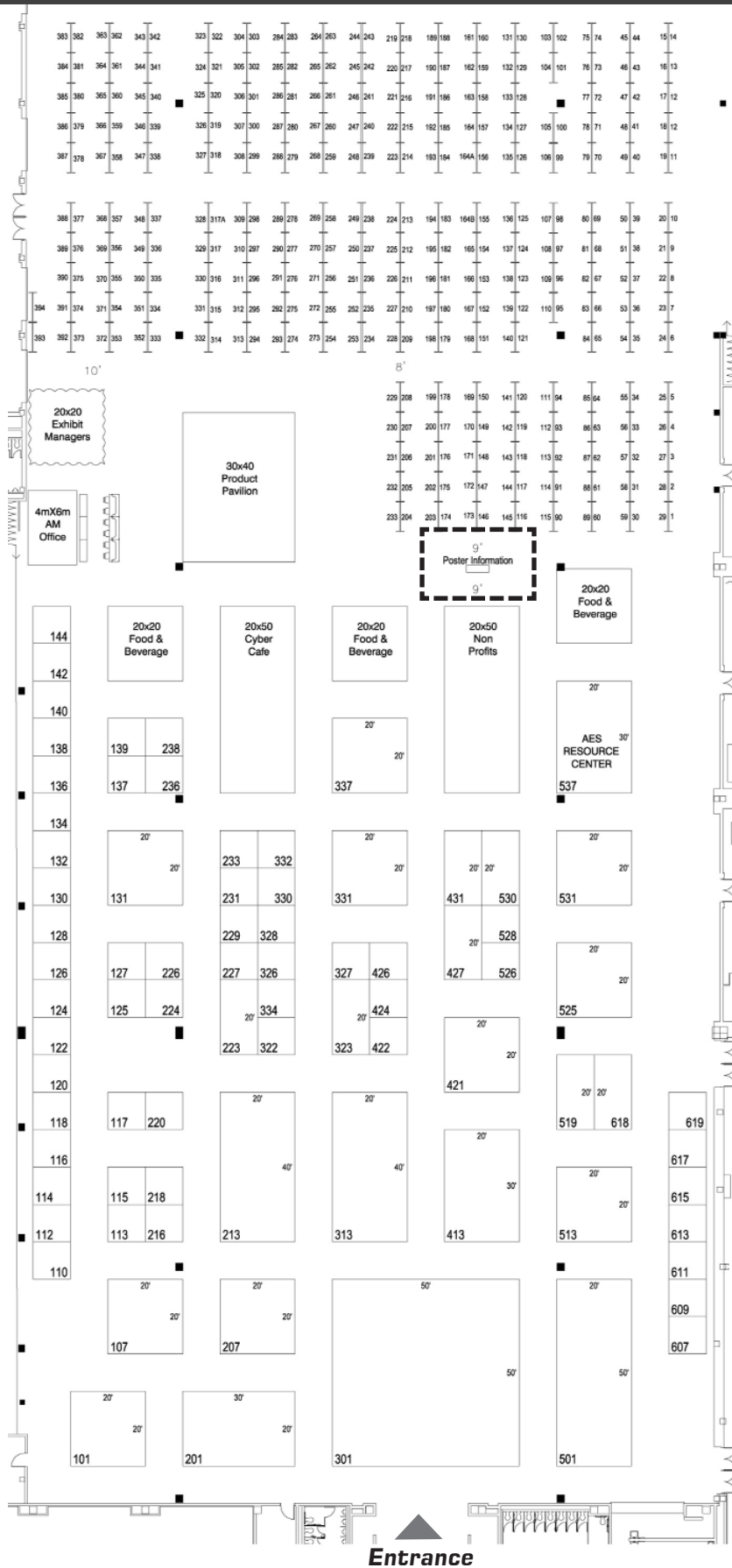
Coordinator: Tobias Loddenkemper, M.D., Susan T. Herman, M.D.

Speakers: Edward H. Bertram, M.D., James J. Riviello, M.D.,

Thomas P. Bleck, M.D.

This year's inaugural SIG will provide an overview and outline new frontiers in the diagnosis and treatment of status epilepticus: Dr. Bertram will review the basic pathogenesis of pediatric status epilepticus and how rodent models may explain some of the difficulties encountered in the clinical treatment of patients. Dr. Riviello will subsequently discuss approaches and algorithms for clinical workup, identification and monitoring of status epilepticus, and Dr. Bleck will present current and novel treatment options of status epilepticus, particularly of those patients with refractory status epilepticus.

EXHIBITOR FLOOR PLAN



Poster Walking Tours begin at the **Poster Information** table

Poster Session Entrance is outside **AES Registration**, when Exhibits are closed

Henry B. Gonzalez Convention Center, Hall A, Street Level

Exhibit Hall Hours:

Saturday, December 4 11:30 a.m. - 6:00 p.m.
 Sunday, December 5 11:00 a.m. - 6:00 p.m.
 Monday, December 6 11:00 a.m. - 4:00 p.m.

EXHIBITORS

EXHIBITOR LOCATIONS

*Denotes Passport to Prizes Participants as of 10/22/10

| | | | |
|--|------------|---|-----------------|
| Ad-Tech Medical Instrument Corp..... | Booth #530 | Intractable Childhood Epilepsy Alliance (ICE) | Table #14 |
| AED Pregnancy Registry..... | Booth #330 | John Libbey EUROTEXT | Booth #224 |
| The American Board of Clinical Neurophysiology (ABCN) | Table #2 | LGS (Lennox-Gastaut Syndrome) Foundation..... | Table #5 |
| The American Board of Registration of EEG and EP Technologies (ABRET) | Table #1 | Lippincott Williams & Wilkins..... | Booth #226 |
| AnalyzeDirect, Inc. | Booth #131 | Lundbeck Inc.* | Booth #313, 322 |
| The Anita Kaufmann Foundation..... | Table #9 | Meda Pharmaceuticals Inc. | Booth #617 |
| Athena Diagnostics | Booth #216 | National Association of Epilepsy Centers..... | Booth #231 |
| Blackrock Microsystems | Booth #427 | Natus Medical Incorporated..... | Booth #421 |
| Brain Vision LLC..... | Booth #615 | Neuralynx | Booth #127 |
| Cadwell Laboratories, Inc. | Booth #431 | neuroConn GmbH | Booth #134 |
| CareFusion / Cardinal Health | Booth #513 | NeuroNexus Technologies | Booth #227 |
| Child Neurology Foundation (CNF) | Booth #327 | NeuroTrax..... | Booth #326 |
| Citizens United for Research in Epilepsy | Table #4 | Neurovirtual USA, Inc. | Booth #236 |
| Clever Sys Inc. | Booth #238 | The New York Times (exhibitor OTA)..... | Booth #125 |
| CNS Vital Signs | Booth #116 | Nihon Kohden America, Inc. | Booth #525 |
| Cochrane Epilepsy Group | Table #11 | NINDS – National Institute of Neurological Disorders and Stroke..... | Booth #607 |
| Compumedics USA | Booth #331 | Northeast Regional Epilepsy Group..... | Booth #144 |
| Cyberonics, Inc..... | Booth #413 | Novartis*..... | Booth #107, 613 |
| Data Sciences International..... | Booth #139 | Nutricia North America | Booth #137 |
| Demos Medical Publishing | Booth #611 | Optima Neuroscience, Inc. | Booth #422 |
| DigiTrace EEG Services..... | Booth #233 | Oxford University Press..... | Booth #128 |
| Dixi Medical | Booth #136 | Pfizer Inc. | Booth #201 |
| Eisai, Inc..... | Booth #501 | Pinnacle Technology, Inc..... | Booth #140 |
| Electrical Geodesics, Inc. | Booth #618 | PMT Corporation*..... | Booth #519 |
| ELEKTA, Inc. | Booth #531 | Questcor Pharmaceuticals, Inc.*..... | Booth #213, 323 |
| Elsevier, Inc. | Booth #220 | Rhythmlink International, LLC..... | Booth #619 |
| Emfit Corp. | Booth #526 | Ripple..... | Booth #118 |
| Epilepsy Foundation | Booth #223 | Rochester Electro-Medical, Inc..... | Booth #117 |
| Epilepsy Phenome/Genome Project..... | Booth #609 | Seizure Tracker..... | Table #7 |
| Epilepsy Therapy Project..... | Table #3 | Smart Monitor Corp..... | Booth #528 |
| www.EpilepsyCongress.org | Table #13 | South Texas Comprehensive Epilepsy Center..... | Booth #424 |
| GeneDx | Booth #332 | Sunovion Pharmaceuticals Inc. | Booth #207 |
| GlaxoSmithKline | Booth #101 | Supernus Pharmaceuticals, Inc. | Booth #120 |
| Global Neuro-Diagnostics, LP..... | Booth #426 | SynapCell..... | Booth #122 |
| Grass Technologies, An Astro-Med, Inc. Subsidiary | Booth #337 | Transgenomic, Inc..... | Booth #229 |
| Integra NeuroSciences | Booth #324 | Triangle BioSystems, Inc. | Booth #110 |
| International Dravet Syndrome Epilepsy Action (IDEA) League | Table #8 | Tuberous Sclerosis Alliance..... | Table #6 |
| | | Tucker-Davis Technologies..... | Booth #328 |
| | | UCB, Inc.* | Booth #301 |
| | | Wiley-Blackwell..... | Booth #218 |

Participate in the AES PASSPORT TO PRIZES PROGRAM!



In your AES Annual Meeting tote, you will find a Passport brochure. To be included in the drawing to win a variety of great prizes, visit all of the participating exhibitors to get your Passport validated.

When all boxes have been validated, complete your contact information and drop the Passport in the raffle drum located in the Epilepsy Resource Center (Booth #537). All entries must be received by 11:00 a.m. on Monday, December 6. The drawing will be held during lunch in the exhibit hall on that day.

Participants must be present to win. See your Passport brochure for a list of participating exhibitors.

EXHIBITORS

Ad-Tech Medical Instrument Corp.

Booth #530
1901 William St
Racine, WI 53404
Phone: 262-634-1555
Toll-Free Phone: 800-776-1555
Fax: 262-634-5668
Email: ltheama@adtechmedical.com
URL: www.adtechmedical.com

Contact: Ms. Lisa Theama

For over 25 years, Epilepsy Centers have made Ad-Tech their choice for invasive electrodes for brain mapping and epilepsy monitoring. We offer a large variety of electrodes and accessories to meet you and your patients needs. Visit our Booth #530 to discover why Ad-Tech is your best choice.

AED Pregnancy Registry

Booth #330
121 Innerbelt Rd - Rm 220
Massachusetts General Hospital
Somerville, MA 02143
Phone: 617-726-7739
Toll-Free Phone: 888-233-2334
Fax: 617-724-8307
Email: csreilly@partners.org
URL: www.aedpregnancyregistry.org
Contact: Ms. Caitlin Smith

The North American AED Pregnancy Registry is dedicated to determine the safety of anticonvulsant medications taken by women during pregnancy. Stop by our booth to find out more about how your patients can participate in the Registry, and to learn more about our research findings.

The American Board of Clinical Neurophysiology (ABCN)

Table #2
2509 W Iles Ave - Ste 102
Springfield, IL 62704
Phone: 217-726-7980
Fax: 217-726-7989
Email: abcn@att.net
URL: www.abcn.org
Contact: Ms. Janice Walbert

The ABCN has a 65 year history of promoting excellence in Clinical Neurophysiology and offers an advanced examination with added competency in Epilepsy Monitoring or Intraoperative Monitoring. Oral exams were discontinued as of 2010. International testing available.

The American Board of Registration of EEG and EP Technologies (ABRET)

Table #1
2509 W Iles Ave - Ste 102
Springfield, IL 62704
Phone: 217-726-7980
Fax: 217-726-7989
Email: abreteo@att.net
URL: www.abret.org

Contact: Ms. Janice Walbert

The American Board of Registration of Electroencephalographic and Evoked Potential Technologists (ABRET) is the credentialing board for EEG, Evoked Potential, Long Term Monitoring, and Neurophysiologic Intraoperative Monitoring Technologists, and offers laboratory accreditation programs, LAB-EEG, LAB-NIOM, and LAB-LTM. Stop by the booth for the AES Job Posting special!

AnalyzeDirect, Inc.

Booth #131
7380 W 161st St
Overland Park, KS 66085
Phone: 913-338-2527
Fax: 913-338-2554
Email: info@analyzedirect.com
URL: www.analyzedirect.com
Contact: Mr. Stuart Jackson
SISCOM (Subtraction Ictal SPECT Co-registered to MRI) is an epilepsy-oriented application that enables ictal/interictal SPECT scans to be fused with an MRI of the same patient, allowing a precise anatomic localization of epileptic activation sites. SISCOM is part of the Analyze visualization and analysis software suite for research.

The Anita Kaufmann Foundation

Table #9
PO Box 11
New Milford, NJ 07646
Phone: 201-655-0420
Email: debra@akfus.org
URL: www.akfus.org

Contact: Ms. Debra Josephs

Our sole mission is to educate the public about epilepsy and to counteract stigma. We provide FREE: a groundbreaking fifth grade educational program about epilepsy, educational materials, seizure first aid training to retail establishments. We sponsor Purple Day, the largest grassroots epilepsy initiative in the world.
www.purpleday.org.

Athena Diagnostics

Booth #216
377 Plantation St
Worcester, MA 01605
Toll-Free Phone: 800-394-4493
Fax: 508-752-7421
Email: aaron.keyes@athenadiagnostics.com
URL: www.athenadiagnostics.com
Contact: Mr. Aaron Keyes

Athena Diagnostics is the leader in Epilepsy genetic testing. Our comprehensive offering includes testing for Dravet syndrome, EFMR, GEFS+, Myoclonus Epilepsy, and other forms of epilepsy.

Blackrock Microsystems

Booth #427
391 Chipeta Way - Ste G
Salt Lake City, UT 84108
Phone: 801-582-5533
Fax: 801-582-1509
Email: agotshalk@i2smicro.com
URL: www.blackrockmicro.com

Contact: Mr. Andy Gotshalk

Blackrock Microsystems is recognized as a leading worldwide provider of advanced hardware and software tools that help neuroscientists, engineers, and clinicians perform cutting-edge research in areas such as fundamental neuroscience, brain-machine interfaces, and neuro-prosthetics.

Brain Vision LLC

Booth #615
2530 Meridian Pkwy - Ste 300
Durham, NC 27713
Phone: 919-806-4307
Toll-Free Phone: 877-334-4674
Fax: 214-224-0829
Email: sales@brainvision.com
URL: www.brainvision.com

Contact: Mr. Patrick Britz

Brain Vision LLC is offering you full-service solutions for neurophysiological research purposes including EEG/ERP soft- & hardware, fMRI compatible equipment, stimulation devices and accessories.

Cadwell Laboratories, Inc.

Booth #431
909 N Kellogg St
Kennewick, WA 99336
Phone: 509-735-6481
Toll-Free Phone: 800-245-3001
Fax: 509-783-6503
Email: lorik@cadwell.com
URL: www.cadwell.com

Contact: Ms. Lori Kaufman

Cadwell designs and markets neurophysiologic monitoring instruments worldwide. The Easy® III is a highly adaptable 32-150 channel system for long term epilepsy monitoring, routine clinical EEG, and continuous EEG monitoring in the ICU. Easy Ambulatory provides EEG monitoring. An all new wireless EEG recorder will be on display as well.

CareFusion / Cardinal Health

Booth #513
1850 Deming Way
Esser Place
Madison, WI 53562
Phone: 608-829-8574
Toll-Free Phone: 800-356-0007
Fax: 608-869-8737
Email: julie.phillips@carefusion.com
URL: www.carefusion.com
Contact: Ms. Julie Phillips

Child Neurology Foundation (CNF)

Booth #327
2000 W 98th St
Bloomington, MN 55431
Phone: 952-641-4466
Fax: 952-881-6276
Email: jennifer.wright704@gmail.com
URL: www.childneurologyfoundation.org

Contact: Ms. Jennifer Wright
The mission of the Child Neurology Foundation is to: advocate for 18 million children with neurologic disorders, fund research, promote child neurology as a career, foster continuing education and inform the general public as to the status and value of child neurology services. This is carried out thanks to the generosity of our doctors, donors and volunteers.

Citizens United for Research in Epilepsy

Table #4
223 W Erie St - Ste 2SW
Chicago, IL 60654
Phone: 312-255-1801
Fax: 312-255-1809
Email: danielle.davis@cureepilepsy.org
URL: www.cureepilepsy.org
Contact: Ms. Danielle Davis

Citizens United for Research in Epilepsy (CURE) is a nonprofit organization dedicated to finding a cure for epilepsy by raising funds for research and by increasing awareness of the prevalence and devastation of this disease.

Clever Sys Inc.

Booth #238
11425 Isaac Newton Square - Ste 202
Reston, VA 20190
Phone: 703-787-6946
Fax: 703-757-7467
Email: nzhang@cleversysinc.com
URL: www.cleversysinc.com
Contact: Ms. Naili Zhang

Clever Sys Inc develops products for lab animal behavior analysis with "Behavior Recognition" technology, utilizing information of animal full body as well as body parts to automatically analyze behaviors, to provide support for novel behavioral paradigms, measurements of new parameters, which are more revealing of the intrinsic of animal behaviors.

CNS Vital Signs

Booth #116
598 Airport Blvd - Ste 1400
Morrisville, NC 27560
Toll-Free Phone: 888-750-6941
Fax: 888-650-6795
Email: support@cnsvs.com
URL: www.cnsvs.com

Contact: Ms. Nancy Jo Chatham
CNS Vital Signs is a world leader in the design and development of neurocognitive assessment tools. CNS Vital Signs gives practicing clinicians and researchers assessment platforms that provide the ability to detect subtle cognitive deficits while creating a baseline of cognitive function (MEASURE) and track subtle cognitive changes (MONITOR).

Cochrane Epilepsy Group

Table #11
Department of Neurological Science
University of Liverpool
Clinical Sciences Building - Lower Lane
Liverpool L9 7LJ United Kingdom
Phone: 44-151-529-5462
Fax: 44-151-529-5465
Email: a.g.marson@liv.ac.uk
URL: www.epilepsy.cochrane.org
Contact: Professor Tony Marson
The Cochrane Epilepsy Group comprises an international network of health care professionals, researchers and consumers preparing, maintaining, and disseminating systematic reviews of randomised controlled trials in the treatment of epilepsy.

Compumedics USA

Booth #331
6605 W WT Harris Blvd - Ste F
Charlotte, NC 28269
Phone: 704-749-3200
Fax: 704-749-3299
Email: tom.lorick@compumedicsusa.com
URL: www.compumedics.com
Contact: Mr. Tom Lorick

Cyberonics, Inc.

Booth #413
100 Cyberonics Blvd
Houston, TX 77058
Phone: 281-228-7200
Toll-Free Phone: 800-332-1375
Fax: 281-218-9332
Email: kari.sokolow@cyberonics.com
URL: www.cyberonics.com
Contact: Ms. Kari Sokolow
Cyberonics, Inc. is a leader in the neurostimulation market and continues to demonstrate this commitment to physicians and their patients by providing innovative and effective medical device solutions for epilepsy. VNS Therapy® is the only FDA-approved device for the treatment of refractory epilepsy, with more than 55,000 patients implanted worldwide.

Data Sciences International

Booth #139
119 14th St NW - Ste 100
St. Paul, MN 55112
Phone: 651-481-7400
Fax: 651-481-7404
Email: shachtman@datasci.com
URL: www.datasci.com
Contact: Mr. Steve Hachtman
DSI provides advanced physiological monitoring solutions for pulmonary, cardiovascular, and CNS applications involving acute or chronic studies. Products include advanced data acquisition and analysis systems synchronizing implantable and externally worn telemetry with hardwired amplifiers. Infusion solutions include catheters and iPRECIO infusion pumps.

Demos Medical Publishing

Booth #611
11 W 42nd St - 15th Fl
New York, NY 10036
Phone: 212-683-0072
Toll-Free Phone: 800-532-8663
Fax: 212-941-7842
Email: thastings@demomedpub.com
URL: www.demomedpub.com
Contact: Mr. Thomas Hastings
Visit Demos Medical Publishing in Booth #611 to see our complete list of titles in epilepsy and related disciplines. Demos is offering a 15% discount on all orders placed at the meeting with free domestic shipping on orders over \$29.

DigiTrace EEG Services

Booth #233
200 Corporate Pl - Ste 5
Peabody, MA 01960
Phone: 978-536-7400
Toll-Free Phone: 800-334-5085
Fax: 978-535-9778
Email: stuthill@sleepmed.md
URL: www.sleepmed.md
Contact: Mr. Stuart Tuthill
DigiTrace EEG Services is a division of SleepMed, Inc. We are the largest provider of sleep and EEG home monitoring services in the U.S. DigiTrace EEG products and services are used by dozens of U.S. comprehensive epilepsy centers as well as over 30 SleepMed service locations around the country. We conduct 25,000 EEG and video EEG test days annually.

Dixi Medical

Booth #136
4 Chemin De Palente - BP 889
Besancon 25025 France
Phone: 03-81-88-98-90
Fax: 03-81-88-98-99
Email: secretariat@diximicrotechniques.com
URL: www.diximedical.com
Contact: Mr. Jose Moya
Medical devices used in functional and stereotactic neurosurgery for the treatment of epilepsy and Parkinson (depth electrodes, cortical electrodes, foramen oval electrodes, epidural electrodes, surgical implements, products developed according to your specific requirements) Main customers: neurosurgical departments of the main centers in Europe, Canada, South America.

EXHIBITORS

Eisai, Inc.

Booth #501
100 Tice Blvd
Woodcliff Lake, NJ 07677
Phone: 201-692-1100
Fax: 201-746-3196
Email: dawn_couch@eisai.com
URL: www.eisai.com

Contact: Ms. Dawn Williams

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Booth #618
1600 Millrace Dr - Ste 307
Eugene, OR 97403
Phone: 541-687-7962
Fax: 541-687-7963
Email: info@egi.com
URL: www.egi.com

Contact: Ms. DeeDee Nunes

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Phone: 770-670-2409
Fax: 770-448-6338
Email: doris.aubuchon@elekta.com
URL: www.elekta.com

Contact: Ms. Doris Aubuchon

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Fax: 210-497-3198
Email: g.dixon@elsevier.com
URL: www.gdixon.com

Contact: Mr. Greg Dixon

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Phone: 512-266-6950
Toll-Free Phone: 877-323-6348
Fax: 512-266-7203
Email: sales.us@emfit.com
URL: www.emfit.com

Contact: Ms. Christine Ocean-Rintala

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www.EpilepsyCongress.org

Table #13
7 Priory Hall
Stillorgan
Dublin, Ireland 18
Phone: 353-1-205-6720
Fax: 353-1-205-6156

Email: info@epilepsycongress.org

URL: www.epilepsycongress.org

Contact: Mr. Gus Egan

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Epilepsy Foundation

Booth #223
8301 Professional PI E
Landover, MD 20785
Phone: 301-459-3700
Fax: 301-918-2103
Email: gjones@efa.org
URL: www.epilepsyfoundation.org

Contact: Ms. Gigi Jones

The Epilepsy Foundation is the national voluntary agency dedicated solely to the welfare of the nearly 3 million people with epilepsy in the U.S. and their families. The organization works to ensure that people with seizures are able to participate in all life experiences; and to promote research for a cure.

Epilepsy Phenome/Genome Project

Booth #609
UCSF, Dept of Neurology
521 Parnassus Ave, Box 0138
San Francisco, CA 94143
Phone: 415-519-8962
Toll-Free Phone: 888-279-EPGP
Email: info@epgp.org
URL: www.epgp.org

Contact: Ms. Kristen Schardein

The Epilepsy Phenome/Genome Project is an NINDS-sponsored collaboration to identify genes that influence the development of epilepsy and pharmacoresponsiveness. The study is enrolling 1) pairs of first-degree relatives with nonsymptomatic epilepsy, and 2) participants with infantile spasms, Lennox-Gastaut Syndrome, polymicrogyria, or periventricular heterotopias.

Epilepsy Therapy Project

Table #3
PO Box 742
Middleburg, VA 20118
Phone: 540-687-8077
Fax: 540-687-8066
Email: dianna@epilepsytherapyproject.org
URL: www.epilepsy.com

Contact: Mrs. Dianna Pinkerton

Epilepsy Therapy Project, sponsor of epilepsy.com, is a 501 (c) (3) not-for-profit organization founded by parents and doctors caring for children with uncontrolled seizures by supporting the development of new therapies that offer freedom from seizures and side effects. Our mission is to accelerate ideas into therapies for people living with epilepsy and seizures.

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Booth #332
207 Perry Pkwy
Gaithersburg, MD 20877
Phone: 301-519-2100
Toll-Free Phone: 800-229-5227
Fax: 201-791-1941
Email: genedx@genedx.com

URL: www.genedx.com

Contact: Ms. Marianne Sansing

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5 Moore Dr
Research Triangle Park, NC 30310
Phone: 404-921-5179
Toll-Free Phone: 800-421-9202
Fax: 404-921-5195
Email: csoltes@czarnowski.com

URL: www.gsk.com

Contact: Ms. Christy Soltes

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1278 Justin Rd - Ste 109
Lewisville, TX 75077
Toll-Free Phone: 866-848-2522
Fax: 877-290-1544
Email: janice.shock@globalneuro.com
URL: www.globalneuro.net

Contact: Ms. Janice Shock

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EXHIBITORS

Grass Technologies, An Astro-Med, Inc. Subsidiary

Booth #337
600 E Greenwich Ave
West Warwick, RI 02893
Phone: 401-828-4000
Toll-Free Phone: 877-472-7779
Fax: 401-822-2430
Email: tpollard@astromed.com
URL: www.grasstechnologies.com
Contact: Ms. Tina Pollard
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Booth #324
22 Terry Ave
Burlington, MA 01803
Phone: 781-272-1233
Toll-Free Phone: 800-466-6814
Fax: 781-272-2428
Email: steve.scavone@integralife.com
URL: www.integralife.com
Contact: Mr. Jason Ellnor
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Table #8
PO Box 797
Deale, MD 20751
Phone: 443-607-8267
Email: baker@idea-league.org
URL: www.idea-league.org
Contact: Ms. Marilyn Baker

The IDEA League is a powerful global partnership of parents and medical experts united in the goal of improving treatment for Dravet syndrome and related forms of epilepsy while providing information and support to patients and families.

Intractable Childhood Epilepsy Alliance (ICE)

Table #14
464 Heritage Dr
Lewisville, NC 27023
Phone: 336-918-9440
Fax: 336-946-1571
Email: michellewelborn@gmail.com
Contact: Dr. Michelle Welborn

John Libbey EUROTEXT

Booth #224
127 Avenue de la Republique
Montrouge 92120 France
Phone: 33-1-4673-0679
Fax: 33-1-4084-0999
Email: gilles.cahn@jle.com
URL: www.jle.com
Contact: Mr. Gilles Cahn
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LGS (Lennox-Gastaut Syndrome) Foundation

Table #5
PO Box 6948
New York, NY 10150
Phone: 718-374-3800
Email: christina@lgsfoundation.org
URL: www.lgsfoundation.org
Contact: Ms. Christina San Inocencio
The LGS Foundation is a non-profit organization dedicated to providing information about Lennox-Gastaut syndrome, a rare and severe form of epilepsy, while raising funds to pursue additional research, services and programs for LGS families.

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Phone: 210-643-1745
Toll-Free Phone: 888-637-7741
Fax: 210-499-0783
Email: geremey.deborde@wolterskluwer.com
URL: www.lww.com
Contact: Mr. Geremey DeBorde

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4 Parkway North - Ste 200
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Fax: 732-564-2300
Email: jrisimini@medapharma.us
URL: www.medpointepharm.com
Contact: Ms. Jean Risimini
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Booth #231
5775 Wayzata Blvd - Ste 200
Minneapolis, MN 55416
Phone: 952-525-4511
Fax: 952-525-1560
Email: info@naec-epilepsy.org
URL: www.naec-epilepsy.org
Contact: Ms. Barbara Anstett

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1501 Industrial Rd
San Carlos, CA 94070
Phone: 650-802-0400
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Fax: 650-802-0401
Email: marcom@natus.com
URL: www.natus.com
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EXHIBITORS

neuroConn GmbH

Booth #134
Grenzhammer 10
Ilmenau 98693 Germany
Phone: 49-3677-68-9790
Fax: 49-3677-68-979
Email: klaus.schellhorn@neuroconn.de
URL: www.neuroconn.de
Contact: Mr. Klaus Schellhorn
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655 Fairfield Ct
Ann Arbor, MI 48108
Phone: 734-913-8858
Fax: 734-786-0069
Email: kckong@neuronexus.com
URL: www.neuronexus.com
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Fax: 713-660-6777
Email: jay@neurotrax.com
URL: www.neurotrax.com
Contact: Ms. Shiri Oberlender
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2315 NW 107th Ave - Ste 1M27 - Box 27
Doral FL 33172
Phone: 786-693-8200
Toll-Free Phone: 888-675-3378
Fax: 305-393-8429
Email: tpierson@neurovirtual.com
URL: www.neurovirtual.com
Contact: Mr. Tad Pierson
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Fax: 781-890-2799
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URL: www.nkusa.com
Contact: Ms. Deidra Miltimore
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Booth #607
31 Center Dr - Bldg 31 - Rm 8A07
Bethesda, MD 20892
Phone: 301-496-5751
Fax: 301-402-2186
Email: braininfo@ninds.nih.gov
URL: www.ninds.nih.gov
Contact: Ms. Ann Brown
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Booth #144
20 Prospect Ave - Ste 800
Hackensack, NJ 07601
Phone: 201-343-6676
Fax: 201-343-6689
Email: hasanhusaini@gmail.com
URL: www.epilepsygroup.com
Contact: Mr. Hasan Husaini

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Booth #107, 613
180 Park Ave
Florham Park, NJ 07932
Phone: 862-778-6577
Fax: 973-781-6774
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Fax: 301-795-2301
Email: ronda.keys@shsna.com
URL: www.shsna.com
Contact: Ms. Ronda Keys

Optima Neuroscience, Inc.

Booth #422
13420 Progress Blvd - Ste 200
Alachua, FL 32615
Phone: 352-371-8281
Toll-Free Phone: 877-900-5334
Fax: 386-462-0606
Email: aburks@optimaneuro.com
URL: www.optimaneuro.com
Contact: Ms. Amanda Burks
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Email: colleen.mccue@oup.com
URL: www.oup.com/us
Contact: Ms. Colleen McCue

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Booth #201
235 E 42nd St
New York, NY 10017
Phone: 212-733-2323
Fax: 212-973-7465
Email: krista.j.busch@pfizer.com
URL: www.pfizer.com
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Email: donnaj@pinnacle.com
URL: www.pinnacle.com
Contact: Ms. Linda Lane

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Phone: 952-470-0866
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Fax: 952-470-0865
Email: ecaille@pmtcorp.com
URL: www.pmtcorp.com
Contact: Mr. Eric Caille

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Union City, CA 94587
Phone: 510-400-0700
Toll-Free Phone: 800-301-7426
Fax: 510-400-0799
Email: agasperino@questcor.com
URL: www.questcor.com
Contact: Ms. Andrea Gasperino

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Columbia, SC 29209
Phone: 803-252-1222
Toll-Free Phone: 866-633-3754
Fax: 803-252-1111
Email: sales@rhythmink.com
URL: www.rhythmink.com
Contact: Ms. Lori Melton
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2015 South 1100 East
Salt Lake City, UT 84106
Phone: 801-413-0139
Fax: 801-413-2874
Email: sales@rppl.com
URL: www.rppl.com
Contact: Dr. Daniel McDonnell
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Booth #117
4212 Cypress Culch Dr
Lutz, FL 33559
Phone: 813-963-2933
Fax: 813-960-4563
Email: aberkins@rochesterelectromed.com
URL: www.rochesterelectromed.com/2010
Contact: Ms. Alayne Berkins

Seizure Tracker

Table #7
7964-R Conell Ct
Alexandria, VA 22079
Phone: 703-399-8448
Email: rob@seizuretracker.com
URL: www.seizuretracker.com
Contact: Mr. Robert Moss
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Booth #528
5655 Silver Creek Valley Rd
San Jose, CA 95138
Phone: 408-754-1690
Fax: 408-351-0154
Email: anoo@smart-monitor.com
URL: www.smart-monitor.com
Contact: Ms. Anoo Nathan

South Texas Comprehensive Epilepsy Center

Booth #424
7703 Floyd Curl Dr - MSC 7883
San Antonio, TX 78229
Phone: 210-617-5161
Fax: 210-567-4659
Email: cavazosj@uthscsa.edu
Contact: Dr. Jose E. Cavazos
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Booth #207
84 Waterford Dr
Marlborough, MA 01752
Phone: 508-481-6700
Fax: 508-357-7490
Email: info@sunovion.com
URL: www.sunovion.com
Contact: Ms. Allison Bumsted
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EXHIBITORS

Supernus Pharmaceuticals, Inc.

Booth #120
1550 East Gude Dr
Rockville, MD 20850
Phone: 301-838-2500
Fax: 301-424-1364
Email: inquiries@supernus.com
URL: www.supernus.com

Contact: Ms. Christine Ray
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Booth #122
Pépinère Biopolis
5 avenue du grand sablon
La Tronche 38700 France
Phone: 334-76-63-75-90
Email: contact@synapcell.com
URL: www.synapcell.com

Contact: Dr. Corinne Roucard
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Transgenomic, Inc.

Booth #229
12325 Emmet St
Omaha, NE 68164
Phone: 610-293-8089
Fax: 610-293-8099
Email: bkreifels@transgenomic.com
URL: www.transgenomic.com

Contact: Ms. Becky Kreifels
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Booth #110
2228 Page Rd - Ste 108
Durham, NC 27703
Phone: 919-361-2663
Fax: 919-544-3061
Email: mcalarco@trianglebiosystems.com
URL: www.trianglebiosystems.com

Contact: Mr. Michael Calarco
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Table #6
801 Roeder Rd - Ste 750
Silver Spring, MD 20910
Phone: 301-562-9890
Toll-Free Phone: 800-225-6872
Fax: 301-562-9870
Email: info@tsalliance.org
URL: www.tsalliance.org

Contact: Ms. Katie Smith
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Booth #328
11930 Research Circle
Alachua, FL 32615
Phone: 386-462-9622
Fax: 386-462-5365
Email: callredge@tdt.com
URL: www.tdt.com

Contact: Ms. Cheryl Alldredge
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Toll-Free Phone: 800-477-7877
Fax: 770-970-8917
Email: betsy.andrews@ucb.com
URL: www.ucb.com

Contact: Ms. Betsy Andrews
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- Abdulla, F. 3.327
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- Abou-Khalil, B. 1.170, 1.271, 1.277, 1.290, 3.094, 3.198
- Abraham, J. 1.026
- Abramson, D. 3.363
- Abramson, R.K. 3.249
- Acebes, J. 2.243
- Acevedo, K.G. 3.077
- Acharya, J. 1.064
- Acharya, V. 1.064
- Ackerman, M. 2.356
- Acosta, S. 3.063
- Acton, E.K. 3.278
- Adhami, S. 2.205
- Adstamongkonkul, D. 2.325
- Afra, P. 2.071, 2.159
- Afshari, Z. 3.153
- Agadi, S. 1.053, 1.068, 1.111, 1.125, 1.187, 2.030
- Agarwal, N. 2.231
- Agarwal, R. 1.150
- Agrawal, N. 3.287
- Agrawal, S. 2.169, 2.199
- Agricola, K. 2.221
- Aguglia, U. 3.313
- Aguilar Amat Prior, M. 3.111, 3.119
- Ahlm, S. 3.337
- Ahmadi, M.E. 2.116
- Ahmed, N. 2.307
- Ahmed, S.N. 2.342, 3.260
- Ahn, Y. 2.183
- Ahronowitz, I. 3.312
- Aiguabella, M. 2.243
- Akalan, N. 1.147
- Akamatsu, N. 1.341
- Akiyama, T. 1.062, 2.083
- Akman, C. 1.068, 1.125, 1.187, 1.371, 2.030
- Al Hammadi, F.H. 1.295
- Al Neaimi, O. 1.295
- Al Saadi, T.M. 1.295
- Al-Kaylani, M. 2.262
- Alabousi, A. 3.323
- Alaghband, Y. 3.034
- Alan, S. 1.147
- Albertson, A. 1.005
- Albrecht, M. 1.225
- Aldenkamp, A.P. 1.374
- Alduligan, M. 1.079, 2.064
- Alehan, F. 1.245, 2.187
- Alekar, S. 1.257
- Alessi, R. 3.262, 3.279
- Alexander, H.K. 2.002
- Alexander, R.P. 1.322
- Alexandre, V. 2.147
- Alexandre Jr., V. 2.023
- Alexopoulos, A. 1.091, 1.177, 1.179, 1.184, 1.326, 2.038, 2.073, 2.078, 2.086, 2.087, 3.027, 3.131, 3.215, 3.220
- Alfaro, C.T. 1.099
- Alfirevic, A. 3.315
- Alhusaini, S. 3.301, 3.317
- Ali, I. 2.069
- Ali, K. 2.058
- Ali Taha, H.M. 1.295
- Alkonyi, B. 3.173
- Allen, C. 2.212
- Allen, P. 2.094
- Allison, K. 2.361
- Almaraz, C. 1.175
- Almas, M. 1.261, 1.275
- Almehdar, A. 2.138
- Almeida, E. 2.023
- Almeida, J.P. 1.327
- Almubarak, S.A. 2.065
- Alonso, M.A. 2.246
- Alonso, N.B. 2.241
- Alonso-Vanegas, M. 2.259, 3.164B, B.01
- Alore, P.L. 1.231
- Alsheklee, A. 2.336
- Altenmüller, D.M. 1.138
- Althaus, A.L. 3.342
- Afra, P. 2.071, 2.159
- Altman, N. 3.185
- Alur, S. 2.308
- Aluri, J. 2.192
- Alves-Leon, S.V. 2.107
- Amaro Jr, E. 1.327
- Amarreh, I.G. 2.098
- Amrom, D.R. 3.291, 3.292
- Anand, A. 1.200
- Anang, J. 2.347
- Anaya, J. 1.225
- Andermann, E. 3.291, 3.292
- Andermann, F. 2.039, 3.291, 3.292
- Andersen, D. 2.015
- Anderson, A. 1.007, 1.034, 1.053, 2.030, 3.023
- Anderson, C.T. 2.008, 2.247
- Anderson, K. 1.330
- Anderson, M. 1.045
- Anderson, W.S. 1.048, 1.110
- Andersson-Roswall, L. 1.318
- Ando, N. 2.132
- Andrade, A. 1.149
- Andrade, C.S. B.08
- Andrade, D. 2.232
- Andrade, E. 2.145
- Andrade-Valença, L.P. 2.032, 2.033
- Andreasson, K. 1.015
- Andrews, N. 3.239
- Andriola, M. 1.303, 1.314, 2.202, 3.123
- Anschel, D.J. 3.284
- Antony, A.R. 2.081
- Aparicio Calvo, J. 3.233
- Apelian, R.G. 1.173
- Appendino, J. 3.135
- Arai, H. 3.025, 3.100, 3.216, 3.365
- Arain, A.M. 2.337, 3.275, 3.283
- Arantes, P.R. 1.327
- Araujo, D. 3.358
- Ardesch, J. 1.142
- Argentoni-Baldochi, M. 2.303, 2.304, 2.309, 2.272
- Argumosa, E.V. 2.216
- Argyelan, M. 2.089, 2.316
- Arias, J. 1.063
- Arisi, G. 3.018, 3.032, 3.361
- Arnamwong, A. 2.325
- Arndt, D. 2.301, C.05
- Arnold, S. 1.149, 2.206, 2.299
- Aronica, E. 1.027
- Arrington, D.K. 1.069
- Arshad, S.T. 1.101
- Arshadmansab, M.F. 1.051
- Arsnow, C. 3.237
- Arsov, T. 3.294, 3.295, 3.297
- Arthur, T. 2.276
- Artsy, E. 2.213
- Arya, K. 2.234
- Aryasova, I.K. 2.007
- Asano, E. 1.106, 1.124, 1.143, 1.108
- Asano, K. 3.216
- Asato, M.R. 1.360
- Assirati, J.A. 2.003, 3.358
- Atac, B. 2.187
- Ataya, N. 2.289
- Ataç, B. 1.245
- Atkinson, M. 1.226
- Aubert, S. 1.132
- August-Schmidt, L. 3.240
- Aungst, S. 1.006
- Aurlien, D. 3.136
- Aurora, J. 1.339
- Austin, J.K. 1.358, 3.261
- Auvin, S. 2.174, 2.236
- Avakyan, G. 1.282
- Avellán, A.M. 2.216
- Avison, W. 3.336
- Avoli, M. 3.353, 3.356
- Aylett, S. 3.095
- Ayoubian, L. 1.109, 1.121
- Azar, N. 2.162, 3.275
- Azevedo, A.M. 2.241
- Azevedo, C.J. 1.101
- Azhar, F. 1.048, 1.110

B

- Baayen, J.C. 1.027, 2.085
- Baba, K. 2.060
- Baba, M. 2.054
- Babb, T.L. 3.343
- Babtain, F. 2.039
- Bachmann, T. 2.175
- Badjatia, N. 1.174
- Bae, A. 3.284
- Baer, K. 3.303
- Bagary, M. 3.288
- Bai, X. 1.150, 3.176, 3.195, 3.212
- Bailey, J. 3.322
- Bailey, R. 2.048
- Baillet, S. 3.232
- Bainbridge, J.L. 2.159
- Bair, L. 1.365, 1.378
- Baird, A. 2.127
- Baisch, T. 3.141
- Baise, C. 2.272, 2.303, 2.304, 2.309
- Baker, G. 1.297, 1.299, 1.312, 3.263, 3.274, C.07
- Baker, J. 2.185
- Bakken, S. 3.329
- Balaji, K.R. 3.147
- Balakirsky, S. 1.225
- Balanya, C. 2.184
- Baldwin, M. 1.155
- Balestri, M. 3.137
- Ballout, N. 1.209
- Bamps, Y. 2.358, 2.362
- Bangalore-Vittal, N. 3.275
- Banks, S. 1.323, 1.324
- Bankstahl, J.P. 3.033, 3.158
- Bankstahl, M. 3.033, 3.158
- Bao, M. 3.128
- Baptiste, S.L. 3.068
- Bar-Yosef, O. 1.359
- Baram, T.Z. 3.034, 3.341
- Barba, A.L. 1.158
- Barba, D. 2.116
- Barbaro, N. 3.229
- Barber, A. 2.154
- Barber, J. 3.335
- Barcia, G. 1.163
- Barker, G. 3.175
- Barker-Cummings, C. 3.304
- Barkley, G.L. 2.049
- Barkmeier, D. 1.086, 2.052, 2.244
- Barlow, K. 2.122
- Barnard, L. 3.164
- Barnerias, C. 1.163
- Barnes, G.N. 3.348
- Baron, J. 2.338
- Barr, W.B. 1.389, 3.248, 3.250
- Barrios, L. 2.310
- Barron, D. 3.203
- Barsottini, O. 1.076
- Bartfeld, E. 2.025
- Bartolomei, F. 1.132
- Basehore, H. 3.293
- Bastianelli, L.V. 3.244, 3.276
- Bateman, L.M. 3.259
- Battacharyya, S. 3.202
- Battaglia, G. 3.015
- Bauer, G. 1.160
- Bauer, P.P. 2.108
- Baulac, M. 3.177
- Baumann, R.J. 2.360
- Baumgart, S. 1.079, 2.064
- Baumgartner, J. 2.079, 2.287, 3.115
- Bausch, S.B. 1.246
- Bautista, J. 3.131
- Baxter, N. 1.299
- Baybis, M. 2.008
- Baykan, B. 1.164
- Bayly, M.A. 3.292, 3.294, 3.295
- Bazan, N.G. A.04
- Bazil, C. 2.057, 3.250, 3.334
- Bealer, S.L. 3.243
- Beaton, A. 2.285
- Beaulieu, C. 1.322, 2.122, 2.141
- Bebek, N. 1.164
- Becerra, J. 1.309, 2.184
- Becker, A.J. 1.031
- Beckhaus, M. 1.167
- Beckske, T. 1.389
- Beghi, E. 3.142, C.03
- Begley, C.E. 1.188, 2.362, 2.365
- Begnaud, J. 2.217
- Beige, A. 2.206
- Bekersky, I. 1.259
- Bell, W. 3.155
- Bellerose, J. 1.323, 1.324
- Bello-Espinosa, L. 2.122
- Ben Mabrouk, F. 3.054
- Ben Mahmoud, S. 3.159
- Ben-Zeev, B. 1.092

ABSTRACT AUTHOR INDEX

- Benbadis, S. 1.350, 1.356
 Benes, S.C. 2.188
 Benge, J.F. 1.346
 Benke, T.A. 1.049
 Benn, E. 1.369, C.03
 Bennet, K. 3.055
 Bennett-Back, O. 2.077
 Benoist, J.F. 2.236
 Benyhe, S. 3.164B
 Berdichevsky, Y. 1.248
 Berg, A. 1.154, 1.369, 3.250, 3.253, 3.254, 3.337
 Berg, M.J. 3.129
 Berg, R. 1.080
 Berger, B. 3.096
 Bergey, G.K. 1.119, 1.136
 Bergin, A. 1.301, 2.227, 2.239
 Bergin, P.S. 3.142
 Bergo, F. 2.126
 Bergqvist, C. 2.224
 Bergstrand, S. 2.088
 Berkovic, S.F. 1.157, 3.045, 3.292, 3.294, 3.295, 3.297, 3.363, B.02
 Berkowitz, A.L. 2.360
 Berl, M.M. 3.191, 3.192, 3.224
 Berman, R. 1.377, 3.176, 3.195, 3.212
 Bermeo, A.C. 1.081
 Bernard, C. 3.341
 Bernard, P.B. 1.049
 Bernard, T.J. 1.191
 Bernasconi, A. 2.102, 2.121,
 Bernasconi, N. 2.109, 2.125
 Bernhardt, B.C. 2.102, 2.109, 2.121, 2.125
 Berquin, P. 2.174
 Berrettini, W. 3.037, 3.293
 Berry, A. 2.159
 Berry, G.T. 3.014
 Berth, W. 3.238
 Bertheussen, K.H. 2.175
 Bertram, E.H. 3.022, 3.357
 Besio, W. 3.067
 Betting, L.E. 2.110, 2.111, 2.126
 Bezuyen, A. 2.016
 Bhasyal, C. 3.162
 Bhatt, A.B. 2.040, 2.359, 3.152
 Bhattacharjee, M.B. 1.053
 Bhupalam, R. 3.139
 Bianchi, A. 3.313
 Bianchin, M.M. 3.112, 3.244, 3.245, 3.276
 Bibbiani, F. 2.192
 Bickel, S. 2.089, 2.263, 2.316, 3.213
 Bienvenu, T. 3.294, 3.296
 Bierbower, S.M. 3.349
 Bilevicius, E. 3.307
 Bilgin, C. 1.336
 Bin, J. 3.146
 Binder, J.R. 2.108
 Bindra, T. 3.123
 Binelli, S. 3.318
 Bingaman, W. 2.006, 2.034, B.05
 Binns, D. 3.170
 Birch, R. 1.156
 Birnbaum, A.K. 1.321
 Bissler, J. 1.260
 Bissonette, G.B. 3.060
 Bisulli, F. 3.313, 3.318
 Biton, V. 1.254, 1.259, 1.271, 1.277, 1.278
 Bitra, R.K. 2.363
 Bizzo, B. 2.107
 Blackman, M. 2.018, 3.241
 Blackmon, K. 3.248
 Blair, R. 1.009
 Blaise, J.H. 2.210
 Blake, S. 2.168
 Blatt, I. 1.092
 Blount, J. 2.010, 2.139, B.07
 Bluemcke, I. 1.335, 2.279
 Blum, A. 2.248
 Blum, D. 1.242, 1.287, 1.289, 2.153, 3.046
 Blumenfeld, H. 1.150, 1.225, 1.240, 1.377, 1.382, 3.162, 3.176, 3.195, 3.212, 3.354
 Boddaert, N. 1.163
 Bodden, C. 2.079
 Bodmann, B. 1.050
 Bogacz, A. 2.024
 Bogojevich, L. 3.097
 Bohlmann, K. 3.078
 Boison, D. 1.019, 3.001, 3.003, 3.046, A.03
 Bold, G. 1.391
 Boles, B. 3.204
 Bollineni, A. 2.069
 Bomben, V. 2.001
 Bonaventini, C. 1.313
 Bonelli, S. 2.106
 Bonilha, L. 2.099
 Boniver, C. 3.318
 Bonnett, L.J. 3.132
 Boon, P. 1.252, 2.072, 2.075, 2.214, 3.063, 3.066, 3.070
 Boop, F. 2.293
 Boor, R. 1.286
 Bordley, A. 3.002
 Bordson, C. 2.014
 Borghs, S. 1.262
 Borgulya, G. 3.317
 Boro, A. 2.047
 Borsodi, A. 3.164B
 Bortel, A. 3.353
 Boshuisen, K. 1.298
 Bosnjak, J. 2.166
 Boss-Williams, K.A. 3.052
 Botega, N.J. 2.345
 Botti, B. 2.339
 Bouilleret, V. 3.170
 Boulanger, Y. 1.207
 Boulware, M.J. 2.172, 2.176, 2.179
 Bourel, E. 2.174
 Bourgeois, B. 1.083, 1.088, 1.301, 2.227, 3.209
 Bourguignon, M. 2.072
 Bouthillier, A. 1.207, 2.267
 Bouvier, G. 2.267
 Bowen, S. 1.366
 Bower, M. 1.093, 1.130, 3.055
 Bower, R.S. 2.315
 Bower Baca, C. 3.254
 Boyd, P. 2.192
 Boyd, S.G. 1.162
 Boyer, K. 2.050
 Boyle, G. 3.317
 Bozorg, A. 1.350, 1.356, 3.267, 3.285
 Braams, O.B. 2.097
 Bradfield, J. 3.293
 Bradley, C.A. 3.104
 Braga, P. 2.024
 Bragatti, J.A. 3.112, 3.244, 3.245, 3.276
 Bragin, A. 1.037
 Branco Germiniani, F.M. 3.281
 Brand, E.J. 2.008
 Brar, S. 3.001
 Braun, K.P. 1.298, 2.061, 2.097
 Brazdil, M. 1.237, 2.249, 3.201
 Breier, J. 2.100
 Breier, J.I. 1.384
 Brennan, B. 1.391
 Brennan, P. 3.317
 Brenner, R.P. 2.040
 Breschi, G. 3.040
 Brewster, A. 1.007, 1.053
 Brickel, N. 1.272
 Briffa-Mirabella, S.A. 3.277
 Brill, J. 1.002, 3.339
 Brinkmann, B. 1.130, 3.055, 3.171
 Britto, L.R. 1.044
 Britton, J. 2.062, 2.356
 Briyal, S. 1.041
 Brna, P.M. 2.334
 Brna, P. 2.273
 Brodie, M. 1.253, 1.315, C.03
 Brody, D.L. 1.014
 Bromley, R. 1.297, 1.299, 1.312
 Bronson, S.L. 3.340
 Brooks, B.L. 1.368, 1.370, 2.122
 Brooks, D.J. 3.202
 Brooks-Kayal, A. C.05
 Brooks-Kayal, A.R. 1.012
 Brown, C.P. 1.111
 Brown, E. 1.112, 1.143
 Brown, P.C. 3.206
 Brown, S. 1.353
 Browning, N. C.07
 Brownstone, R.M. 1.218
 Brundage, R. 1.285, 2.190
 Brunelle, F. 1.163
 Brunklaus, A. 1.156
 Brázdil, M. 1.213
 Bublick, E. 3.081, 3.089
 Buchanan, G.F. 3.010
 Buchanan, T. 2.159
 Buchanan, T.M. 1.094, 2.071
 Buchhalter, J. 1.203, 2.021, 3.304
 Buchlis, J. 3.237
 Buckmaster, P.S. 1.055
 Budzyn, D. 2.326
 Buelow, J.M. 2.011
 Buentjen, J. 2.319
 Buffel, I. 1.252
 Bujarski, K.A. 1.101, 2.305, 2.312
 Bujarski, K. 1.325
 Bulacio, J. 1.390, 2.073, 2.092, B.05
 Bulaj, G. 2.164
 Bullock, C. 3.113
 Bulteau, C. 2.297
 Bunch, M.E. 2.250
 Buono, R.J. 3.037, 3.293
 Burakgazi, E. 2.008
 Burakgazi-Dalkilic, E. 3.143
 Burattini, J. 2.272, 2.303, 2.304, 2.309
 Burcet, J. 1.309
 Burch, V. 3.095
 Burdette, D. 1.254, 1.291, 1.293
 Burger, C. 1.244
 Burgess, R. 2.073, 2.078, 2.086, 2.087
 Burke, C.J. 3.294
 Burkhart, G. 2.167
 Burneo, J. 1.165, 1.168, 1.306, 2.245, 2.340, 3.085, 3.142, 3.323
 Busch, R. 1.326, 1.351, 1.363, 1.366
 Busolin, G. 3.313, 3.318
 Butler, T. 3.248
 Buttinelli, C. 3.174
 Byars, A. 1.358, 2.276, 3.261
- C**
 Caboclo, L. 1.076, 1.232, 2.241, 2.251, 2.275
 Cadotte, A. 1.056, 2.145, 3.031
 Cain, V. 2.337
 Calcano, J.D. 2.216
 Calderbank, R. 1.299
 Calhoun, S. 3.258
 Caliebe, A. 3.309
 Callanan, M. 2.247
 Calvo Boixet, A. 3.233
 Camarinho, M. 2.023
 Camfield, C.S. 1.197, C.01
 Camfield, P.R. 1.197, C.01
 Campbell, M. 3.336
 Campos, M.G. 3.188
 Camposano, S.E. 3.178
 Canevini, M.P. 1.066, 1.205, 1.357
 Cano, A. 1.309
 Canpolat, S. 2.189
 Cansu, A. 2.189
 Caplan, R. 1.364, 1.365, 1.378, 2.135, 3.253, 3.254
 Caporro, M. 3.174
 Cappabianco, F. 2.126
 Cardoner, N. 2.243
 Cardoso, I. 3.077
 Cardoso, M.F. 2.107
 Care, M.M. 2.221
 Carlotti Jr, C.G. 2.003, 3.358
 Carlson, C. 1.150, 1.345, 1.389, 2.123, 2.250, 2.254, 3.068, 3.074, 3.184, 3.248
 Carlson, H. 2.122
 Carlson, S. 2.150
 Carmichael, D.W. 3.189
 Carney, P. 2.145, 3.157, 3.235
 Carney, P.R. 1.056, 3.031, 3.172
 Carney, P.W. 1.157
 Carpenter, A. 2.047
 Carpenter, J.L. 1.095
 Carranza, D. 3.294
 Carrete, H.J. 2.251
 Carrete Jr, H. 1.076, 1.232, 2.275
 Carrette, E. 2.072, 2.214, 3.070
 Carreño, M. 1.180, 2.352
 Carreño Martínez, M. 3.233
 Carrington, B. 1.247
 Carrithers, J. 2.179

ABSTRACT AUTHOR INDEX

- Case, M. 3.346
 Cash, S. 1.042, 1.078, 1.099, 1.332, 2.360
 Cassidy, C. 2.030
 Castana, L. 1.066, 3.015
 Castano, A.M. 1.049
 Castañeda-González, C. 3.366
 Castañer, S. 2.243
 Castillo, E. 1.384, 2.079, 2.082, 2.115, 2.287
 Castillo, R. 3.122
 Castillo Montoya, C. 2.259, B.01
 Castro, A. 2.023
 Castro, B.M. 1.327
 Castro, L.H. 1.172, 1.327, 3.234
 Catterall, W. 1.032, 3.026
 Cavalheiro, E.A. 3.028
 Cavalleri, G. 3.301, 3.317
 Cavazos, J. 2.150, 2.357, 3.011, 3.247
 Caylor, L. 3.335
 Ceja Moreno, H. 1.282
 Cendes, F. 2.110, 2.111, 2.126, 2.322, 3.028, 3.306, 3.307
 Centeno, M. 3.175
 Centeno, R. 1.076, 1.232, 2.241, 2.251, 2.275
 Cerminara, C. 2.204
 Cervenka, M. 1.136, 3.280
 Cha, B. 1.227
 Chachua, T. 3.012, 3.048, 3.049
 Chae, J. 2.280, 3.120
 Chakraborty, P.K. 3.173
 Chambers, J.D. 3.363
 Chan, V.W. 3.087
 Chander, R. 1.107
 Chandra, S. 1.059
 Chang, B.S. 1.129
 Chang, E. 2.163, 3.229
 Chang, J. 2.036
 Chang, S. 3.055
 Chang, T. 1.079, 2.064, 3.083
 Chang, Y. 3.154
 Chansakul, C. 2.022
 Chapieski, L. 1.371
 Chapieski, M. 2.030
 Chapin, J. 1.326, 1.351
 Chapman, K.E. 1.069, 2.219, 3.138
 Chapple, K. 2.355
 Charchafieh, J. 3.068
 Chari, G. 2.234, 3.114
 Chatten, J.B. 1.123
 Chaudhary, F. 3.275
 Chaudhary, N. 1.059
 Chauvel, P. 1.132
 Chavez, L. 3.164B
 Chaytor, N. 1.349, 3.335
 Chen, C. 1.113, 3.148
 Chen, D.K. 1.346
 Chen, H.X. 3.013
 Chen, J.W. 1.113
 Chen, J. 2.217
 Chen, L. 1.133
 Chen, L.S. 2.252
 Chen, M. 2.053
 Chen, T. B.05
 Chen, T.T. 2.001
 Chen, V. 1.188
 Chen, X. 1.155
 Cheng, J. 1.225
 Cheng, M. 2.248
 Cheong, I. 2.120
 Cherian, P.J. 1.070
 Cherry, S.V. 2.201
 Cherubini, P.A. 3.244, 3.245, 3.276
 Chervovena, I. 1.308
 Cheung, C. 3.229
 Cheyne, D. 2.083, 2.277
 Chez, M.G. 3.079
 Chiavacci, R. 3.293
 Chien, J. 1.075, 1.117
 Chiesa, V. 1.205, 1.357,
 Chifari, R. 1.313
 Chihara, Y. 3.364
 Chin, R. 2.351, C.08
 Chiron, C. 2.174
 Chitty, J. 3.095
 Cho, B. 2.280
 Cho, J. 1.173
 Cho, K. 1.208
 Cho, Y. 1.193, 1.208
 Choi, B.S. 2.270, 3.206
 Choi, H. 2.350, 3.030, 3.311, 3.314, 3.329
 Choi, J. 1.209, 3.120
 Choi, N. 1.120
 Chong, J. 2.328, 2.341
 Chorostecki, J. 3.343
 Chou, S.H. 3.092
 Chow, U. 2.210
 Chowdhury, F. 1.114
 Chrastina, J. 2.249
 Christensen, J. C.06
 Christophe, C. 3.291
 Chuang, S. 2.077
 Chuang, S. 2.277
 Chuang, S.C. 3.351
 Chuang, S.H. 2.074, 2.083
 Chugani, D.C. 3.173
 Chugani, H. 1.124, 1.316, 2.101, 2.282, 3.164A, 3.165, 3.173
 Chung, H. 1.035, 1.379
 Chung, J.M. 1.386
 Chung, K. 2.177
 Chung, M. 1.377
 Chung, S. 1.258, 1.263, 1.265, 2.029, 2.036, 2.161, 2.253, 3.096, 3.146
 Chung, S.K. 3.303
 Chung, S.S. 1.214, 1.282, 2.022, 2.151, 2.355
 Chunn, S. 2.174
 Chupin, M. B.06
 Cianci, V. 3.313
 Cibula, J. 2.028, 2.145
 Ciechanowski, P. 2.362, 3.335
 Ciernik, M. 2.020
 Cilio, M.R. 3.137
 Cipriani, C. 2.163
 Claassen, J. 1.174
 Clancy, R.R. 1.080
 Clarin, D. 2.137
 Clark, A. 1.285, 2.190
 Clark, C. C.08
 Clark, D. 2.302
 Clark, N.M. 2.017, 2.362
 Clarke, D. 1.206, 2.080, 2.137, 2.293
 Claus, S. 2.096
 Clayton Smith, J. 1.297, 1.299, C.07
 Cleary, D. 2.078
 Cleary, R. 1.251, 3.014
 Clemenceau, S. 1.042
 Clinckers, R. 3.070
 Cloostermans, M.C. 1.071
 Cloyd, J. 1.259, 1.279, 1.285, 2.190, 3.129
 Cmejla, R. 3.053
 Coan, A. 2.111, 2.126
 Cock, H.R. 3.287
 Codina, M. 1.309, 2.184
 Cohen, J. 1.209
 Cohen, M. C.07
 Cohen, M.J. 2.270
 Cohn, A. 2.203, 2.160
 Colciaghi, F. 3.015
 Cole, A. 1.078, 1.332, 2.146, 3.266
 Collins, R.L. 1.346
 Colonnelli, M. 2.300, 3.116
 Coman, D. 3.162
 Comi, A.M. 3.042
 Compton, R. 3.109
 Concha, L. 1.322, 2.141
 Cong, X. 3.250
 Connelly, J. 2.209
 Connelly, L. 3.107
 Connolly, E.S. 1.174
 Conry, J. 1.281, 1.283, 2.284, 3.298
 Consalvo, D.E. 3.144
 Constable, R.T. 1.339, 3.162, 3.176, 3.195, 3.199, 3.212
 Constable, T. 3.190, 3.211
 Constantinou, J.E. 2.266
 Contreras, D. 3.065
 Contreras, G. 2.235
 Cook, D.J. 3.084
 Cook, M.J. 1.273
 Coppola, G. 1.270, 1.286, 2.195, 3.313, 3.318
 Coquillotte, M. 3.162
 Cornet, M. 2.191
 Cortez, M. 3.135
 Cosgrove, G.R. 2.146
 Cossette, P. 2.267, 3.293, 3.322
 Costa, A. 2.126
 Costa, A.L. 2.322
 Costa, L.V. 2.275
 Costas, K. 2.227, 2.239
 Costello, D. 1.078
 Coughlin, D. 3.362, A.06
 Coutin-Churchman, P.E. 1.133
 Covolan, L. 3.028
 Cox, K. 3.328
 Craig, A. 1.279
 Craigie, S.M. 3.325
 Cramer, J. 1.262
 Crawford, T. C.07
 Crepeau, A. 2.036, 3.096, 3.138
 Crino, P.B. 2.008
 Crippa, A.C. 3.281, 3.289
 Crisp, E.D. 2.163
 Critchley, D.J. 2.192
 Crockford, G.P. 3.314
 Crone, N.E. 1.054, 1.136
 Cross, J.H. 1.162, 1.373, 2.300, 3.095, 3.116
 Crumrine, P. 2.197
 Cruz, Y. 1.012
 Cuberas, G. 3.226
 Cuccaro, M.L. 3.249
 Cuellar-Herrera, M. 3.164B
 Cui, L. 3.193, 3.223
 Cukiert, A. 2.272, 2.304, 2.303, 2.309
 Cukiert, C. 2.272, 2.303, 2.304, 2.309
 Culbertson-Brown, P. 2.270
 Cunningham, H. 2.209
 Cunnington, M.C. 2.157
 Curatolo, N. 2.236
 Curia, G. 3.035
 Curry, D. 1.053
 Cushion, T.D. 3.303
 Cvitanovic Sojat, L. 2.166
 Czech, T. 1.160
 Czuczwar, S.J. 2.148
- ## D
- D'Amour, J. 3.050
 D'Ambrosio, R. 2.257, 3.035
 D'Amour, J. 3.044
 D'Andrea Meira, I. 2.107
 D'Giano, C. 2.310
 D'Souza, W. 3.142, 1.273
 Dabaj, I. 3.117
 Dabbs, K. 2.098, 2.103, 2.113, 2.124
 Dagenais, E. 2.267
 Dahlin, M. 1.286, 2.152
 Dal Pizzol, A. 3.244, 3.245, 3.276
 Dale, A.M. 2.116
 Damiano, J.A. 3.297
 Dan, B. 3.291
 Danek, A. 1.228
 Daniels, T. 1.284
 Danielson, N. 1.150, 1.225, 3.162, 3.176, 3.195
 Dantzig, A. 2.348
 Danzer, S. 3.340
 Darke, K. 3.140
 Das, R.R. 2.193
 Dastjerdi, M. 2.093
 Dauwe, I. 1.252, 3.063
 Davies, J.S. 3.303
 Davies, M.J. 3.260
 De Backer, M. 1.262
 De Bellis, M. 2.129
 de Curtis, M. 1.008, 1.022, 1.116, 3.040
 De Falco, F. 3.318
 de Haan, M. 1.373
 de Herdt, V. 1.252, 2.214, 3.070
 De Jonghe, P. 3.294
 De La Cruz, E. 1.024
 de la Loge, C. 1.305
 de Lange, E.C. 3.161
 de Marinis, A. 3.269
 de Paola, L. 3.281, 3.289
 de Tiege, X. 2.072
 de Vos, C.C. 1.071, 1.142
 de Vos, M. 1.070, 1.144
 de Weerd, A. 1.142
 De Witt Hamer, P.C. 2.085
 de-Haan, M. 1.372
 Deacon, C. 2.264
 Dean, J.C. 2.212

ABSTRACT AUTHOR INDEX

- Dean, P. 1.367
 Dean, S. 2.354
 DeBassio, W.A. 2.051
 Deblaere, K. 2.072, 2.214
 Deburchgraeve, W. 1.070
 Deconinck, N. 3.291
 Deep, A. 2.029, 2.253, 2.355
 Deepak, K.K. 1.059
 Dees, D. 3.113
 DeGiorgio, A. 1.249, 3.149
 DeGiorgio, C. 1.249, 3.080, 3.149, 3.240
 deGrauw, T.J. 1.358, 3.261
 Dehpour, A.R. 2.149
 Deisseroth, K. 3.339
 Del Balzo, F. 2.204, 3.137
 del Campo, J. 1.306
 Del Claro Hopker, C. 3.281, 3.289
 Delalande, O. 2.297
 Delanoe, C. 2.174
 Delanty, N. 3.301, 3.317
 Delargy, H. 2.192
 Delazer, M. 1.160, 3.182
 Delgado-Escueta, A.V. 3.322
 Delios, A.M. 3.152
 DeLorenzo, R. 1.009, 1.047, 3.133
 Demarin, V. 2.166, 2.256
 Dempsey, J. 2.027
 Denny, M. 3.097
 Depondt, C. 3.301
 Depositario-Cabacar, D.T. 2.284
 Dergalust, S. 3.076
 DeRossett, S.E. 1.272, 1.277, 1.293
 Derry, P. 1.353
 Derry, R. 2.017
 Desai, T. 3.295
 Desalvo, M.N. 1.225
 Desguerre, I. 1.163
 Deshpande, L. 1.047, 1.009
 Desso, T. 1.249
 Detyniecki, K. 1.225, 1.382
 Deuschl, G. 3.197
 deVeber, G. 3.135
 Devi, S. 1.307
 Devinsky, O. 1.150, 2.123, 2.283, 3.068, 3.074, 3.184, 3.248, 3.250
 Dewar, S. 2.076
 Dewolfe, J. 1.159, 2.268, B.07
 Dezsi, G. 1.240
 Dhaliwal, H. 1.333
 Dhall, R. 2.355
 Dhamne, S. 2.228
 Dhir, A. 3.051
 Dholakia, S. 2.019
 Di Bonaventura, C. 3.313, 3.318
 Dias, R.A. 3.259
 Dibb-Hajj, S. 3.298
 Dibbenn, L.M. 3.292, 3.294, 3.295, 3.320
 Dichter, M.A. 1.001
 Dickens, D.L. 1.311, 3.222
 Diehl, B. 1.326, 3.189, 2.094
 Dilorio, C.K. 2.358, 2.362
 Dilipkumar, S. 1.200
 Dinetz, E. 1.209
 Ding, L. 3.222
 Ding, X. 3.158
 Diniz, P.B. 2.142, 3.236
 Diniz, P.R. 2.119, 2.134
 Dinkelacker, V. 3.177
 Diosy, D. 1.168
 DiSano, M. 2.100
 Diwakar, M. 3.193, 3.223
 Dlugos, D. 1.080, 1.186, 2.047, 3.293
 Dobesberger, J. 1.160, 1.268, 3.182
 Dobyms, W.B. 3.291
 Doescher, J.S. 2.282
 Dogan, A. 2.143
 Doherty, C.P. 3.317
 Doherty, M. 1.342
 Doi, T. 3.364
 Dole, A. 3.282
 Domingos, C.J. 3.281, 3.289
 Donadio, M. 2.310
 Donaire Pedraza, A. 3.233
 Donath, V. 2.020
 Donevan, S. 1.238
 Dong, Y. 1.246
 Donlon, S. 1.258, 2.151, 2.161, 2.294
 Donnelly, M. 1.080
 Donner, E.J. 1.062, 1.359, 3.087
 Dooley, J.M. 2.334
 Doreswamy, M. 2.194, 2.207
 Dorfmueller, G. 2.297
 Doring, T. 2.107
 Doss, J. 1.361
 Doss, R. 3.257
 Doss, R.C. 1.337, 3.255
 Doty, P. 1.262, 1.263, 1.265
 Doucette, H. 3.081
 Douglass, L.M. 2.051
 Dourado, A. 1.061
 Douw, L. 2.085
 Doyle, G.A. 3.037
 Doyle, W. 1.150, 2.283, 3.074
 Drake, J. 1.062, 2.077
 Drake, K. 2.313, 2.341, 3.206, 3.238
 Drane, D.L. 3.180
 Drazkowski, J. 1.212, 2.332, 2.363, 3.331
 Driscoll, V. 2.223, 2.229, 2.237
 Drislane, F. 3.073
 Druga, R. 3.344
 Drummond, R. 1.283
 Du, C. 3.352
 Dube, C. 3.034, 3.341
 Dubeau, F. 1.121, 2.013, 2.032, 2.033, 2.039, 3.168, 3.214, 3.291
 Dubinsky, S. 1.188
 DuBois, J. 2.123, 3.248
 Duchowny, M. 1.367, 2.273, 3.185, 3.196
 Duckrow, R. 1.225, 1.382
 Dudek, F.E. 1.317A, 3.057
 Duempelmann, M. 1.102
 Duffy, K. 1.171
 Dugan, P. 2.254
 Duh, M. 2.211, C.04
 Duke, E.S. 3.191, 3.192, 3.224
 Dulac, O. 1.163
 Dulay, M.F. 1.381
 Dulla, C. 1.002
 Dumont, G.A. 1.128
 Dümpelmann, M. 1.138, 2.035
 Duncan, D. 1.026
 Duncan, J. 1.156, 3.175
 Duncan, J.S. 2.106
 Dunn, D.W. 1.358, 3.261
 Dunn, M.E. 2.282
 Dunoyer, C. 2.273, 3.196
 Dupont, S. 3.177
 Duran, A. 1.194
 Duran, F. 2.235
 Durand, D.M. A.01
 Doescher, J.S. 2.282
 Durnford, A. 2.285
 Duron, R. 3.322
 Dustin, I. 3.224, 3.230
 Dutta, S. 2.198
 Dutton, S. 3.300
 Dworetzky, B. 1.110, 1.151, 1.199, 2.213, 2.360, 3.081, 3.089, 3.092, 3.209, 3.324
 Dyken, M.E. 3.238
 Dzhaferova, N. 2.202, 3.123
 Dzhal, V. 1.010, 1.248
 Dziura, J. 3.250
- E**
 Eastman, C.L. 3.035
 Eberly, L. 2.344
 Ebersole, J. 1.098, 1.155, 2.042
 Ebersole, S. 1.155
 Ebert, A. 1.228
 Ebner, A. 2.319
 Edelbroek, P.M. 3.162
 Edlbeck, A. 2.233
 Edwards, A.L. 2.365
 Edwards, J.C. 2.099
 Edwards, S.E. 3.140
 Eeg-Olofsson, O. 1.383
 Egeo, G. 3.313, 3.318
 Egerton, A. 3.202
 Eidelman, O. 2.008
 Einhaus, S. 2.293
 Eisenschenk, S. 2.028, 2.145
 Eitel, H. 2.279
 Ekstein, D. 2.228
 Ekstrand, J.J. 3.057
 EL Khashab, M. 2.314
 El Tahry, R. 1.252, 3.070
 El-Hayek, Y. 3.352
 Elam, M. 2.088
 Elgavish, R.A. 2.268, B.07
 Elger, C. 1.145, 1.146, 1.152, 1.274
 Elia, M. 3.313, 3.318
 Eliashiv, D. 1.386, 2.076
 Elices, E. 2.352
 Elisevich, K. 2.049, 2.266
 Ellens, D.J. 1.150
 Elliott, I.M. 1.062
 Elliott, J.O. 1.181
 Elliott, R.E. 3.074
 Ellmore, T. 2.100, 2.112
 Ellsworth, K. 1.360
 Elsen, F.P. 2.004
 Eltze, C.M. 1.373
 Elwan, S. 1.177, 2.034
 Elwes, R.D. 1.114
 Elzawahry, H. 2.201
 Emerson, R.G. 2.057, 3.050
 Emmady, P. 1.064
 Enamandram, S. 1.225, 1.382
 Enatsu, R. 2.034, 2.092
- Endziniene, M. 1.292
 Engel Jr, J. 1.037
 England, P.M. 1.006
 Engle, D.M. 2.078
 Englot, D.J. 1.150, 3.354
 Engman, E. 1.318
 Enoki, H. 2.066
 Entz, L. 2.089, 3.213, 2.316
 Eom, S. 1.379
 Epps, S. 3.052
 Erdem, R. 1.245, 2.187
 Erdheim, D.R. 2.215, 3.351
 Ergene, E. 3.187
 Ericson, E.J. 1.189
 Eriskin, S. 1.035
 Ermolinsky, B.S. 1.051
 Erol, I. 1.245, 2.187
 Ervin, C. 2.329
 Escandon, A. 1.329
 Escandon-Sandino, A. 2.203
 Escayg, A. 3.300
 Escorsi-Rosset, S.R. 2.119
 Eskandar, E. 1.078, 1.332
 Espinosa, P.S. 2.360
 Ess, K. 1.170
 Esser, M. 3.036
 Etienne, M. 2.350
 Ettinger, A. 2.165, 2.329
 Eubank, E. 2.217
 Eun, B. 1.379, 3.016
 Eun, S. 1.379
 Evankovich, K. 1.371
 Evans, A. 3.228
 Evans, J. 2.320
- F**
 Fagan, A. 3.317
 Fahimi, M. 2.335
 Fahlstrom, R. 2.047, 2.155, 3.316
 Faingold, C.L. 3.017
 Faith, A. 1.115
 Falcone, N.M. 2.360
 Falcón Falcón, C. 3.233
 Falip, M. 1.180, 2.243, 1.309
 Famelart, M. 1.247
 Fang, J. 3.323
 Fanselow, E.E. 2.220
 Farfel, G.M. 1.288
 Farheen, A. 2.363
 Farias, S.T. 3.259
 Faris, P. 2.354
 Farooque, P. 1.225, 1.382
 Fasano, R.E. 3.192
 Fastenau, P.S. 1.358, 3.261
 Faught, E. 1.216, 1.263, 1.265, 1.294, 2.167, 2.211, 2.329, C.04
 Faulkner, C. 3.340
 Fay, T. 1.333, 1.362, 2.018
 Fedder, W.N. 3.330
 Feddersen, B. 1.228
 Federico, P. 1.195, 2.186, 3.088, 3.124, 3.327
 Fee, D. 2.360
 Fehnel, S.E. 2.329
 Felber, S. 1.160, 3.182
 Feletti, F. 2.147
 Feliciano, D. 3.002
 Fender, J.S. 3.035

ABSTRACT AUTHOR INDEX

- Fenoglio-Simeone, K.A. 1.250
 Ferguson, L. 1.363
 Ferguson, P.L. 3.273
 Ferlazzo, E. 3.313
 Fernandes, P.T. 2.345
 Fernandez, S. 1.180, 1.309, 2.243
 Ferrand Sorbets, S. 2.297
 Ferrari, P. 2.277
 Ferrari, T.P. 1.232
 Ferraro, T. 3.037, 3.293
 Ferrer, C. 1.077, 2.063
 Ferro, M. 3.336
 Fertig, E. 1.096, 1.307, 1.347, 2.314, 3.268, 3.271
 Fessler, A. 3.256
 Feucht, M. 1.160
 Feurst, D. 2.052
 Fields, M. 1.082
 Fiest, K. 2.018
 Filho, G.M. 2.241
 Filliano, J.J. 1.166
 Finardi, A. 3.015
 Finegersh, A. 3.224
 Finnerty, G.T. 3.053
 Finnerty, M. 2.237
 Finsterwalder, K. 3.309
 Fiol, M.E. 2.361
 Fiore, L.A. 1.340, 1.343
 Fiorito Grafman, M. 1.328
 Fisch, B. 1.220
 Fischer, A. B.02
 Fisher, R. 2.025, 2.247, 2.269
 Fitzgerald, E. 3.029, A.08
 Fitzgerald, T. 1.114
 Fitzsimons, M. 3.317
 Flink, R. 3.093
 Floden, D. 1.351
 Flom, P. 2.254
 Florea, O. 3.169, 3.231
 Florence, G. 1.028
 Flores, J.A. 3.308
 Fluiter, K. 1.027
 Flynn, C. 3.341
 Foerch, P. 1.247
 Fohlen, M. 2.297
 Foldvary-Schaefer, N. 3.131, 3.239
 Fonseca, N. 3.082
 Foote, S. 3.195
 Forbes, G.H. 1.156
 Forcelli, P. 3.038
 Forcier, M. 3.337
 Ford, S. 2.068
 Foresti, M. 3.018, 3.032, 3.361
 Forster, C. 2.272, 2.303, 2.304, 2.309
 Fortuny, R. 2.243
 Fossas, P. 1.309
 Foster, B. 2.093
 Foster, M.S. 2.012
 Fountain, N.B. 1.161, 1.204, 2.343
 Fountas, K. 2.255
 Fowler, K.M. 1.151
 Fox, C. 1.186
 Fox, P. 3.203
 Foxe, J.J. 1.122
 Franaszczuk, P.J. 1.048, 1.054, 1.136
 Francione, S. 1.066, 1.116
 Franco, E. 3.326
 Francois, C. 1.225
 Franke, A. 3.309
 Franz, D. 1.260, 1.296, 1.300, 2.009, 2.221, 2.271, 3.218
 Frasca, A. 3.015
 Fraser, C.L. 3.156
 Fraser, R.T. 2.362, 2.365, 3.335
 Frazier, T. 1.326
 Fredholm, B.B. 1.019
 Freeman, W.D. 2.180
 Fregni, F. 2.216
 Freilich, E. 3.083, 3.298
 Freitas-Lima, P. 2.147
 French, C.R. 1.241
 French, J. 1.253, 1.271, 1.274, 1.292, 2.123, 2.250, 2.254, 2.329, 3.068, 3.143, 3.184, 3.248, 3.293
 Frey, L. 3.125, A.05
 Frey, M. 3.097
 Frey, S. 3.164
 Fried, A. 2.314
 Friedman, D. 1.188, 3.044, 3.050
 Friedman, D.B. 2.366
 Friedman, D.E. 3.150
 Friedman, L. 2.171
 Friedman, L.K. 1.057
 Friedo, A. 3.078
 Froklage, F.E. 3.161
 Frontera, A. 1.350, 1.356
 Frost, H. 1.329
 Frost, M.D. 2.282
 Fu, C. 1.170
 Fucic, A. 2.166
 Fuentes, D. 1.340, 1.343, 1.380
 Fuerst, D. 1.086, 1.112, 2.244
 Fuerst, D.R. 2.127
 Fujii, M. 3.311
 Fujimoto, A. 1.131, 2.066, 2.074, 2.324
 Fujioka, H. 2.311
 Fujita, M. 3.230
 Fujitani, S. 2.060
 Fujiwara, H. 2.084, 2.271, 1.065
 Fukasawa, T. 2.132
 Fukuda, M. 1.224, 3.151
 Fuller, K. 1.273
 Fulton, S. 2.293
 Fumanal, S. 2.184
 Fureman, B. 2.327
 Furman, K. 3.354
 Fuseau, E. 1.264
 Fusegi, K. 3.216
- G**
 Gadhoumi, K. 1.103
 Gadre, G. 1.200
 Gaelic, S.E. 1.166
 Gage, N. 1.386
 Gaillard, W. 1.095, 1.360, 2.284, 2.335, 3.061, 3.191, 3.192, 3.224, 3.298
 Gajewski, B. 3.107
 Galanopoulou, A.S. 2.158
 Gale, K. 2.068, 2.156, 3.038
 Gale-Ross, R.M. 2.127
 Gallagher, A. 3.178
 Gallentine, W. 2.289
 Gallentine, W.B. 1.223, 2.129, 2.185
 Galvez, M. 2.023, 3.188
 Galvin, S. 1.238
 Galvis-Alonso, O.Y. 3.358
 Gambardella, A. 3.318
 Gandhi, S. 2.234
 Gangisetty, O. 1.041, 1.011
 Gao, L. 1.083
 Garcia, I. 1.051
 Garcia, P. 3.229, B.03
 Garcia-Williams, A. 2.365
 Garcia, M. 2.182
 Gardella, E. 1.357, 1.066
 Gardner, D.A. 1.166
 Garrido, E.R. 1.051
 Garzon, E. 3.112
 Garzon, Y.R. 2.360
 Gaspard, N. 2.041
 Gasparetto, E.L. 2.107
 Gaspari, A.P. 3.281, 3.289
 Gati, J. 3.163
 Gattaz, W. 3.251, 3.308, 3.321
 Gattone, J. 3.097
 Gavrilovici, C. 1.243
 Gawlowicz, J. 1.282
 Gay, C. 2.021
 Gdynia, H.J. 3.299
 Gecz, J. 3.295
 Gedela, S. 2.197
 Geib, V. 3.084
 Geier, C. 1.360
 Geiger, J.D. 1.019
 Gelfand, M.J. 2.271, 3.218
 Geller, E. 2.339, 3.074
 Geng, Y. 2.042
 Gentry, W. 2.150
 Gerard, E. 1.189, 1.231, 3.153
 Gerber, P. 3.138
 Gerber-Gore, P. 2.330
 Germiniani, F.M. 3.289
 Ghacibeh, G. 1.307, 2.314
 Ghadersohi, S. 3.102
 Ghasemi, A. 2.149
 Ghasemi, M. 2.149
 Ghatan, S. 1.084, 2.274, 3.130,
 Ghearing, G.R. 3.152
 Gholipour, T. 3.214
 Ghosh, S. 2.046
 Giacino, J.T. 1.225
 Giagante, B. 3.144
 Giallonardo, A.T. 3.313, 3.318
 Giard, N. 2.267
 Gibbs, S.A. 1.207
 Gidal, B. 3.129
 Gielissen, K. 3.006
 Gil-Nagel, A. 1.291, 1.293, 2.352
 Gilani, O. 3.250
 Gilbert, J.R. 3.249
 Gilbert, K. 1.325, 2.305, 2.312
 Gilbert, T. 3.350
 Gilioli, R. 3.028
 Gill, J. 3.098
 Gill, S. 3.275, 3.283
 Gillard, M. 1.247
 Gillen, R.W. 1.158
 Giller, C. 1.320, 2.313
 Gilliam, F.G. 3.134
 Gillingly, C. 2.231
 Giordano, S. 1.261, 1.275
 Girard, H.M. 2.116
 Girvin, J.P. 2.245
 Giza, C.C. 1.194
 Gjergja Juraski, R. 2.166
 Gjerstad, L. 3.136
 Glauser, T. 1.058, 2.276
 Gleason, K. 1.151, 3.324
 Glessner, J. 3.293
 Gluckman, B.J. 3.047
 Gnatkovsky, V. 1.008, 1.116
 Go, C. 2.077, 2.083, 3.121
 Go, C.Y. 1.062
 Go, M. 1.153
 Godoy, J. 3.077
 Godwin, D. 3.204, 3.228
 Goellner, E. 2.245
 Goerss, S. 3.055
 Gois, J.O. 1.343
 Gokygigit, A. 1.164
 Goldberg, K.X. 3.262
 Goldberg-Stern, H. 1.274
 Goldenberg, N.A. 1.191
 Goldman, A.M. 2.001
 Goldman, S. 2.072
 Goldsmith, I. 2.145
 Goldstein, D. 3.301
 Goldstein, D.B. 3.290
 Goli, S. 1.159
 Golomb, J.D. 1.150
 Gomez, C.H. 1.029
 Gong, G. 2.122
 Gonsales, M.C. 3.310
 Gonzalez, J. 1.101, 2.092, 2.203
 Gonzalez, M. 3.056
 Gonzalez, M.I. 1.012
 Gonzalez Giraldez, B. 1.175
 Gonzalez Reiley, S.G. 3.114
 Gonzalez-Martinez, J. 2.006, 2.073, B.05
 Gonzalez-Nosti, M. 1.384
 Gonzalez-Victores, J.A. 1.336
 González Nosti, M. 2.115
 González-Aragón, M.F. 1.099, 2.216
 Goodkin, H.P. 2.048
 Goodman, J.H. 2.215, 3.351
 Goodman, R. 3.362
 Gooty, V. 1.221, 2.336
 Goradia, D. 2.101
 Gordillo Espinoza, J. B.01
 Gordon, A. 1.150
 Gordon, K.E. 2.334
 Gorji, A. 1.036
 Gorter, J.A. 1.027
 Gotman, J. 1.103, 1.107, 1.109, 1.121, 2.032, 2.033, 2.039, 3.168, 3.194, 3.214, 3.353
 Gotwald, T. 1.160, 3.182
 Gouras, P. 2.196
 Govaert, P. 1.070
 Govindan, R.M. 2.101, 3.164A
 Goyal, M. 2.286
 Goyal, S. 1.074
 Grabenstatter, H. 1.012
 Grade, M. 2.332
 Graf, W. 1.387
 Granner, M.A. 3.238

ABSTRACT AUTHOR INDEX

- Grant, G. 2.289
 Grant, S. 3.293
 Grasse, D. 1.013
 Graus, F. 1.180
 Gray, W.P. 2.285
 Greco, F. 3.137
 Greenberg, D. 3.048
 Gregoire, M.C. 3.170
 Gregory, T.D. 2.012
 Greiner, H. 1.296, 1.300
 Gressens, P. 2.236
 Grieff, A.N. 1.342
 Grier, M.D. 1.033
 Griesemer, D.A. 2.193
 Griessenauer, C. 1.159
 Grillo, Y. 2.203
 Grinnon, S. 2.327
 Groppa, S. 3.197
 Gross, D. 1.322, 2.141, 2.307, 2.342, 3.260
 Grossman, A. 1.329
 Grossman, R.G. 1.381
 Gruber-Baldini, A. 1.330
 Gu, F. 1.050
 Gu, W. 2.001
 Guan, Y. 3.075
 Guekht, A.B. 2.007
 Guerin, A. 2.211
 Guerra, M.P. 2.287, 3.115
 Guerreiro, C.A. 2.110
 Guerreiro, M.M. 1.380, 3.310
 Guerrero, R. 1.175
 Guilhoto, L. 1.301, 2.023
 Guimarães, C.A. 1.380
 Guimarães, M.D. 2.251
 Guiot, M.C. 2.003
 Gulley, M. 3.081
 Gulyaeva, N.V. 2.007
 Guo, D. 1.014
 Guo, J. 1.377, 3.176, 3.195, 3.212
 Guo, Y. 3.293
 Gupta, A. 2.031
 Gupta, D. 2.075
 Gupta, P. 1.185
 Gupta, R. 2.169, 2.199
 Gurbani, S. 2.135, 1.364
 Gurgun, S.G. 2.189
 Gurr, S. 2.302
 Gusev, E.I. 2.007
 Gustafson, M. 1.255
 Gutierrez-Colina, A.M. 1.080
 Guzman, F. 2.298
 Guzmán, L. 3.226
 Gómez-Abad, C. 1.175
 Gürses, C. 1.164
- H**
 Haas, K. 1.033, 2.059
 Haberlandt, E. 1.160
 Hablitz, J.J. 1.005
 Hader, W. 1.333, 1.362, 2.122
 Hafez Abdelmoity, A. 2.223, 2.229, 2.237
 Haginoya, K. 2.044
 Hagler, D.R. 3.248
 Hagler, Jr., D.J. 2.116
 Haglund, M.M. 3.156
 Hahn, C. 1.100, 1.304
 Haibeil, L. 3.250
 Hain, H. 1.238
 Hakimian, S. 2.257
 Hakonarson, H. 3.293
 Haldar, A. 2.043, 2.050, 2.133
 Halford, J. 1.075, 1.117, 1.229, 2.099
 Halgren, E. 2.116, 2.123, 3.184, 3.248
 Hall, A.S. 3.115
 Hall, J. 2.039, 2.242
 Hall, S. 1.254, 1.277, 1.290
 Hall, V. 3.273
 Hallböök, T. 2.088
 Hallinan, B. 1.058
 Haltiner, A.M. 1.342
 Halvorsen, M.B. 2.172, 2.176, 2.179
 Hama, T. 1.344
 Hamad, A.A. 2.275
 Hamad, A.P. 1.232
 Hämäläinen, M. 3.207, 3.209
 Hamani, C. 2.232
 Hamberger, M.J. 1.345
 Hamera, E. 3.107
 Hamid, H. 1.150, 1.225, 1.382, 3.250
 Hamilton, M. 3.085
 Hamiwka, L. 1.378, 3.294, 1.365
 Hammeke, T.A. 2.108
 Hammers, A. 3.202
 Hammond, C.L. 3.303
 Hammond, J. 1.272, 1.291, 1.293
 Hammond, N. 3.107
 Hamrahian, A. 1.326
 Han, J.H. 2.280
 Hancock, E. 3.140
 Handler, M. 2.290, 2.301
 Haneef, Z. 3.174, 3.179, 3.219
 Hanna, J. 1.311
 Hannah, M. 3.253
 Hannan, S. 2.300, 3.116
 Hanson, A. 1.195, 2.186, 3.088, 3.124, 3.327
 Hantus, S. 1.302, 2.078, 3.131, B.05
 Hara, K. 1.344, 2.054, 2.067, 2.265
 Hara, M. 2.054, 2.067
 Harden, C. 1.151, 1.257, 1.329, 2.160, 2.203, 3.103
 Hardy, B. 1.279
 Hardy, R. 1.279
 Hargus, N.J. 3.357
 Hari, K. 1.226
 Harini, C. 2.205
 Harkness, W. 2.300, 3.095, 3.116
 Harms, S. 2.344
 Harner, R.N. 1.123
 Harnod, T. 1.104
 Harrison, A. 2.139
 Harrison, S. 3.095
 Hartley-McAndrew, M. 2.231
 Harvey, A.S. 1.157, 3.296
 Hasebroock, K. A.05
 Hasegawa, H. 2.055
 Hasulak, N.R. 2.215
 Hauser, W.A. 2.335, 2.350, 3.304, 3.311, 3.314, C.03
 Haut, J. 1.363, 1.366
 Haward, C. 1.328
 Hawes-Ebersole, S. 1.098, 2.042
 Hawkins-Taylor, C.E. 1.321
 Hawley, J. 2.168
 Hayman-Abello, B. 1.353
 Hayman-Abello, S. 1.353
 Hazra, A. 1.050
 He, B. 3.171, 3.183, 3.210, 3.221
 He, Q. 1.269
 Heath, C. 2.284
 Hebb, A.O. 2.257
 Hecimovic, H. 2.256
 Heck, C. 2.128, 2.252, C.02
 Heckemann, R.A. 3.202
 Hecox, K. 1.140
 Heffer-Rahn, P. 2.285
 Heida, J. 1.023
 Heiman, G.A. 2.350
 Heimans, J.J. 2.085
 Heinze, H.J. 2.319
 Heinzen, E. 3.290, 3.301
 Helbig, I. 3.309
 Helmers, S.L. 2.211
 Hemasilpin, N. 2.084
 Hempel, A. 1.337, 1.388
 Hemza, J. 2.249
 Hendrikse, N.H. 3.161
 Hendriksen, J. 1.374
 Hengen, K. 3.004
 Henry, J.C. 3.256
 Henry, T. 1.219, 2.190, B.06
 Heo, K. 1.193, 1.208, 3.090
 Herman, S. 3.073
 Hermann, B. 1.360, 2.098, 2.103, 2.113, 2.124, 2.135, 3.264
 Hermanova, M. 2.249
 Hernandez-Ronquillo, L. 1.097
 Heron, S.E. 3.320
 Herren, L. 1.365, 1.378
 Herrington, L.L. 1.033
 Herzog, A.G. 1.151
 Hesdorffer, D.C. 1.369, C.03
 Hetherington, H.P. 1.178
 Hetherington, S. 1.271
 Hewett, J.A. 1.015
 Hewett, S.J. 1.015
 Heyes, M. 1.067
 Hickman, E. 1.202
 Hicks, R.J. 3.170
 Higo, T. 3.025, 3.100, 3.365
 Hilario-Gomez, C. 1.016
 Hillebrand, A. 2.085
 Hira, J.S. 2.263
 Hirata, M. 2.317
 Hirsch, E. 1.290
 Hirsch, L.J. 1.174, 2.196
 Hirvonen, J. 3.230
 Hiyoshi, T. 1.210
 Hmaimess, G. 3.117
 Hnojckikova, M. 2.278
 Ho, Y. 3.302
 Hochman, D.W. 3.156
 Hoechstetter, K. 1.106
 Hoerth, M.T. 1.212, 2.332
 Hoerth, M. 3.331
 Hoffmann, J.M. 1.152
 Hogan, R.E. 3.167
 Holder, D. 2.197, 2.288
 Holland, D. 2.116
 Holland, K. 2.276, 3.340
 Holland, M. 2.326
 Holland-Bouley, K. 1.065, 2.221, 2.271, 2.292, 3.218
 Holmes, G.L. 1.030, 1.043, 1.101, 1.166, 1.192, 1.385, 3.041
 Holmes, M. 1.118, 1.126, 1.139, 1.391, 2.257, 3.350
 Holthausen, H. 1.286, 2.279
 Hong, K. 3.154
 Hong, S.B. 2.090
 Hong, S.H. 1.090
 Hong, Z. 1.292
 Honnorat, J. 1.247
 Hope, O. 2.100, 2.115
 Hopfengärtner, R. 1.094
 Hopp, J.L. 1.330
 Hori, T. 3.145
 Horigome, Y. 1.211, 3.019
 Horn, P. 2.271, 3.218
 Horstmann, M. 1.145
 Hoshida, T. 2.323
 Hoshimi, K. 2.317
 Hou, C. 3.293
 Howes, O.D. 3.202
 Hrachovy, R.A. 1.346
 Hrnčir, Z. 3.196
 Hsin, Y. 1.104
 Hsu, D. 2.098, 2.113
 Hsu, M. 2.098
 Hsu, S. 3.148
 Hu, B. 3.172
 Hu, J. 3.165
 Hu, S.Q. 1.130
 Hua, J. 2.244
 Huang, M. 3.193, 3.223
 Huang, S. 3.352
 Huberfeld, G. 1.042
 Hudson, J.L. 1.135, 1.137
 Hugarir, R.L. 3.029
 Hughes, G. B.05
 Huguenard, J.R. 1.002, 1.039, 3.339
 Huh, S. 2.239
 Huiskamp, G. 1.077, 2.063
 Huisman, M.C. 3.161
 Huitt, T.W. 3.204
 Hunegs, L. 2.327
 Hunt, R.F. 3.345
 Hunter, E. 3.107
 Huntsman, M.M. 3.270
 Hunyadi, B. 1.144
 Hurwitz, S. 2.213, 3.324
 Husain, A. 1.263, 1.265, 2.194, 2.207
 Husaini, B. 2.337
 Husaini, H. 1.307, 3.268, 3.271
 Husk, G. 1.209
 Hussain, A. 1.209
 Hussain, S.A. 3.099
 Hussein, A. 3.130
 Hussein, A.M. 2.225, 3.110, 3.217
 Hussein, Z. 1.264
 Hutchison, A. 1.225
 Hutchison, J. 1.100, 1.304
 Hutchison, R. 3.163
 Hwang, H. 3.120, 3.146
 Hwang, S. 2.089, 2.316, 3.213
 Hwang, S.T. 2.263

Hwang, W. 3.086
 Hwang, Y. 2.280, 3.120
 Hyang, L.W. 1.225
 Hyder, F. 3.162, 3.354
 Hyland, K. 1.223

I

Iacobas, D. 1.057
 Iacobas, S. 1.057
 Iasemidis, L.D. 1.115
 Ibrahim, I. 2.058
 Ichord, R.N. 1.080
 Igbokwe, E. 2.146
 Ihle, M. 1.061
 Ilmura, Y. 3.025, 3.100
 Iino, H. 2.054, 2.067
 Ikeda, H. 1.210, 1.211, 1.233, 3.118, 3.118
 Ikegami, M. 1.211, 1.233
 Imai, K. 1.211, 1.233, 2.083, 3.118
 Imoto, H. 2.311
 Indic, P. 1.134
 Ing, K. 1.225
 Innis, R.B. 3.230
 Inoue, Y. 1.210, 1.211, 1.233, 2.060, 3.019, 3.118
 Ionita-Laza, I. 3.302
 Iragui, V. 1.190, 2.116, 3.109
 Irislimane, M. 2.264
 Irwin, B. 1.312
 Isaeva, O. 1.030
 Ishihara, N. 2.132
 Isojarvi, J. 1.263, 1.265
 Isojärvi, J. 1.305
 Ibanez Mora, V. 3.119
 Ivaturi, S. 2.008
 Ivañez Mora, V. 3.111
 Ives, J. 3.164
 Ivicevic Bakulic, T. 2.166
 Ivy, A. 3.034
 Iwasaki, M. 2.044, 2.087, 3.069
 Iyagba, B. 1.188
 Iyer, A. 1.027
 Iyer, P. 3.317
 Iyer, R.V. 1.186
 Izadyar, S. 1.346
 Izawa, A. 3.227

J

Jackson, G.D. 1.157, B.02
 Jackson, M. 3.014, 3.029, A.08
 Jacobs, J. 1.102, 1.107, 2.033, 2.035
 Jacoby, A. 3.263, 3.274
 Jafari, B. 3.102
 Jahnke, H. 3.138
 Jahodova, A. 3.196
 Jain, S. 2.089, 3.213, 3.242
 Jain, S.K. 2.316
 Jain, S.V. 1.222
 Jalil, C. 2.297
 James, G.A. 3.180
 Janousek, J. 2.154
 Jansen, F. 2.061, 2.097
 Jansen, L.A. 2.002
 Janssen, M.J. 3.038
 Jarrar, R. 1.203, 2.021
 Jaryal, A. 1.059

Javidan, M. 1.128
 Jawa, R. 1.033
 Jayakar, P. 1.367, 2.273, 3.185, 3.196
 Jee, H. 1.227
 Jefferys, J.G. 3.053
 Jeha, L. B.05
 Jehi, L. 1.351, 3.131, 3.252, 3.272
 Jenkins, P.D. 2.255
 Jensen, A.L. A.01
 Jensen, F. 1.016, 1.017, 1.025, 1.029, 1.251, 2.228, 3.014, 3.029, A.08
 Jeong, M. 1.276
 Jeradeh Boursoulain, L. 1.170
 Jette, N. 1.195, 2.186, 2.250, 3.088, 3.124, 3.246, 3.332, 3.333, 3.327
 Jetter, G.M. 2.150
 Jetté, N. 2.354
 Ji, K. 3.086
 Ji, L. 3.157, 3.235
 Jiang, H. 3.157, 3.172, 3.235
 Jiang, R. 3.235, 3.157
 Jin, K. 2.073, 2.086
 Jin, Y. 3.347
 Jin, Z. 1.045
 Jirsch, J. 3.260, 2.342
 Jiruska, P. 3.053
 Jobst, B. 1.101, 1.325, 2.024, 2.305, 2.312
 Johnson, A. 3.140
 Johnson, C.S. 1.358, 3.261
 Johnson, E.K. 3.335
 Johnson, F.R. 2.165
 Johnson, J. 2.356
 Johnson, M.E. 1.256, 1.267
 Johnson, S. 3.004
 Johnson, S.E. 1.135, 1.137
 Johnston, J. 3.303
 Johnston, M.V. 3.042
 Jomphe, M. 3.292
 Jonas, R. 2.051
 Jones, C. 3.338
 Jones, J. 2.124
 Jones, J.E. 3.264
 Jones, J.M. 3.298
 Jones, M.V. 3.004
 Jones, N. 1.240
 Jones-Gotman, M. 1.323, 1.324, 3.208
 Jonsson, P. 1.383
 Joo, E. 2.090, 3.086
 Jorge, C.L. 1.327
 Jorgensen, A. 3.315
 Jorgensen, J. 3.259
 Joseph, A. A.08
 Joseph, J.R. 1.266
 Joshi, S.M. 1.236
 Josic, K. 1.050
 Jouny, C.C. 1.119, 1.136
 Judd, L. 2.201
 Juhasz, C. 1.106, 1.108, 1.112, 1.124, 1.143, 2.101, 3.165, 3.173
 Juncadella, M. 1.180, 2.243
 Jung, K. 2.349
 Jung, S. 1.031, 1.120
 Jurjuck, R. 2.023
 Juul, H. 1.001

K

Kadam, S.D. 3.042
 Kaffka, J. 3.338
 Kahlenberg, C.A. 2.305
 Kaido, T. 2.295
 Kajiwara, K. 2.311
 Kakisaka, Y. 2.086, 2.087
 Kaku, M. 1.314
 Kalamangalam, G. 1.089, 2.100, 3.181
 Kalayjian, L. 2.252, C.07
 Kaleyias, J. 1.083
 Kalitzin, S. 2.096
 Kalman, C. 1.351
 Kalume, F. 3.026
 Kalume, F.K. 1.032
 Kamada, T. 3.020
 Kamberakis, K. 3.311
 Kandratavicius, L. 2.003
 Kaneko, Y. 2.295
 Kang, B.H. 1.090
 Kang, H. 1.084, 1.120, 1.379, 2.291
 Kang, H.C. 2.230, 3.101
 Kang, J. 1.090, 1.153
 Kang, T. 3.030
 Kania, B. 2.233
 Kankirawatana, P. 2.010, 2.139
 Kanner, A. 1.081, 2.329, 3.097, 3.265, 3.269, C.07
 Kanner, H.R. 3.265
 Kansagra, S.M. 1.223, 2.185, 2.289
 Kansal, L. 1.190
 Kanter, J. 1.331, 1.334, 1.348, 3.268
 Kaplan, D.L. A.03
 Kaplan, H. 3.337
 Kar, J.K. 3.186
 Karaagaç, N. 1.198
 Karakis, I. 3.266
 Karcher, G. 3.159
 Karkar, K. 3.286
 Karli Oguz, K. 1.147
 Kashyape, P. 3.095
 Kasper, K.C. 2.177
 Kassab, M.Y. 2.359
 Kasteleijn Nolst-Trenite, D.G. 1.271, 2.198, A.02
 Katki, K. 1.023, 3.032, 3.361
 Kato, A. 2.317
 Katsifis, A. 3.170
 Katzan, I. 3.131
 Kauffman, M.A. 3.144
 Kaulas, H. 1.095, 2.284
 Kaur, M. 2.181
 Kavalir, M. 3.107
 Kawai, K. 1.141
 Kawai, M. 1.085
 Kawamura, M. 1.341
 Kawata, K. 2.323
 Kay, E. 1.197
 Kayali, M. 2.217
 Kayyali, H.R. 2.223, 2.226, 2.229
 Kearney, J. 3.021
 Keating, B. 3.293
 Keating, J.G. 1.001
 Keator, C. 1.191
 Keininger, D. 1.305
 Keller, A. 2.122
 Keller, C. 2.089, 3.213

Keller, L. 1.201
 Kelley, S.D. 3.267
 Kelly, C. 3.213
 Kelly, K. 1.075, 1.117, 1.258, 1.315, 2.151, 2.161, 2.294, 3.008, 3.127
 Kemp, R. 3.106
 Kendirli, M.T. 3.022
 Kennedy, C. 3.140
 Kennedy, R.E. B.04
 Kenyon, A. 2.335
 Kerber, K. 1.102, 2.035
 Kerling, F. 1.387
 Kern, R. 1.075, 1.117
 Kernitsky, L. 3.133
 Kerr, P. 2.013
 Kerrigan, J.F. 1.069, 2.005, 2.219, 3.138, 3.347
 Kershenovich, A. 2.257
 Kessler, S. 1.080, 2.224, 2.279
 Kettani, H. 2.162
 Khan, M. 3.334
 Khan, O. 1.101, 2.163
 Kharidia, J. 1.242
 Khatamian, Y. 3.194
 Khodabakhsh, K. 1.316
 Khoury, J. 1.212
 Kihara, A.H. 1.044
 Killory, B. 1.377, 3.162, 3.176, 3.195, 3.212
 Kim, C. 3.293
 Kim, D. 2.218, 2.349
 Kim, D.H. 3.065
 Kim, D.S. 3.101
 Kim, D.Y. 2.183, 2.219
 Kim, D. 2.258
 Kim, H. 1.379, 2.010, 2.125, 2.139, 2.291
 Kim, H.D. 3.101
 Kim, H. 2.102, 3.120
 Kim, I. 3.055
 Kim, K. 2.280, 3.120
 Kim, M. 1.227, 3.016
 Kim, M.J. 1.090
 Kim, O.J. 3.090
 Kim, P. 2.252
 Kim, P.E. 2.128
 Kim, S. 1.120, 1.379, 2.114, 2.280, 3.120, 3.146
 Kim, S.H. 3.101
 Kim, S.O. 3.090
 Kim, T. 3.045
 Kim, W. 1.193
 Kim, W.S. 1.072
 Kim, Y. 1.120, 3.146
 Kim, Y.I. 2.140
 Kim, Y.M. 2.208
 Kimberlin, D.W. 2.010
 Kimble, C. 3.055
 King, J.A. 3.222
 King-Stephens, D. 1.176
 Kingsley, P. 2.316, 3.213
 Kinjo, E.R. 1.044
 Kink, R. 3.328
 Kira, J. 3.020
 Kirkham, F.J. 2.285
 Kirmani, B. 2.163, 3.122, 3.203, 1.105
 Kirton, A. 2.122

ABSTRACT AUTHOR INDEX

- Király, M. 2.004, 3.054
 Kishima, H. 2.317
 Kiyota, G. 2.029, 2.253
 Klaas, P. 1.363, 1.366
 Klassen, B. 1.195, 2.186, 3.124
 Klassen, T.L. 2.001
 Kleefuss-Lie, A.A. 1.152
 Kleeman, E. 3.034
 Kleen, J. 1.385
 Klein, B. 2.164
 Klein, G. 1.345, 2.316
 Klein, K.M. 3.296
 Klein, P. 1.016, 1.017, 1.025, 1.029, 1.278, 2.154, 3.029
 Kleinschmidt-Demasters, B.K. 2.301
 Klinkenberg, S. 1.374
 Kluger, G. 1.270, 1.286, 2.195
 Knape, K. 3.160, A.07
 Knaus, H.G. 1.051
 Knight, R. 3.229
 Knowlton, R. 2.254, 2.268, 3.186, B.07
 Knox, J. 3.332, 3.333
 Knupp, K. 1.191, 2.290
 Ko, D. 1.173, 2.252
 Ko, S. 1.174
 Ko, T. 1.276
 Kobau, R. 2.362
 Kobayakawa, M. 1.341
 Kobayashi, E. 2.003, 3.166, 3.208
 Kobayashi, J. 3.087
 Kobayashi, S. 1.169
 Kochen, S.S. 3.144
 Kocvarova, J. 2.249
 Kodangattil Narayanan, J. 1.036
 Koepp, M. 3.175, 3.202
 Koga, S. 1.108
 Kogan, A. 2.202
 Koh, S. 1.026, 1.035, 2.301, 3.016, 2.290
 Kohler, S. 2.088, 2.168
 Koizumi, H. 2.311
 Koka, K. 3.067
 Kokes, U. 1.164
 Komaki, H. 3.126
 Komarek, V. 3.196
 Kominami, S. 1.169
 Kondo, A. 2.060
 Kondo, S. 3.145
 Kondratyev, A. 2.068, 2.156
 Koo, D. 3.086
 Kopec, L. 3.133
 Koppelstaetter, F. 1.160, 3.182
 Koranda, J.L. 2.210
 Korinthenberg, R. 2.035
 Korman, B.M. 1.367
 Kornips, B. 2.075
 Korzeniewska, A. 1.136
 Kosaras, B. 1.016, 1.029, 1.251, 3.014
 Kossoff, E. 2.230
 Kotagal, P. 1.177, 1.196
 Kothare, S. 1.083, 1.088, 1.091, 1.179, 1.221, 1.301, 2.133, 2.193, 2.195, 2.336
 Kotloski, R.J. 1.235
 Koubeissi, M.Z. 2.091, 2.336
 Koudijs, S.M. 2.097
 Koutsogiannopoulos, S. 2.013
 Kovac, S. 2.094
 Kovach, K. 1.342
 Kozitza, R.L. 2.129
 Kral, J.G. 3.068
 Kramer, M.A. 1.003
 Kransz, N.E. 3.342
 Krassman, C. 3.333
 Krauss, G. 1.151, 1.271, 1.274, 1.280, 1.292
 Krawiecki, N. 2.168
 Kreisl, W.C. 3.230
 Kriegstein, A.R. 3.007
 Kriel, R. 1.285, 2.190
 Krishnamurthy, K.B. 3.073
 Kroll, J. 2.170, 2.178
 Kron, M.M. 3.342
 Kroner, B. 2.335, 3.061
 Krongthong, W. 1.215, 2.325
 Krsek, P. 3.196
 Krueger, D. 1.296, 1.300, 2.009, 2.221
 Krumholz, A. 1.330
 Krusienski, D.J. 1.135, 3.071
 Kršek, P. 3.185
 Kuba, R. 1.237, 2.249, 1.213
 Kubota, Y. 2.092
 Kubova, H. 3.039, 3.344
 Kubu, C. 1.326
 Kuchukhidze, G. 1.160, 1.268, 3.182
 Kuczynski, E. 3.082
 Kudernatsch, M. 2.279
 Kudr, M. 3.196
 Kuester, G. 3.188
 Kulandaivel, K. 1.192, 2.305, 2.312
 Kulikova, R. 1.307
 Kumar, D. 1.274, 1.280
 Kumari, V. 3.175
 Kunii, N. 1.141
 Kunz, W. 3.299
 Kuratani, J. 2.117, 3.200
 Kurelowech, L. 1.386
 Kurth, C. 1.201
 Kurths, J. 1.028
 Kurzbuch, K. 1.387
 Kuzniecky, R. 2.123, 3.068, 3.184, 3.248
 Kwan, P. 1.267
 Kwan, S.Y. 3.148
 kwon, E. 2.291
 Kwon, O. 1.120
 Kwon, S. 1.379
- L**
 La Briola, F. 1.357
 La Neve, A. 3.318
 Laban, O. 1.096, 1.347, 1.348, 2.314
 Laban-Grant, O. 3.268
 Labar, D. 2.306
 Labiner, D.M. 2.328, 2.341
 Lachhwani, D. 3.220
 Lacuey, N. 3.225, 3.226
 Ladowski, D.S. 1.323
 Ladrón de Guevara, D. 3.188
 Lafeuille, M.H. C.04
 LaFrance, W. 3.269
 LaFrancois, J. 3.044, 3.050
 Lagrange, A. 1.033, 1.170
 Lai, Y. 1.034
 Laine, E. 2.167
 Lajeunesse, P. 1.217
 Lakeman, F. 2.010
 Lamar, C. 3.155
 Lamb, J.G. 3.359
 Lambakis, C. 1.096
 Lambrecht, L. 2.172, 2.176, 2.179
 Lammertsma, A.A. 3.161
 Lancman, G. 1.319
 Lancman, M. 1.096, 1.307, 1.328, 1.331, 1.334, 1.347, 1.348, 1.352, 2.314, 3.268
 Lane, S. 3.263, 3.274
 Lanfermann, H. 3.158
 Lang, C. 3.105
 Langan, Y. C.03
 Langer, J.E. 2.343
 Langfitt, J. 3.250, 3.256
 Lanphier, E. 1.364
 Laoprasert, P. 2.290, 2.301
 Larch, J. 1.160, 3.182, 1.268
 Lardizabal, D. 2.019
 LaRoche, S. 1.075, 2.201
 Larsen, J.P. 3.136
 Lassiter, T.F. 2.194, 2.207
 Lassonde, M. 3.169, 3.231
 Lau, E.W. 3.170
 LaViolette, P. 2.130, 3.232
 Law, M. 2.128
 Lawrence, K. 3.297
 Lawson, A. 1.247
 Lax, I.D. 1.359
 Laxer, K. 2.120, B.03
 Lay Ergun, E. 1.147
 Lazow, S. 2.312
 Le, N. 1.302
 Leach, J. 2.009, 2.271
 Lebedeva, A.V. 2.007
 Lecointe, C. 2.236
 Lee, B. 1.193, 1.208
 Lee, B.I. 3.090
 Lee, E. 1.276
 Lee, E.M. 1.090
 Lee, G. 2.313
 Lee, G.P. 1.320, 2.270
 Lee, H. 2.114
 Lee, H.W. 1.382, 3.090
 Lee, I. 3.146
 Lee, J. 1.347, 1.379, 2.114, 2.213, 2.291, 3.120
 Lee, J.K. 1.090
 Lee, J.L. 1.096
 Lee, J.S. 3.101
 Lee, J.W. 3.092
 Lee, J.Y. 2.090
 Lee, K. 1.065, 1.093, 1.174, 2.271, 2.276, 2.292, 3.218
 Lee, K.H. 3.055, 3.186
 Lee, M. 1.206, 1.208
 Lee, M.R. 2.270
 Lee, M. 1.193
 Lee, R. 3.223
 Lee, R.R. 3.193
 Lee, S. 2.150, 3.091
 Lee, S.A. 1.090, 3.090
 Lee, S.I. 2.090
 Lee, S.K. 2.258
 Lee, S.M. 3.090
 Lee, S.W. 2.036
 Lee, S. 2.349
 Lee, Y. 1.154
 Leeman, B. 1.332
 Leemans, A. 2.097
 Lefebvre, P. C.04
 Legarda, M.S. 2.068
 LeGros, B. 1.073, 2.041, 2.072, 3.142
 Lehericy, S. B.06
 Lehmkuhle, M.J. 3.057
 Lehnertz, K. 1.145, 1.146
 Lehnhoff, L.L. 1.214
 Lehericy, S. 3.177
 Leibson, C.L. 3.304
 Leijten, F. 1.077, 2.063
 Leite, C.C. 3.234, B.08
 Leite, J.P. 2.003, 2.119, 2.134, 2.142, 3.236, 3.358
 Lekovic, G.P. 2.005
 Leland, M.M. 3.058, 3.160, A.07
 LeMaire, A.W. 1.346
 Lemieux, L. 3.189
 Lena, T.S. 1.354
 Lenartowicz, A. 3.174, 3.179, 3.219
 Lenck-Santini, P.J. 3.041
 Lenck-Santini, P.P. 1.043, 1.385
 Lepkin, A. A.05
 Lepore, F. 3.169, 3.231
 Leppik, I. 1.257, 1.279, 1.285, 1.321, 2.190, 2.344
 Lerario, M. 2.008
 Lerche, H. 3.299
 Lerdlum, S. 2.260
 Lerner, A. 2.128
 Lerner, J.T. 1.194, 3.099
 Leroy, R.F. 1.254, 1.277, 1.290
 Lesage, F. 3.169, 3.231
 Lesser, R. 3.280
 Leung, L.S. 3.163
 Leurgans, S.E. 1.081
 Levan, P. 2.035
 LeVanQuyen, M. 1.061
 Leventer, R.J. B.02
 Leveque, M. 1.132
 Levin, H.S. 3.150
 Levitt, J. 1.364, 2.135
 Levy, R. 2.021, 2.338
 Lew, F. 1.055
 Lew, S.M. 2.004
 Lewine, J.D. 3.205
 Lewis, D. 2.289
 Li, C.S. 3.259
 Li, G. 3.347
 Li, H. 2.069
 Li, K. 1.035
 Li, L.M. 2.345
 Li, P. 3.102
 Li, S. 2.344
 Li, T. 1.019, A.03
 Li, X. 3.150
 Li, Y. 3.014
 Li, Y.F. 3.348
 Li, Z. 1.384, 2.079, 2.082, 2.115
 Liang, L.P. 1.060
 Libenson, M.H. 1.182, 2.043
 Librizzi, L. 1.022, 3.040
 Lie, O.V. 1.072
 Liew, C. 3.224
 Lillis, K. 1.003

ABSTRACT AUTHOR INDEX

- Lim, B. 1.120, 3.120
 Lim, S.C. 2.140
 Lim Fat, M. 2.333
 Lim-arune, C. 2.325
 Lima, J. 2.209
 Limbrick, D. 2.296
 Limond, J. 2.285
 Lin, J. 2.113, 2.103, 2.105
 Lin, K. 2.023
 Lin, S.J. 3.052
 Lin, T.C. 3.259
 Lin, Y.Y. 3.148
 Lina, J.M. 1.103
 Lineweaver, T. 1.363
 Liporace, J. 1.151, C.07
 Lippman Bell, J. 1.017, 1.025
 Liscak, R. 2.104
 Litt, B. 3.065
 Little, A.S. 3.138
 Little, J.G. 3.243
 Liu, C. 2.252
 Liu, H. 3.178, 3.209
 Liu, L.C. 3.256
 Liu, M. 1.322, 2.141, 2.354, 3.246
 Liu, W. 2.198, 3.187
 Liu, X. 1.135, 3.067
 Liu, Y.C. 3.087
 Liu, Z. 2.145
 Lo, M. 1.104
 Lo, W. 3.293
 Lo Russo, G. 1.066
 Lochareernkul, C. 1.215, 2.260, 2.325
 Locicero-Casazza, B. 1.314
 Loddenkemper, T. 1.074, 1.083, 1.088, 1.091, 1.110, 1.179, 1.221, 1.301, 2.133, 2.195, 2.228, 2.336, 3.089
 Lodi, M. 1.313
 Loeb, J. 1.086, 2.052, 2.244
 Lofti, N. 3.053
 Logan, W.J. 1.359
 Lohoff, F. 3.037, 3.293
 Lombardi, F. 1.205
 Londero, R.G. 3.244, 3.245
 Longo, D. 3.137
 Look, M. 3.034
 Lopes da Silva, F. 2.096
 Lopes-Cendes, I. 2.111, 3.028, 3.306, 3.307, 3.310
 Lopez-Gomariz, E. 2.182
 Lopez-Trigo, J. 2.182
 Lorent, S. 1.073
 Lorenzo, C. 3.226
 Loring, D. B.03, C.07
 LoRusso, G. 3.015
 Lotarski, S. 1.238
 Lotze, T.E. 1.068, 1.187
 Lowe, H. 3.087
 Lowe, M. 1.329, 2.160, 2.203, 3.103
 Lowerison, M. 1.195, 2.186, 3.088, 3.124
 Lozano, A.M. 2.232
 Lu, S. 1.256, 1.267, 1.282, 1.284
 Lu, Y. 3.183, 3.221
 Luan, G. 3.075, 3.128
 Lubarr, N. 3.130
 Lubin, F.D. 1.018
 Lucas, M. 3.041
 Luder, H. 2.091
 Ludvig, N. 3.068
 Luef, G. 2.175
 Lugo, J.N. 1.007, 3.023
 Luk, M.E. 2.180
 Luna, B. 1.360
 Lundgren, J. 2.088
 Lupica, K. 2.209
 Lupski, J.R. 2.001
 Lusardi, T.A. 3.003
 Luszczyk, J.J. 2.148
 Luther, N. 2.306
 Lutz, G.J. A.06
 Lutz, M.T. 1.355
 Luu, P. 3.350
 Lux, A. 3.140
 Lykens, N.M. A.06
 Lynch, E. 1.296, 1.300
 Lynch, T. 1.158
 Lyons, P. 3.104
 Lyra, K.P. 3.234
 Lytle, N. 3.003
 Léonard, M. 2.191
 Lévesque, M. 3.353
 Löscher, W. 3.033, 3.158
 Lüders, H.O. 2.262
 Lüders, J. 2.262
 Lüders, R. 2.262
- M**
- Ma, C. 3.088
 Ma, D. 3.249
 Ma, H. 1.024
 Mabe, M. 1.206
 MacAllister, W.S. 1.368, 1.370
 Macchiarulo, S. 3.048
 Maccotta, L. 3.167
 Macdonald, E.A. 2.348
 MacDonald, J. 3.328
 Machan, J.T. 3.269
 Machatha, S.G. 1.269
 Maciunas, R.J. 2.091
 Macken, M. 1.189, 1.231, 3.153
 Macklin, E.A. 1.332
 MacLusky, N.J. 3.044, 3.050
 Macrodimitris, S. 1.195, 2.186, 2.018, 3.088, 3.124, 3.332, 3.333,
 2.018, 3.088, 3.124, 3.332, 3.333,
 Madder Joaquim, M.J. 3.281, 3.289
 Madikians, A. 1.194
 Madsen, J. 1.074, 1.088, 3.089, 3.209
 Maehara, T. 1.344, 2.054, 2.067, 2.265
 Maertens, P.M. 1.171, 3.113
 Maganti, R. 2.022, 2.036, 2.253, 3.096
 Maglajlija, V. 2.094
 Maglakelidze, G. 3.048
 Maguire, S. 3.317
 Maia, D.F. B.08
 Maia, J. 1.242
 Maier, G. 1.242
 Mail, M. 1.010
 Majid, A. 2.359
 Malacrida, S. 3.313
 Malak, R. 1.333
 Maldonado, L.B. 2.216
 Malheiros, J.M. 3.028
 Malikova, H. 2.104
 Malkin, M. 2.209
 Malla, R. 3.203
 Malmgren, K.A. 1.318
 Malone, A.G. 1.181
 Malone, S. 2.302, 3.196
 Malow, B. 2.059
 Malpe, C. 2.037
 Malphrus, A. 1.371, 2.030
 Manco-Johnson, M. 1.191
 Mancuso, J. 1.057
 Mandelstam, S.A. B.02
 Manfro, G.G. 3.276
 Mangan, K.P. 3.004
 Manganaro, S. 1.083, 1.088
 Mangano, F. 2.276
 Mangano, F.T. 1.065, 2.271, 2.292, 3.218
 Mangeshkar, P. 2.221
 Mangubat, E.Z. 3.064
 Mani, R. 2.247
 Manjunath, R. 2.329, C.04, 2.165
 Mansour, H.G. 3.117
 Manza, P. 1.225
 Manzanarez Colin, M.C. 3.366
 Manzee, A. 2.196
 Marawar, R.A. 2.181
 Marchesini, R.B. 3.028
 Marchini, M. 3.318
 Marcuccilli, C. 2.004, 3.054
 Marcuse, L.V. 1.082
 Marecek, R. 3.201
 Mareci, T. 1.056, 2.145
 Mares, P. 3.005, 3.039, 3.344
 Marfeo, A. 1.150
 Mari, F. 1.103, 1.107, 1.121, 2.032, 2.033
 Mariani, P. 2.272, 2.303, 2.304, 2.309
 Marie, P.Y. 3.159
 Marinas, A. 2.352
 Marino, S. 1.285, 1.321
 Markowitz, G.J. 3.042
 Marsh, R. 1.093, 2.315
 Marsh, S. 1.127
 Marsh, W. 3.055
 Marson, A. 3.315
 Marson, T.G. 3.132
 Martin, B.S. 3.270
 Martin, K.C. 3.244, 3.245, 3.276
 Martin, M.G. 1.172
 Martinez, A. 3.224
 Martinez, E. 1.220
 Martinez, R.C. 2.203
 Martini, M. 1.146
 Martinos, M. 1.372, C.08
 Martins, H. 2.023, 2.241
 Martins, M. 2.023
 Martuzzi, R. 3.199
 Martz, G. 1.135, 1.137
 Maru, N.K. 1.229
 Maruta, Y. 2.311
 Marx, C. 1.068, 1.187
 Marín-Léon, L. 2.345
 Masino, S. 1.019, 2.210
 Maskali, F. 3.159
 Mason, K. 2.049
 Mason, S.M. 3.255, 3.257
 Massager, N. 2.072
 Massagli, M.P. 1.305
 Massaro, A. 1.079, 2.064
 Massot, A. 1.175
 Masuko, A. 2.023
 Mateus, N. 2.023
 Matheisel, A. 1.230
 Mathews, W.H. 2.268
 Mathieu, D. 2.264
 Maton, B. 3.196
 Matos, A.H. 3.028
 Matsuda, A. 2.054, 2.067
 Matsuda, K. 2.060
 Matsui, H. 1.344
 Matsumoto, J. 1.194, 3.099
 Matsuo, F. 2.056, 2.071
 Matsushima, E. 2.054, 2.067
 Matsuura, M. 1.344, 2.054, 2.067, 2.265
 Matthews, W.H. B.07
 Mattingly, M. 1.350, 1.356
 Mattis, J. 3.339
 Matzner, B. 1.348
 Maurer-Morelli, C. 3.306, 3.307
 Mawer, G. 1.297, 1.299
 Mayer, S.A. 1.174
 Mayer, T. 1.225, 1.355
 Mayo, J. 3.191
 Mayorga, A.M. 1.099
 Mays, V. 2.047
 Mazarati, A.M. 1.021, 3.024
 Mazurkiewicz-Beldzinska, M. 1.230
 McArthur, D.L. 1.194
 McAuley, J.W. 3.105
 McBrian, D.K. 1.307
 McCarthy, D. 2.213
 McClain, C. 1.083
 McClelland, S. 3.341
 McCloskey, C. 2.326
 McCloskey, D. 3.277
 McCormack, M. 3.301
 McCoy, B. 1.100, 1.304, 3.121
 McDaniel, S.S. 2.222
 McDermott, D. 3.106
 McDonald, C.R. 2.116, 3.248
 McDonald, W.S. 1.039
 McEvoy, A. 2.094, 3.189
 McGill, M. 3.184
 McGillivray, G. B.02
 McGinnity, C.J. 3.202
 McGoldrick, P.E. 1.084, 2.026, 2.274, 3.130
 McGovern, R. 3.362
 McGregor, A. 2.137, 2.293
 McKenzie, B. 1.083
 McKenzie, F. 3.295
 McKhann, G. 3.362
 McKhann II, G.M. 1.004
 McLachlan, R. 1.165, 1.168, 1.243, 1.353
 McMahan, J.M. 3.294
 McManis, M. 2.080
 McMullan, W.J. B.03
 McShea, C. 1.263, 1.265, 1.282
 Meador, K.J. 1.332, B.03, C.07
 Meaney, J. 3.317
 Mecarelli, O. 3.313, 3.318
 Medani, K. 3.089
 Medveczky, G. 3.068

ABSTRACT AUTHOR INDEX

- Medvedev, A. 3.067
 Mehta, A. 1.345, 2.089, 2.263, 2.316, 3.213
 Meier, M. 3.158
 Meisler, M. 3.298
 Mekaroonkamol, P. 1.215
 Melching, L. 1.142
 Mello, C.F. 1.051
 Mello, V. 2.272, 2.303, 2.304, 2.309
 Melot, C. 2.041
 Men, C. 1.225
 Mendiratta, A. 3.329
 Mendonça, A. 2.023
 Menendez, J. 2.254
 Mentch, F. 3.293
 Mercer, E. 3.333
 Mercier, M.R. 1.122
 Merschhemke, M. 1.256, 1.267
 Mertz, J.C. 1.003
 Mesa, T. 3.077
 Mesquita, S. 2.023
 Messenheimer, J. 2.157
 Metcalf, C.S. 2.164
 Metcalfe, A. 3.327
 Meurs, A. 1.252, 2.072, 2.214, 3.070
 Meyer, F. 1.093, 2.315, 3.055
 Meyerand, M.E. 2.098
 Miao, L. 1.161
 Miao, Y. 3.165
 Micallef, C. 2.106
 Michelsen, K.A. 3.063
 Michelucci, R. 3.313, 3.318
 Michotte, Y. 3.070
 Micic, V. 1.196, 2.030
 Mifsud, J. 2.027
 Mihara, T. 2.060
 Mihaylova, T. 2.052
 Mihaylova, T.G. 1.086
 Mikati, M. 1.223, 2.129, 2.185, 2.289
 Mikell, C. 3.362
 Mikl, M. 3.201
 Mikula, I. 2.166
 Miles, L. 2.271
 Miles, R. 1.042
 Miller, I. 3.185, 3.196
 Miller, J. 1.349, 2.091
 Miller, J.H. 3.186
 Miller, J.W. 1.072, 2.257, 3.335
 Miller, K. 1.247, 2.047
 Miller, P. 3.149, 3.240
 Miller, S. 1.026, 1.216
 Miller, S.R. B.07
 Miller, W. 2.011
 Miller-Horn, J. 1.314, 1.303
 Millett, D. 1.173, 2.252
 Milligan, H. 2.218
 Milligan, T. 3.081
 Milteer, W. 3.139
 Min, L.L. 2.110
 Min Ju, K. 3.090
 Minasyan, G.R. 1.123
 Mine, J. 1.211
 Mintzer, S. 2.320, 1.308
 Miozzo, M. 1.345
 Miranda, M.J. 2.230
 Miranda, S. 1.320, 2.270, 2.313, 3.206, 3.224, 3.230
 Miravet, E. 1.309
 Mireles, P.S. 2.045
 Miro, J. 1.180, 1.309
 Mirro, E.A. 1.176
 Mirsattari, S. 1.165, 1.168, 3.163
 Miró, J. 2.243
 Mishagina, N. C.04
 Mishra, A.M. 3.162, 3.354
 Misiewicz, S. 3.319
 Miskov, S. 2.166
 Mitchell, A.J. 3.287
 Mittal, A. 1.303
 Mittal, S. 1.086, 1.112, 2.052, 2.244, 3.173
 Miyajima, M. 2.054, 2.067
 Miyata, H. 3.145
 Moddel, G. 1.036
 Modur, P. 3.139
 Moeller, F. 3.197
 Moeller, J. 2.057
 Mogal, Z. 3.142
 Mogami, M. 1.233
 Mogami, Y. 1.211
 Mogensen, M. 2.128
 Mohamed, I. 2.122, 2.277
 Mohamed, I.S. 1.362
 Moharir, M. 3.135
 Moien-Afshari, F. 1.097
 Molins, A. 1.309
 Mollet, L. 1.252, 3.070
 Malthoff, C.F. 3.161
 Monin, P. 3.159
 Monrad, P. 2.278
 Montanye, J. 1.101
 Monteiro, M.R. 2.003
 Montenegro, M.A. 3.310
 Montouris, G. 1.257, 3.266
 Moon, B. 2.177
 Moon, W. 2.129
 Moore, E.L. 1.271
 Moosa, A.N. 2.031
 Mora, J. 2.243
 Moreland, S. 3.125
 Moreno, L.M. 2.150
 Morgan, L. 2.357, 3.286
 Morgan, V.L. 3.198
 Morgan, W. 2.028
 Morita, M. 1.078
 Morland, T.B. 1.225
 Moroz, E. 1.037
 Morris, D. 1.359
 Morris, G. 2.170, 2.178
 Morrison, C. 1.345, 1.389
 Morrow, J. 1.312
 Morse, C. 3.230
 Morse, R.P. 1.101, 1.166, 2.312
 Morsi, A. 3.074
 Morton, L.D. 3.133
 Morya, E. 1.044
 Moschetta, S. 1.340, 1.343
 Moseley, B.D. 2.356
 Moses, D.L. 2.330
 Mosher, G.L. 1.269
 Mosher, J. 2.073, 2.078, 2.086, 2.087
 Mossey, J. 3.258
 Motelow, J.E. 1.150, 3.354
 Mothersill, I. 3.141
 Mounaim, F. 3.062
 Moussalli, M. 2.310
 Moxon, K.A. 1.013
 Moya, P. 3.077
 Mrela, C. 2.355
 Mtchedlishvili, Z. 3.008
 Mudigoudar, B.D. 2.234
 Mueller, A. 1.270, 1.286
 Mueller, K. 1.262
 Mueller, S. 2.120, B.03
 Mueller, W. 2.108, 2.130, 3.232
 Muhle, H. 3.309
 Mukaida, S. 1.233
 Mullen, S. 3.297
 Muller, P. 2.228
 Mulley, J. 3.320
 Mulley, J.C. 3.292, 3.294, 3.295
 Mullins, J.G. 3.303
 Mumford, J. 3.179, 3.219
 Mundy, J. 3.341
 Mungall, D. 3.122
 Munger Clary, H. 2.350
 Munian Govindan, R. 2.131
 Munuera, J. 3.226
 Murakami, T. 2.323
 Murashima, Y. 3.059
 Murphy, B.L. 3.340
 Murphy, M. 1.199, 1.273
 Murphy, W. 1.195, 2.186, 3.088, 3.124
 Murro, A. 1.320, 2.255, 2.270, 2.313, 3.206
 Musilova, K. 1.213
 Musson, C. 3.330
 Musto, A.E. A.04
 Muthugovindan, D. 3.280
 Muthuraman, M. 3.197
 Muzik, O. 1.112, 3.173
 Muzyka, I. 2.223, 2.229
 Myers, D.E. 3.170
 Myers, L. 1.319, 1.328, 1.331, 1.334, 1.347, 1.348, 1.352, 3.268
 Myers, O. 1.220
 Myers, S. 1.056
 Myles, S.T. 2.118
 Myles, T. 1.333
 Müller, M. 1.036
- N**
 Nabbout, R. 1.163
 Nadasdy, Z. 1.105
 Nadkarni, V. 1.080
 Naduvil Valappil, A. 1.390
 Naeije, G. 1.073
 Nagarejan, L. 2.046
 Nagasawa, T. 1.106, 1.108, 1.112, 1.124, 1.143
 Nagoro, T. 2.132
 Nair, D. 1.390, 2.037, 2.092, 3.131
 Najm, I. 1.184, 1.326, 1.351, 1.390, 2.006, 2.034, 2.073, 2.086, 2.092, 3.027, 3.131, 3.220, 3.252, 3.326, B.05
 Nakagawa, E. 2.295, 3.126
 Nakaji, P. 3.138
 Nakajima, M. 3.025, 3.100, 3.365
 Nakamura, F. 2.060
 Nakano, M. 3.216
 Nakasato, N. 2.044, 3.069
 Nakase, H. 2.323
 Nakata, T. 2.132
 Nam, S. 1.379, 2.208
 Nanbu, S. 2.077
 Nancy, M. 3.187
 Narayana, K. 2.363
 Narayana, S. 3.058, 3.160
 Narayanan, J. 1.134, 3.098
 Nariai, H. 1.124
 Nariai, T. 2.265
 Naritoku, D.K. 1.278
 Narurkar, M. 2.192
 Nash, K.B. 3.312
 Nashef, L. 1.114
 Nasim, M.M. 2.263
 Nathwani, N.B. 2.215
 Natola, M.A. 1.101, 2.024
 Natsume, J. 2.102, 2.132
 Nau, K. 2.180
 Naugle, R. 1.326
 Navarre, W. 1.231
 Nawarawong, N. 1.360
 NEAD Study Group, A. C.07
 Nebieridze, N. 3.355
 Negishi, M. 3.162, 3.176, 3.190, 3.195, 3.199, 3.211, 3.212
 Nehamkin, S. 2.091
 Nehlig, A. 3.159
 Nei, M. 2.308, 2.320
 Neilman, V. 2.123
 Neiman, E.S. 2.363
 Nelson, J.T. 3.181
 Neme-Mercante, S. 3.131
 Nemes, A. 3.027
 Nesbitt, G. 2.047
 Netto, C.B. 3.112
 Newey, C.R. 3.215
 Newman, M. 1.151
 Newmark, M. 1.188
 Newton, H. 2.209
 Newton, R. 3.140
 Ng, Y. 1.283, 2.219, 2.253, 2.294
 Ng, Y.T. 1.317
 Nguyen, D. 1.207, 2.264, 2.267, 3.062, 3.169, 3.231
 Nguyen, J. 2.177
 Nguyen, N. 1.050
 Nguyen, V.V. 3.076
 Nicita, F. 2.204
 Nickels, K. 1.148, 2.278, 2.346, 2.353, 2.356
 Nicolai, J. 1.374
 Nilsson, L. C.03
 Nishimura, K. 3.025
 Nishimura, M. 1.038
 Nissenkorn, A. 1.092
 Nkinin, S. 1.058
 No, Y. 3.091
 Noachtar, S. 1.228, 1.336
 Nobile, C. 3.313, 3.318
 Nobili, P. 3.015
 Noe, K. 1.212, 2.331, 2.332, 3.331
 Noebels, J.L. 2.001
 Noel, D. 2.220
 Nolan, K. 1.197
 Nomura, S. 2.311
 Noor, N. 1.087
 Nordgren, R.E. 1.101, 1.166
 Nordli, D.R. 1.154, 3.337

ABSTRACT AUTHOR INDEX

- Norrington, J. 3.095
 Nov, E. 3.035
 Novak, E. 3.272
 Novak, Z. 2.249
 Novotney, C.A. 3.068
 Novotny, E. 2.117, 3.176, 3.195, 3.199, 3.200, 3.212
 Nowack, W.J. 3.107
 Nunes, T. 1.289
 Nunn, A. 1.225
 Nwaubani, A. 2.051
 Nygaard, H.B. 3.043
- O**
 O'Brien, C. 3.125
 O'Brien, T. 1.240, 3.170
 O'Callaghan, F.J. 3.140
 O'Connor, G. 3.301
 O'Connor, S.E. 2.233
 O'Donovan, C. 1.235, 2.045, 3.155, 3.204, 3.228
 O'Dwyer, R. 2.006, 3.027
 O'Laughlin, K. 3.324
 O'Mahony, E. 1.182
 O'Muircheartaigh, J. 3.175
 O'Reilly, H. 1.373
 O'Riordan, K. 1.244
 Oakley, J.C. 1.032, 1.072, 3.026
 Obeid, M. 1.310
 Obermeyer, T. 3.309
 Ochi, A. 1.062, 1.100, 2.074, 2.077, 2.083, 2.277
 Oddo, S.A. 3.144
 Odenkirchen, J. 2.327
 Offord, J. 1.238
 Ogden, P. 2.225
 Ogg, R.J. 2.080
 Ogiwara, I. 3.019
 Oguro, K. 3.059, 3.227
 Ohkura, H. 3.025
 Ohman, I. 2.152
 Ohno, K. 2.265
 Ohta, K. 2.054, 2.067
 Ohtani, H. 3.019
 Oitment, C. 1.376
 Ojemann, J. 2.002, 2.117, 2.257, 3.180, 3.200
 Ojha, B.C. 3.186
 Ojopi, E.B. 3.308, 3.321
 Ojukwu, N. 1.188
 Okamoto, H. 2.074
 Okanishi, T. 2.066
 Okumura, A. 1.224
 Okura, H. 3.365, 3.216
 Oleynick, J.U. 3.037
 Oliveira, E. 3.322, 3.082
 Oliveira, M.A. 3.244, 3.245, 3.276
 Oliveira, M.C. 1.172
 Oliveira, M.S. 1.051
 Olivier, A. 2.039
 Olsen, J. C.06
 Olsson, I. 3.093
 Onat, F.Y. 3.022
 Ono, T. 2.158
 Onufriev, M.V. 2.007
 Op de beeck, M. 2.072
 Orozco, A. 2.177
 Orozco, S. 2.246
- Orozco-Suarez, S. 3.164B
 Orta, D.S. 1.099, 2.216
 Ortiz, E. 2.360
 Ortiz, L. 2.014
 Ortler, M. 1.160
 Osawa, S. 2.044, 3.069
 Osborne, J.P. 3.140
 Oshino, S. 2.317
 Osioy, K. 3.332
 Oslejskova, H. 2.249
 Osorio, I. 3.107
 Ossenblok, P. 2.075
 Oster, J.M. 2.146
 Osting, S.M. 3.006
 Ostrander, B.E. 2.338
 Otaduy, M.C. 3.234, B.08
 Otaduy, M.G. 1.327
 Otani, S. 1.211
 Otayza, F. 3.188
 Otis, S. 1.386
 Otoul, C. 1.278
 Otsubo, H. 1.062, 1.100, 2.074, 2.077, 2.083, 2.277, 3.135
 Otsuki, T. 2.295
 Ottman, R. 3.290, 3.302, 3.311, 3.314, 3.304
 Ouellette, E. 2.341
 Ouyang, B. 1.081
 Overvliet, G. 1.374
 Owens, J. 2.030
 Ozkara, C. 1.198
- P**
 Pacheco, L. 1.051
 Pacheco, O. 2.360
 Pacia, S. 3.250
 Padmanabhan, A. 1.360
 Pai, D. 2.244
 Paige, A.L. 1.096, 2.268, 3.186, B.07
 Pak, A. 3.284
 Pakhdikian, M.C. 3.034
 Pakhomov, S.V. 1.321
 Palacios Escalona, S. 3.366
 Palau, J. 2.182
 Palmer, G.M. 3.156
 Palumbo, L. 2.046
 Pan, J.W. 1.178
 Pan, Y. 1.052
 Pan, Y.Z. 1.020
 Pang, T. 3.073
 Panjarat, J. 1.215
 Pannek, H.W. 2.319
 Panuccio, G. 3.356
 Paolicchi, J. 1.222, 1.234, 2.012, 2.059
 Papanastassiou, A.M. 2.318
 Papanicolaou, A. 1.384, 2.079, 2.082, 2.115
 Papetti, L. 2.204
 Para, M.F. 1.181
 Paradis, P. C.04
 Pardalos, P. 1.075, 1.117
 Pardo, C. 3.188
 Parekh, M. 1.056, 2.145
 Parent, J.M. 3.342
 Pargeon, K. 2.196, 3.329
 Parikh, G. 3.138
 Parisé, H. C.04
- Park, E.J. 3.234
 Park, H. 3.091
 Park, J. 3.154
 Park, K. 1.120, 2.290
 Park, Y. 2.270, 2.313
 Park, Y.D. 1.320, 2.255, 3.206
 Parker, H. 2.183
 Parker, P. 1.315
 Parkerson, K. 1.110, 3.092
 Parrent, A.G. 2.245
 Parrish, R.R. 1.018
 Partlo, L. 1.333
 Parvizi, J. 2.095, 1.183, 2.093
 Pascher, B. 2.279
 Pascoal, V.D. 3.028
 Pascual-Leone, A. 2.228
 Pasini, E. 3.313, 3.318
 Pastori, C. 1.116
 Patankar, C. 3.105
 Patay, Z. 2.137
 Patel, A. 2.180
 Patel, M. 1.060
 Patel, M.K. 3.357
 Patel, N. 3.352
 Patel, R.H. 2.116
 Pati, S. 2.029, 2.253, 2.294, 2.355
 Patil, V. 1.053
 Patterson, C. 2.197
 Patterson, E. 1.279
 Pauli, E. 1.335, 1.387
 Paulson, K. 3.056
 Pavkovic, I. 2.282
 Payne, E. 1.304
 Paz, J.T. 1.039
 Pazourkova, M. 2.249
 Pearl, D. 2.209
 Pearl, P. 2.284
 Pearl, P.L. 3.298
 Pedley, T.A. 3.311
 Pegenius, G. 2.088
 Peguero, N. 3.114
 Peixoto-Santos, J.E. 3.358
 Peljto, A.L. 3.304
 Pellock, J. 2.167
 Peltzer, J. 3.107
 Pennell, P. 1.151, C.07
 Penovich, P. 1.311, 3.257
 Pequinot, E. 1.308
 Peragut, J. 1.132
 Pereda, P. 2.024
 Pereira, F. 2.111, 2.126
 Pereira, L. 2.147
 Pereira, T. 1.028, 3.028
 Pereira, V.C. 2.107
 Perez Cardenas, S. B.01
 Pericak-Vance, M.A. 3.249
 Perilla, J.R. 1.136
 Perkins, F. 2.137, 2.293
 Perkins, F.F. 2.080
 Perkins, S.M. 1.358, 3.261
 Perrine, K. 1.319, 1.329, 1.331, 1.347, 3.271
 Perrine, K.R. 1.122
 Perry, M.S. 1.206, 2.168
 Perucca, E. 2.147
 Perucca, P. 3.134
 Pestana Knight, E.M. 1.236
 Peterka, D.S. 3.072
- Peters, A. 1.336
 Petersen, C.B. C.06
 Peterson, J. 1.238
 Petre, C. 3.310
 Petrosyan, R. 3.341
 Petrou, S. 3.004, 3.045, 3.363
 Peugh, L.D. 2.002
 Peyre, S. 3.081
 Pham, L.A. 3.076
 Phatak, V. 1.349
 Phi, J. 2.280
 Philip, S. 2.169, 2.199
 Phillips, G. 3.110
 Phillips, L. 3.104
 Phillips, N. 2.080
 Piantino, J. 3.217
 Piazzini, A.J. 1.357
 Picard, R. 1.074
 Pichon, B. 3.291
 Pico, G. 1.309
 Pieper, T. 2.279
 Pierre, M. 3.292
 Pieters, T. 2.100
 Pike, V.W. 3.230
 Pillai, J. 3.258
 Pillay, N. 1.195, 1.306, 1.333, 2.118, 2.186, 3.088, 3.124
 Pineda, E. 3.024, 1.021
 Pinette, K. 1.287
 Pinto, A.L. 2.281
 Pinto, A.R. 1.088
 Piperidou, C. 3.266
 Pipkin, J.D. 1.269
 Pirmohamed, M. 3.315
 Pita, I. 1.063
 Pitruzzello, A.M. 3.061
 Pitsch, J. 1.031
 Pittau, F. 3.214, 3.168
 Pittman, Q. 3.036
 Plans, G. 2.243
 Plueger, M.D. 2.029
 Pociecha, J. 2.310
 Pockett, S. 1.391
 Poduri, A. 2.227, 3.290, 3.291
 Poh, M. 1.074
 Pohlmann-Eden, B. 1.167, 3.084
 Poliakov, A. 2.117, 3.200
 Politsky, J. 1.067, 1.096, 1.331
 Pollard, H.B. 2.008
 Pollard, J. 2.008
 Pollard, J.P. 3.143
 Pollard, J.R. 2.247
 Polli, R.S. 3.028
 Polovitz, K.A. 3.108
 Poma, R. 3.164
 Pomata, H. 2.310
 Pong, A.W. 1.310
 Poolos, N.P. 1.031
 Pop, J. 3.080, 3.240
 Popli, G.S. 2.281
 Popova, M.S. 2.007
 Porcel, J. 2.352
 Pornsriniyom, D. 3.239
 Porter, R. 1.277, 1.293, 2.355
 Potter, W. 1.244
 Pouliot, P. 3.169, 3.231
 Pouliot, W.A. 1.317A
 Poulsen, D. 3.001

ABSTRACT AUTHOR INDEX

- Poulter, M.O. 1.243
 Poupon, C. 3.177
 Poussier, S. 3.159
 Poveda, A. 3.050
 Poveda-Ramos, A. 3.044
 Powell, A.D. 3.053
 Powell, E. 3.060
 Pozner, C.N. 3.081
 Prabhu, S. 2.133
 Prasad, A.N. 3.305
 Prasad, C. 3.305
 Prasad, M. 3.105
 Pressler, R.M. 1.162
 Preto, P.M. 3.310
 Price, A.V. 2.299
 Price, M. 1.330
 Prince, D.A. 1.039
 Pritchard, E.M. A.03
 Pritchard, P.B. 1.217
 Privitera, M. 3.129, 3.293, C.07
 Prochazka, T. 2.104
 Progesterone Trial Study Group 1.151
 Provenzale, J.M. 2.129
 Pruess, T. 2.164
 Pujar, S. 2.351
 Pulitano, P. 3.318
 Pun, R.Y. 3.340
 Pung, C. 2.116
 Purcaro, M.J. 1.150, 1.225
 Pushchinska, G. 3.123
 Pérez, S. 2.259
- Q**
 Qian, S. 1.155
 Qian, Y. 1.007
 Quach, M. 1.111, 1.125, 2.030
 Quan, H. 2.354, 3.246
 Quebedeaux, T.M. A.04
 Qui, H. 3.293
 Quigg, M. 1.135, 1.137, 2.048
 Quigley, S. 1.186
 Quinn, B.T. 2.123, 3.248
 Quint, P. 1.386
 Quintana, M. 3.225
- R**
 Rabinowitz, D. 3.316
 Radman, T. 3.050
 Radtke, R. 3.301
 Raedt, R. 1.252, 2.214, 3.063, 3.066, 3.070
 Raethjen, J. 3.197
 Raffo, E. 3.159
 Rafiuddin, A. 2.171
 Raghavan, M. 2.108, 2.130, 3.232
 Rahey, S. 1.218
 Rahman, A. 1.019, 3.046
 Rahme, R. 2.267
 Rakhade, S. 1.016, 3.029
 Ramachandran Nair, R. 1.375, 2.070
 Ramakrishnan, V. 3.133
 Ramanathan, M. 2.231
 Ramantani, G. 1.138
 Ramirez, M. 3.114
 Ramon, C. 1.118, 1.126, 1.139
 Rampling, J. 3.287
 Ramppe, S. 1.094
 Ramsay, R.E. 2.198
- Rand, S.D. 2.130
 Rankin, P. 3.095
 Rankin, S.J. 1.308
 Rao, M. 2.359
 Raol, Y.H. 1.012, 1.040
 Raposo, N.R. 3.251
 Rarick, J. 1.279
 Rask, K. 2.168
 Rasmussen, J. 2.170, 2.178
 Raspall, M. 1.309
 Rastogi, R.G. 1.317, 2.294
 Rathakrishnan, R. 2.058
 Ratnapriya, R. 1.200
 Rauchenzauner, M. 2.175
 Rausch, G. 3.149
 Ravizza, T. 1.022
 Ray, C. 2.338
 Raymond, A.A. 3.142
 Reavey, E. 1.156
 Reddi, J.M. A.06
 Reddy, D. 1.011, 1.041
 Reed, R. 2.198
 Rees, M.I. 1.338, 3.303
 Regis, J. 1.132
 Regnier-Golanov, A. 1.246
 Rego, C. 2.107
 Reid, A. 2.354, 3.036
 Reid, C.A. 3.045
 Reijneveld, J.C. 2.085
 Reimer, R.J. 1.002
 Reinsberger, C. 1.074, 1.110, 1.199, 3.092,
 3.092,
 Rekaté, H.L. 2.005
 Rekow, V. 1.349
 Rektor, I. 1.213, 1.237, 2.249, 3.201
 Rektorova, I. 3.201
 Rembao Bojórquez, D. 3.366
 Remedio, V. 2.326
 Remi, J. 1.336
 Rensing, N.R. 2.222
 Resnick, T. 1.367, 2.273, 3.196
 Resor, Jr, S.R. 2.196
 Reutlinger, C. 3.309
 Rey, G. 1.367
 Reyes, C. 3.298
 Rezvanian, E. 1.126, 1.139
 Rho, J. 2.183, 2.218, 2.219
 Riano Barros, D.A. 3.202
 Ricciardi Ciochini, A. 2.184
 Richard, G.R. 3.041
 Richards, D.A. 3.340
 Richards, K. 1.206
 Richardson, K. 1.325
 Richardson, M. 1.114, 3.142, 3.175
 Richerson, G.B. 3.010
 Richmond, J. 2.302
 Rieder, C.R. 3.112
 Rigby, M. 3.333
 Rigdon, G.C. 1.271
 Riggeal, B. 2.028
 Rigon, L. 3.318
 Riley, J. 2.103, 2.105, 2.113
 Riley, K.O. 2.268, B.07
 Rimkus, C.M. 3.234
 Rinehardt, E. 1.350, 1.356
 Ris-Hilgersom, I.H. 2.085
 Risse, G.L. 1.337, 1.388
- Ristic, A.J. 1.184, 3.220
 Ritaccio, A. 1.158, 2.181
 Ritich, P. 2.163
 Ritter, F.J. 1.255, 1.361, 2.282
 Ritzl, E.K. 3.192
 Riviello, J. 1.068, 1.125, 1.187, 1.371, 2.030
 Riviello, Jr, J.J. 1.111
 Rizk, M. 2.247
 Roberts, D. 2.024, 2.305, 2.312
 Roberts, J. 3.327, 3.332
 Robertson, C.R. 2.164
 Robertson, D. 3.285
 Robertson, S. B.02
 Robinson, A.A. 2.059
 Robinson, J.L. 3.203
 Robinson, S. 2.286
 Robles Irizarry, L. 2.209
 Rocha, L. 2.246, 3.164B, 3.366
 Rockoff, M. 1.083
 Rode, D.L. 3.072
 Roden, W.H. 2.002
 Rodgers-Neame, N. 1.350, 1.356
 Rodionov, R. 3.189
 Rodriguez, R. 2.298
 Rogawski, M.A. 3.051
 Rogemond, V. 1.247
 Rogers, B.P. 3.198
 Rogers, J.A. 3.065
 Rogers, S. 2.150
 Rogier, J. 2.296
 Rojas, G. 3.188
 Roman, C.T. 1.369
 Romantseva, L. 2.225
 Romeo, A. 1.313
 Ronan, A. 3.295
 Ronan, L. 3.317
 Ronen, G.M. 1.375
 Roopra, A. 1.244
 Roper, S.N. 3.009, 3.013
 Rosa-Neto, P. 2.003, 3.166, 3.208
 Rosales, S.J. 2.357
 Rose, D. 1.065, 2.084, 2.271
 Rose, S. 1.098
 Roselt, P. 3.170
 Rosenberger, L.R. 3.191
 Rosendo, J. 2.352
 Rosenkranz, K. 3.189
 Rosenstone, S. 2.361
 Rosset, S. 2.134
 Rossi, M.A. 3.064, 3.205
 Rosso, L. 3.202
 Rostasy, K. 1.160
 Rotenberg, A. 1.221, 2.228
 Rothermel, R. 1.106, 1.108, 1.112, 1.143
 Rothkopf, Z. 1.067
 Rothman, S. 3.072
 Rotim, K. 2.256
 Rouits, E. 1.278
 Rouleau, I. 2.267
 Rovba, L. C.04
 Rovira, A. 3.225, 3.226
 Rovira, R. 3.226
 Rovner, M. 3.265
 Rowley, J. 3.166, 3.208
 Rowley, N. 3.359
 Royston, S.E. 2.394
- Rozhkov, L. 2.271, 3.218
 Rozzelle, C. 2.010, 2.139
 Rubens, E. 1.122, 2.306
 Rubio-Donnadieu, F. 2.259
 Rubí Sureda, S. 3.233
 Ruch, A. 3.361
 Rudd, G.D. 1.284
 Rudenko, V. 2.171
 Ruiz, S.E. 3.037
 Rupar, C.A. 3.305
 Rusch, M.D. 3.269
 Ruskin, D.N. 2.210
 Russek, S.J. 1.012
 Rutecki, P. 1.020, 1.052, 1.244, 2.124
 Rutherford, D. 2.018
 Rutka, J. 1.062, 2.077
 Ruzzo, E.K. 3.290
 Ryan, K. 1.060
 Rydenhag, B. 3.093
 Ryu, H. 3.030
 Rzyi, M. 2.249
 Rzezak, P. 1.380
 Rémi, J. 1.228
 Ríos, L. 3.188
- S**
 Saag, K. 3.338
 Sabater, L. 1.180
 Sabesan, S. 1.115, 1.127
 Sabolek, H.R. 1.042
 Sabsevitz, D.S. 2.108
 Sackellares, J.C. 1.075, 1.117, 2.028
 Sadiq, S. 2.354
 Sadler, R. 1.218
 Safford, M. 3.338
 Sagar, S. 1.283
 Sagyhan, A. 1.057
 Sahaya, K. 2.019
 Sahin, M. 1.260
 Sahnoud, T. 1.260, 2.221
 Sahota, P.K. 2.019
 Said, R.R. 1.149
 Sainz, V. 2.235
 Saito, N. 1.141
 Saito, T. 2.311
 Saito, Y. 3.126
 Saiz, A. 1.180
 Sajko, T. 2.256
 Sakai, S. 3.019
 Sakamoto, A. 2.119, 2.134, 2.142, 2.147, 2.275, 3.236, 3.306
 Sakuma, H. 3.126
 Salam, M. 1.087
 Salam, M.T. 3.062
 Salamon, N. 2.076
 Salanova, V. 1.176, 2.269
 Salas-Puig, J. 2.352
 Salas-Puig, X. 3.225, 3.226
 Sales, F. 1.061
 Salinas, F.S. 3.058, 3.160, A.07
 Salmon, C.E. 2.119, 2.134, 2.142, 3.236
 Salom, A. 2.360
 Salvadó, M. 3.226
 Salzberg, M. 1.240
 Sam, M. 3.155
 Samson, S. 3.177
 Samuels, P. 3.105

ABSTRACT AUTHOR INDEX

- Samuelson, T.M. 2.211
 Samuelsson, H. 1.318
 San Juan, D. B.01
 San Luciano, M. 3.266
 Sanchez, R. 1.023
 Sandau, U.S. 3.001, 3.046
 Sander, J.S. C.03
 Sandhu, J. 3.260
 Sandison, E. 2.340
 Sandra, S. 1.155
 Sane, S.A. 2.363
 Saneto, R. 2.117, 3.200
 Sanford, N. 3.208
 Sanganahalli, B.G. 3.354
 Sankar, R. 1.021, 3.024, 3.099
 Santamarina, E. 3.225, 3.226
 Santin, J. 3.077
 Santos, A.C. 2.119, 2.134, 2.142, 3.236, 3.358
 Santos, R.O. 3.306, 3.307
 Sanz, R. 1.175
 Saposnik, G. 3.323
 Saragiotto da Silva, M.S. 3.307
 Sarco, D. 2.050
 Sarda, S.P. 2.211
 Saria, H.Y. 1.089
 Sarkis, R. 1.351
 Sarria, S. 3.225, 3.226
 Sasaki, M. 2.295, 3.126
 Satishchandra, P. 3.147
 Satishchnadra, P. 1.200
 Sato, S. 3.192, 3.224
 Saul, K. 3.056
 Sauro, K. 3.332, 3.333
 Save, S. 1.195, 2.186, 3.124
 Savjani, R. 3.203
 Sawan, M. 3.062
 Sawchuk, R. 3.129
 Saygi, S. 1.245, 2.187
 Sazgar, M. 3.102
 Saúde, A.V. 2.126
 Scafdi, J. 3.083
 Scanduzzi, R.C. 3.358
 Scanlon, C. 2.120, 3.317, B.03
 Scaramelli, A. 2.024
 Schachter, S. 1.332, 3.073, 3.293
 Schaefer, K. 1.226
 Schaffer, S.G. 2.316
 Scharfman, H. 3.044, 3.050, 3.362
 Schauwecker, P. 3.360
 Scheff, S.W. 3.345
 Scheffer, I.E. 1.157, 3.294, 3.295, 3.296, 3.297, B.02
 Scheuer, T. 1.032, 3.026
 Schevon, C. 1.150, 3.050
 Schiemann-Delgado, J. 1.278, 1.282
 Schiff, S.J. 3.047
 Schilhabel, M. 3.309
 Schmainda, K.M. 2.130
 Schmidt, J.M. 1.174
 Schmitt, F.C. 2.319
 Schneider, C. 3.346
 Schoenberg, M. 1.350, 1.356
 Schoenfeld, J. 2.238
 Scholl, E.A. 2.164
 Scholtz, H. 2.235
 Schomer, D.L. 3.073
 Schoonheim, M.M. 2.085
 Schousboe, A. 3.359
 Schrader, D.V. 2.121
 Schreiber, J.M. 1.095
 Schroeder, C. 3.050
 Schuele, S. 1.189, 3.153
 Schuele, S.U. 1.231
 Schultz, R. 1.266, 1.371, 2.030
 Schulze-Bonhage, A. 1.102, 1.138, 2.035, 1.061
 Schusse, C. 2.151, 2.161
 Schusse, S. 1.258
 Schwabe, M.J. 1.140
 Schwartz, I.V. 3.112
 Schwartz, T.H. 1.024, 1.122, 3.306
 Schwebel, C.L. 3.037
 Scott, C. 2.094
 Scott, J. 2.118
 Scott, M. 1.083
 Scott, R. 1.043, 1.325, 1.372, 1.373, 1.385, 2.351, 3.041, C.08
 Secolin, R. 3.306, 3.307
 Sedigh-Sarvestani, M. 3.047
 Segalovich, M. 2.310
 Sehgal, S. 2.069
 Seidel, W.T. 1.345
 Seidenberg, M. 2.103, 2.113, 2.124, 3.264
 Selenica, M.B. 2.364
 Selimbeyoglu, A. 2.095
 Sell, E. 2.333
 Selvitelli, M. 3.073
 Selwa, L.M. 2.365
 Selznick, L. 3.104
 Senties-Madrid, H. 2.259
 Seo, D. 3.086
 Seo, J. 1.065, 2.271, 2.276, 2.292, 3.218
 Serafini, R. 2.049
 Sergott, R. 1.294, 2.167
 Serin, M. 2.189
 Serkova, N. A.05
 Serrano, E. 1.329, 2.160, 2.203, 3.103
 Serratos, J. 1.175, 1.292, 2.352
 Setchell, K. 1.058
 Sethi, N. 2.053, 2.306
 Setoain Perego, X. 3.233
 Seyal, M. 3.259
 Sha, Z. 1.219, B.06
 Shafaroodi, H. 2.149
 Shafer, P.O. 2.025
 Shah, A. 1.086, 1.112, 1.226, 2.052, 2.244
 Shah, N.S. 3.328
 Shahidi Zandi, A. 1.128
 Shaikh, S. 1.254, 1.277, 1.290, 1.291
 Shallcross, R. 1.312
 Shamy, M.C. 1.150
 Shang, E. 3.048
 Shapiro, L. 3.018, 3.032, 3.361
 Shapiro, M.S. 3.349
 Sharan, A. 2.308, 2.320
 Sharifi-Hannauer, P. 3.099
 Sharma, A. 2.355
 Sharma, R. 1.100
 Sharma, S. 2.070
 Shatzmiller, R.A. 1.173
 Shaw, D. 2.117, 3.200
 Shaw, S. 2.252
 Shazadi, K. 3.315
 Shegog, R. 1.188, 2.362
 Shellhaas, R. 1.236, 2.047
 Shellock, F.G. 2.128
 Sherman, A. 2.223, 2.229
 Sherman, E. 1.333, 1.368, 2.018
 Sherman, E.M. 1.370, 2.122
 Sherman, E.S. 1.362
 Sheth, R. 2.113, 2.124
 Sheth, S. 1.078, 1.332
 Shi, L. 3.334
 Shiao, D. 1.075, 1.117
 Shiao, D.S. 3.008
 Shields, D. 2.167
 Shields, W.D. 3.099
 Shigematsu, H. 1.211, 1.233
 Shigeto, H. 3.020
 Shih, J.J. 1.135, 3.071
 Shih, Y.H. 3.148
 Shimazaki, K. 3.059
 Shimojima, K. 1.211
 Shin, D. 1.021, 3.024, 3.030, 3.090
 Shinnar, S. 3.250
 Shiroishi, M. 2.128
 Shishido, T. 3.118
 Shklyar, I. 1.225
 Shneker, B.F. 1.181
 Shon, Y.M. 2.140
 Shorey, J. 3.061
 Shrestha, A. 3.125
 Shuangshoti, S. 2.260
 Shulman, D. 2.331
 Shulman, L. 1.330
 Shurtleff, H. 3.200
 Siddarth, P. 1.364, 2.135
 Sidenius, P.C. C.06
 Siebzehrubl, F.A. 3.013
 Siegel, S. 3.348
 Sikora, M.A. B.06
 Silander, H. 3.093
 Sills, G.J. 3.315
 Silva, M.S. 3.306
 Silva Cunha, J.P. 1.336
 Silvado, C.E. 3.281, 3.289
 Silveira, D.C. 1.177, 3.131, 3.272
 Silverberg, A. 3.074
 Sim, T.B. 2.058
 Simakajornboon, N. 3.242
 Simeone, T.A. 1.239
 Sinclair, D.B. 2.307
 Singer, J. 1.088
 Singh, H. 2.302
 Singh, J. 2.118
 Singh, P. 2.337, 3.275
 Singh, S.P. 2.081
 Sinha, S. 3.147
 Siniatchkin, M. 3.197
 Sinsioco, C. 2.053
 Sirven, J. 1.212, 2.332, 2.355, 3.331
 Sisodiya, S. 3.295, 3.301
 Skidmore, C. 1.308, 2.320
 Skinner, F. 1.051
 Skinner, H.J. 2.028
 Slater, J. 1.384, 2.079, 2.082, 2.100, 2.115
 Sleiman, P. 3.293
 Smith, B. 2.326
 Smith, B.J. 2.266
 Smith, B.N. 3.345
 Smith, D.R. 3.042
 Smith, E. 1.083
 Smith, E.C. 1.223
 Smith, G.G. 3.037
 Smith, G. 3.273
 Smith, J. 2.313
 Smith, J.R. 1.320, 2.255, 2.270
 Smith, K. 2.091
 Smith, M. 1.376, 2.167, 2.169, 2.199, 3.330, 3.359
 Smith, M.A. 1.165, 1.168
 Smith, M.D. 2.164
 Smith, M.L. 2.138
 Smith, P.E. 1.338, 3.303
 Smith, S. 1.045, 2.094
 Smith, T.M. 3.334
 Smolders, I. 3.070
 Smyth, M. 2.296
 Snape, D.A. 3.263, 3.274
 Snead III, O.C. 1.062, 2.074, 2.077, 2.083, 2.138, 2.277
 Snyder, T. 1.322
 So, N. 1.184, 2.034, 3.131, 3.220, B.05
 Soares-da-Silva, P. 1.242, 1.287, 1.289, 2.153
 Sofia, V. 3.318
 Soldati, M. 3.137
 Solomon, G. 2.053
 Soltesz, I. 3.346
 Song, H. 3.030
 Song, H.K. 3.090
 Song, T. 3.193, 3.223
 Song, Y. 2.162, 2.337, 3.275, 3.283
 Sonmez Turk, H.H. 3.094, 3.198
 Sood, S. 1.106, 1.108, 1.112, 1.124, 1.143, 2.101, 3.164A, 3.173
 Sosunov, A.A. 1.004, 3.362
 Sotero de Menezes, M. 2.238
 Soto, A. 2.235
 Soto-Salgado, M. 1.063
 Soucy, J.P. 1.207, 3.166
 Soul, J.S. 3.014
 Souza, A.C. 3.244, 3.245, 3.276
 Souza, L. 1.076, 1.232
 Soylemezoglu, F. 1.147
 Spalding, W. 1.287
 Spalice, A. 3.137, 2.204
 Spanaki, M.V. 2.266
 Spanaki-Varelas, M. 2.326
 Spann, M. 1.377, 3.176, 3.195
 Speechley, K. 3.325, 3.336
 Spencer, D.C. 1.176
 Spencer, D.D. 1.150, 1.178, 1.339, 2.318, 3.190, 3.199, 3.211
 Spencer, S. 1.150, 3.250
 Sperling, M. 1.151, 1.288, 1.308, 2.308, 2.320, 3.250, 3.293
 Spiegel, R. 2.202, 3.123
 Spire, W. 2.024
 Spitz, M.C. 2.159, 3.125
 Spray, D. 1.057
 Squillacote, D. 1.274, 1.292, 1.280
 Sreenivasan, A. 1.225

ABSTRACT AUTHOR INDEX

- Srikijvilailuk, T. 2.260
 Sripankaew, K. 2.325
 St-Hilaire, J. 2.267
 St. Louis, E.K. 3.238
 St.Germaine, C. 3.246
 Staba, R. 3.240
 Stafstrom, C. 2.113
 Staley, K. 1.003, 1.010, 1.042, 1.248
 Stam, C.J. 2.061, 2.085
 Stamoulis, C. 1.129
 Staniek, M. 1.146
 Stapleton-Kotloski, J. 3.204
 Starky, M. 3.260
 Stead, M. 1.093, 1.130, 3.055
 Stebbins, G.T. 3.097
 Steber, D. 2.170, 2.178
 Stefan, H. 1.094, 1.335, 1.387
 Stefanello, S. 2.345
 Steger-May, K. 2.296
 Stein, M. 3.205
 Steinborn, B. 1.230
 Steindler, D.A. 3.013
 Steinhoff, B.J. 1.201
 Steinmetz, P.N. 1.202, 2.005
 Stengel, B. 2.108
 Stepanenko, A.Y. 2.007
 Stepanichev, M.Y. 2.007
 Stephani, U. 3.197, 3.309
 Stephen, L.J. 1.315
 Stern, J. 2.076, 3.174, 3.179, 3.219
 Stevens, D.A. 2.245, 3.085
 Stevens, G. 2.209
 Stevens, S.J. 2.263
 Stewart, K. 3.001
 Stewart, M. 3.325
 Stewart, T.H. 3.035
 Stickland, S.M. 2.270
 Stock, D. 1.281
 Stockis, A. 1.278
 Stojic, A. 3.131
 Stoll, S.C. 2.017
 Stolle, J. 1.283
 Stott, L. 2.308, 2.320
 Stoub, T.R. 2.136, 3.205
 Stout, A. 2.327
 Straub, H. 3.078
 Strenkowski, B. 1.238
 Striano, P. 1.286, 3.313, 3.318
 Striano, S. 3.313, 3.318
 Strickland, S. 1.320, 2.313, 3.206
 Strittmatter, S.M. 3.043
 Strobel, A. 3.347
 Strom, L. 2.159, 3.106, 3.125
 Strubé, D. 3.061
 Strupp, J.P. B.06
 Stuelpnagel, C. 1.286
 Stufflebeam, S. 3.178, 3.207, 3.209
 Stöddberg, T. 3.294
 Su, T. 3.002
 Sudarsanam, A. 2.199, 2.169
 Suddes, M. 3.333
 Sueiras, M. 3.226
 Suffczynski, P. 1.054
 Sugai, K. 2.295, 3.126
 Sugano, H. 3.025, 3.100, 3.216, 3.365
 Sugiyama, I. 2.083
 Suh, S. 3.030
 Sullivan, J. 2.047, 3.312
 Suls, A. 3.294
 Sun, D. 1.052, 3.006
 Sun, F.T. 2.215
 Sun, H. A.08
 Sun, W. 3.020
 Surbeck, W. 2.267
 Surgenor, S.D. 1.101
 Susul, U. 1.186
 Sutula, T.P. 1.052, 3.006
 Suwaroporn, S. 2.325
 Suzuki, M. 2.311
 Suzuki, N. 3.178, 3.209, 3.207
 Suzuki, Y. 1.233
 Svalheim, S. 2.175
 Svendsen, K. 2.344
 Swann, J. 1.038, 1.053, 3.023
 Swanson, S.J. 2.108
 Swarte, R.M. 1.070
 Swartz, K. 2.360
 Sweeney, C. 2.329
 Sweetman, M. 2.017
 Swenson, B. 1.219
 Swenson, N. 1.074
 Swiercz, W.B. 1.042
 Swint, C. 2.168
 Syed, T.U. 2.336
 Sykora, P. 1.237
 Sylverberg, A. 2.283
 Symms, M. 2.106, 3.175
 Synder, T. 3.260
 Synowiec, A. 3.127
 Syvänen, S. 3.161
 Szabo, C.A. 2.357, 3.058, 3.160, 3.286, A.02, A.07
 Szeliga, C. 1.194, 3.099
 Sziklas, V. 1.323, 3.208
 Szmuda, M. 1.230
 Sánchez, J.C. 2.352
- T**
 Tabb, K. 3.052
 Tafreshi, R. 1.128
 Taher, Y. 1.096, 1.347
 Takahashi, A. 2.295
 Takahashi, H. 1.211, 1.344
 Takahashi, T. 3.216
 Takahashi, Y. 1.211, 1.233, 3.019, 3.118, 3.151
 Takase, K. 3.020
 Takayama, R. 1.211, 3.118, 1.233
 Takeoka, M. 2.050, 2.227, 2.281
 Takumi, I. 1.169
 Talani, M. 3.292
 Talathi, S.S. 1.056, 3.031
 Talib, L.L. 3.251
 Tallent, M.K. A.06
 Talos, D. A.08
 Tammaa, M. 3.275
 Tampieri, D. 3.291
 Tamura, K. 2.323
 Tanaka, M. 3.322
 Tanaka, N. 3.178, 3.207, 3.209
 Tanaka, Y. 2.265
 Tandon, N. 2.100, 2.112, 2.261
 Taneja, A. 1.185
 Tang, H.M. 3.068
 Tani, H. 1.002
 Tanner, A. 2.262
 Tannús, A. 3.028
 Tao, J. 1.098, 1.155, 2.042
 Tapsell, L. 2.331
 Tarquinio, D.C. 2.051
 Tarrant, S. 2.227, 2.239
 Tatum, W.O. 2.180, 2.364, 3.278
 Taub, K.S. 2.224
 Taubøll, E. 3.136, 2.175
 Taussig, D. 2.297
 Tavares, C. 2.023
 Tavorath, R. 1.260
 Tchong, T.K. 2.215
 Tecoma, E. 1.190, 2.116, 3.109
 Tedeschi, H. 2.322
 Teive, H.A. 3.289
 Teleb, M. 2.036
 Tellez-Zenteno, J.F. 1.097, 2.347
 Temkin, N.R. 3.335
 Templeton, D. 1.264
 Tenney, J. 2.084
 Tepmongkol, S. 2.260
 Terada, K. 2.060
 Teramoto, A. 1.169
 Terranova, P. 1.205
 Terwilliger, R. 1.360
 Tesar, G. 1.326, 3.131, 3.282
 Tesar, G.E. 3.252, 3.326
 Tesfaye, M. 3.192
 Teucher, U. 2.015
 Thadani, V. 1.101, 1.325, 2.081, 2.305, 2.312
 Thaler, A. 3.143
 Thampratankul, L. 3.242
 Thapalia, U. 1.085
 The EPGP Senior Investigators 2.047, 2.155, 3.316
 The RNS System Investigators C.02
 The SANTE Study 2.269
 Thennarasu, K. 3.147
 Theodore, W.H. 3.192, 3.224, 3.230
 Theofilas, P. 3.001
 Thesen, T. 2.123, 3.184, 3.248
 Thiele, E.A. 3.178
 Thio, L.L. 2.222, 2.296
 Thivard, L. 3.177
 Thomas, E.A. 3.363
 Thomas, F.S. 1.220
 Thomas, R.H. 1.338, 3.303
 Thome-Souza, S. 3.082
 Thompson, N. 2.362, 2.365, 3.107
 Thompson, P. 3.175
 Thompson, S.J. 1.307
 Thompson, S.M. 1.006
 Thomson, A. 1.274
 Thomé-Souza, S. 3.321
 Thorburn, D.R. 3.294
 Thordstein, M. 2.088
 Thornton, N. 3.241
 Thrasher, S.L. 1.339
 Thurman, D.J. 2.335
 Tillema, J.M. 2.009
 Tingley, E. 3.095
 Tinuper, P. 3.313, 3.318
 Titiz, A.S. 1.043
 Titus, J. 2.296
 Todd, W. 2.172, 2.176, 2.179
 Toepser, C.S. 1.146
 Toguri, J. 1.189
 Tokoglu, F. 3.190
 Tolbert, D. 1.259
 Toledo, M. 1.309, 3.226, 3.225
 Tolstykh, G. 3.011, 3.247
 Tombul, T. 2.143
 Tomcik, J. 3.201
 Tominaga, T. 2.044, 3.069
 Toms, N. 2.094
 Tomson, T. C.03
 Topcu, M. 1.147
 Topjian, A.A. 1.080
 Torres, C.M. 3.112, 3.244, 3.245, 3.276
 Torres, F.R. 2.111
 Torres, R. 2.128
 Torres-Corzo, J.G. 2.298
 Torri, S. 1.294
 Tosun, D. 2.120
 Tottori, T. 2.060
 Towne, A. 3.133
 Tran, T. 3.280
 Tran, Y. 1.086, 2.052, 2.244
 Trandafir, C. 1.317A
 Trayanov, S. 2.170, 2.178
 Treiman, D.M. 1.127, 1.202, 2.029
 Tremblay, J. 3.169, 3.231
 Trinka, E. 1.160, 1.268, 3.182
 Tripathi, M. 1.059
 Triplett, W. 2.145
 Tripp, K. 1.287, 1.289, 2.153
 Tripputi, M. C.05
 Tristán Agundis, M.F. 3.366
 Trobliger, R. 1.352
 Trombin, F. 1.008
 Tryba, A.K. 2.004, 3.054
 Tsai, J. 1.288
 Tsang, S. 2.196
 Tsiakiri, A. 3.266
 Tsiouris, A.J. 2.306
 Tsuchida, T. 1.079, 2.064, 2.284, 3.083, 3.298
 Tsuji, S. 1.341
 Tsukerman, S. 2.156
 Tu, B. 1.174
 Tuchman, R. 3.249
 Tuchscherer, V. 2.124
 Tucker, D. 3.350
 Tudor, C. 2.221
 Tudur Smith, C. 3.132
 Tupal, S. 3.017
 Turanlı, G. 1.147
 Turkheimer, F.E. 3.202
 Turner, K. 1.357
 Tuxhorn, I. 1.196, 1.366
 Tyrlikova, I. 1.237, 2.249
 Tyrliková, I. 1.213
 Týtgat, D. 2.191
 Tzu, W.H. 3.308
- U**
 Uchida, C. 1.076
 Ueda, Y. 3.364
 Uematsu, M. 2.044
 Ugarnes, G. 2.310
 Ugorec, I. 1.067

ABSTRACT AUTHOR INDEX

- Ugurbil, K. B.06
 Uhl, J.D. 3.340
 Uiterwaal, C.S. 1.298
 Umeoka, S. 2.060
 Unal, O. 2.143
 Unnwongse, K. 1.326, 2.038
 Unterberger, I. 1.160, 1.268, 3.182
 Upchurch, K. 2.076
 Ura, H. 1.169
 Uribe, S. 3.077
 Ursitti, F. 2.204
 Usami, K. 1.141
 Usui, K. 2.060
 Usui, N. 2.060
 Uysal, S. 1.221
 Uysal, U. 2.048, 1.161
 Uzan, M. 1.198
- V**
 Vaiciene-Magistris, N. 1.280
 Vaidya, C.J. 3.191
 Valderrábano, M. 1.034
 Valdez, J. 2.177
 Vale, F. 1.350, 1.356
 Valenca, L. 1.121
 Valencina, S. 2.128
 Valencia, J. 2.177
 Valente, K. 1.340, 1.343, 1.380, 3.082, 3.251, 3.262, 3.279, 3.308, 3.321, B.08
 Valeriano, J. 1.075, 3.127
 Valerio, R.M. 1.327
 Valero-Fonseca, J. 1.222
 Valino, H. 1.194
 Valle, A. 1.044
 van 't Klooster, M.A. 1.077, 2.063
 Van Bogaert, P. 2.072
 van Breemen, M.S. 2.061
 van Campen, J.S. 2.097
 Van Cott, A.C. 2.040
 Van de Moortele, P.F. B.06
 van Dellen, E. 2.085
 Van der Perren, C. 1.247
 van Diessen, E. 2.061
 Van Dycke, A. 1.252, 2.214, 3.063
 Van Gompel, J. 2.315
 Van Gompel, J.J. 3.055
 Van Hirtum-Das, M. 1.194
 Van Houdt, P. 2.075
 Van Huffel, S. 1.070, 1.144
 van Lambalgen, H.C. 1.142
 van Leeuwen, J. 1.374
 Van Lujtelaar, G. 2.075, 3.162
 Van Ness, P.C. 1.176, 1.185
 van Nieuwenhuizen, O. 1.298, 2.061, 2.097
 Van Nieuwenhuysse, B. 3.066
 Van Nuffelen, M. 2.041
 Van Paesschen, W. 1.144
 Van Poppel, K. 2.137
 Van Putten, M. 1.071, 1.142
 van Rijn, T. 3.162
 Van Roost, D. 2.072, 2.214
 van Schoonhoven, J. 1.142
 van Vliet, E. 1.027
 Vandendriessche, A. 1.247
 Vanderhaeghen, P. 3.063
 Vanegas, F. 1.007, 1.034
 Vanegas, M.A. 1.099
 VanLandingham, K. 1.291, 2.329
 VanMeter, J. 3.191
 Vannasing, P. 3.169, 3.231
 Vannatta, K. 1.365, 1.378
 Vanzulli, I. 1.022
 Varadkar, S. 2.300, 3.116
 Varma, R. 2.197
 Varrin-Doyer, M. 1.247
 Vasoli, V.M. 3.304
 Vasquez, B. 2.360
 Vassar, S. 3.254
 Vazquez, C. 2.310
 Vazquez, G. 1.319, 2.361
 Vedolin, L. 3.112
 Veerapandiyam, A. 1.223, 2.185
 Vega, C. 1.377, 1.382, 3.176, 3.195
 Velasco, A. 3.164B
 Velasco, F. 3.164B
 Velasco, T.R. 2.119, 2.134, 2.142, 3.236, 3.306
 Velayudam, K. 1.234
 Velez, A. 3.286
 Velez-Ruiz, N. 1.078
 Velis, D. 2.096
 Velisek, L. 3.012, 3.049, 3.355, 3.048
 Veliskova, J. 3.012, 3.048, 3.049, 3.355
 Vendrame, M. 1.083, 1.091, 1.110, 1.221, 1.301, 2.195, 1.179
 Venkatasubramanian, A. 1.186
 Ventura, N. 2.107
 Ver Hoef, L.W. 2.268, B.04, B.07
 Verdru, P. 1.284
 Verhaert, K. 1.373
 Verity, C. 3.140
 Verley, D.R. 3.035
 Verma, A. 1.085, 1.381
 Verma, J. 2.200
 Versavel, M. 1.242, 1.287, 1.289, 2.153
 Vestal, M. 1.377, 3.162, 3.176, 3.195, 3.212
 Vestergaard, M. C.06
 Vezina, L.G. 2.284
 Vezzani, A. 3.015, 1.022
 Vicenttis, S. 1.343
 Vicini, S. 3.038
 Vickrey, B.G. 3.250, 3.254
 Vidal, R. 3.113
 Vidal-Dourado, M. 2.023
 Vigeland, L. 3.065
 Vignoli, A. 1.205, 1.357
 Vilanova, L.C. 1.232, 2.275
 Vilela, J. 2.107
 Villalobos-Nieto, R. 2.298
 Villanueva, V. 1.292, 2.182, 2.352
 Villarreal, S. 2.261
 Villeda, J. 2.246
 Villeda Hernandez, J. 3.366
 Vincent, J.L. 1.073
 Vincentiis, S. 3.251, 3.262, 3.279, 3.308
 Viner, K.M. 1.320
 Viri, M. 1.313
 Visser, G.H. 1.070
 Vivash, L.E. 3.170
 Viventi, J. 3.065
 Vives, K. 1.150, 2.318
 Vles, J.S. 1.374
 Vo, E.B. 3.278
 Voets, N.L. 2.125
 Vogelsong, B. 1.253
 Voges, J. 2.319
 Vogt, H. 3.141
 Vojtech, Z. 2.104
 Vollmar, C. 3.175
 Von Allmen, G. 2.079, 2.115, 2.287
 von Oertzen, T.J. 3.287
 von Spiczak, S. 3.295, 3.309
 Von Stuelpnagel, C. 1.270
 VonAllmen, G. 3.115
 Vonck, K. 1.252, 2.072, 2.214, 3.063, 3.066, 3.070
 Voskuyl, R.A. 3.161
 Vreijling, J. 1.027
 Vulliemoz, S. 3.189
 Vymazal, J. 2.104
- W**
 Wadadekar, T. 1.050
 Wadman, W. 3.063, 3.066, 3.070
 Wagner, J.L. 3.273
 Wagner, M.T. 1.217
 Wait, S. 2.005
 Walcutt, I.A. 2.240
 Walczak, T. 3.250, C.03
 Waldbaum, S. 1.060
 Walker, E. 2.358
 Walker, J. 2.284, 3.192
 Walker, L. 3.073
 Walker, M. 2.094, 3.189
 Wallace, G. 3.296
 Wallace, M.C. 3.084
 Walser, G. 1.160, 1.268, 3.182
 Walsh, C.A. 3.291
 Walzer, M. 1.259
 Wang, D.D. 3.007
 Wang, G. 3.210, 3.221
 Wang, H. 2.123
 Wang, I. 2.087
 Wang, K. 2.280, 3.293
 Wang, L. 3.067
 Wang, M. 2.217
 Wang, S. 1.034
 Wang, X. 3.184
 Wang, Y. 3.314
 Wang, Z.I. 2.086, 3.215
 Wanichakorn, N. 1.215
 Wannamaker, B.B. 3.273
 Ware, R.E. 3.170
 Warner, L.N. 1.031
 Warner, M. 3.200
 Warren, C. 1.130
 Wasade, V.S. 2.266
 Wassmer, E. 2.169, 2.199
 Watanabe, A. 1.169
 Watanabe, E. 3.059, 3.227
 Watanabe, K. 2.132
 Watanabe, M. 2.054
 Watanabe, S. 1.344, 2.054, 2.067
 Waterhouse, E. 3.133
 Watson, C. 2.127
 Watts, L.T. 3.349
 Waxman, S.G. 3.298
 Weber, Y. 3.299
 Weber-Byars, A. 2.221
 Wechapinan, T. 1.079, 2.064
 Wedel, R. 3.290, 3.311
 Wehbeh, R. 3.237
 Wehner, T. 2.038
 Wei, X. 2.122
 Weigel, D. 1.094
 Weil, A.G. 2.267
 Weiner, D. 1.209
 Weiner, M. 2.120
 Weiner, M.W. B.03
 Weinschenker, D. 3.052
 Weinstock, A. 2.231, 3.237
 Weinstock-Guttman, B. 3.237
 Weiss, J.M. 3.052
 Weiss, S. 1.062, 3.121
 Weitlauf, C. 1.033
 Welsh, A. 2.030
 Welty, T. 3.129
 Wen, X. 1.055
 Wendling, F. 1.132
 Wennberg, R. 1.354, 2.232
 Wesche, D. 1.259, 1.294, 2.167
 Westall, C. 3.121
 Westenbroek, R. 1.032, 3.026
 Wetjen, N. 2.278
 Whang, K. 1.227
 Whayman, M. 2.192
 Wheatley, M. 2.307
 Wheless, J. 2.137, 2.293, 3.328
 White, C. 3.303
 White, H.S. 2.164, 3.359
 White, J. 1.003, 2.190
 Whitman, L.A. 1.389
 Whitney, A. 2.285
 Wicks, P. 1.305
 Widdess-Walsh, P. 2.339
 Widjaja, E. 2.077, 2.083, 2.138, 2.277
 Wiebe, S. 1.195, 1.333, 2.118, 2.122, 2.186, 2.354, 3.088, 3.124, 3.246, 3.327
 Wiemer-Kruel, A. 2.230
 Wijesekara, D.S. 1.162
 Wilder-Smith, E.P. 2.058
 Wilfong, A. 1.260, 1.266, 1.371, 2.030, 2.200
 Wilke, C. 3.171
 Wilke, J. 2.183
 Williams, A.C. 1.345
 Williams, F.B. B.04
 Williams, H.E. 3.288
 Williams, J.T. A.02, A.07
 Williams, K. 1.203
 Williams, L.N. 2.062
 Williams, S. 1.005, 2.197
 Williamson, P.R. 3.132
 Willmore, J. 3.364
 Willner, A.P. 3.277
 Winawer, M. 3.314, 3.316, 3.319
 Winchester, S.A. 1.223, 2.185
 Winczewska-Wiktor, A. 1.230
 Windhorst, A.D. 3.161
 Winkler, P. 2.279
 Winoske, K. 3.023
 Winstanley, F.S. 1.339
 Winston, G. 2.106
 Winter, B. 3.055

ABSTRACT AUTHOR INDEX

- Wirrell, E. 1.148, 2.278, 2.315, 2.346, 2.353, 2.356, 3.241
Wodrich, D. 2.021
Wojcik, J. 3.056
Wolf, S.M. 1.084, 2.026, 2.274, 3.130
Wolff, C. 1.247
Wolgamuth, B. 3.272
Wolgemuth, D. 3.048
Wong, C. 3.215, 3.220
Wong, C.H. 1.184
Wong, J.B. 3.329
Wong, M. 1.204, 2.222, 1.014, 1.046
Wong, P.K. 2.065
Wong, R.K. 3.351
Wong-Kisiel, L. 2.353
Wood, R.L. 1.338
Worrell, G. 1.093, 1.130, 2.315, 3.055, 3.171, 3.183, 3.210, 3.221
Wright, C. 2.163
Wright, H.H. 3.249
Wright, T. 3.121
Wu, C. 3.352
Wu, E.X. 1.385
Wu, G. 3.215, 3.220
Wu, H.C. 1.143
Wu, J. 3.099, 3.347
Wu, J.Y. 1.133, 1.194
Wu, T. 2.036
Wu, X. 3.362, 1.004
Wyckhuys, T. 1.252, 2.214, 3.063, 3.066, 3.070
Wyllie, E. 1.091
- X**
Xiao, B. 1.225
Xu, H. 3.008
Xu, J. 3.060
Xu, L. 1.045
Xu, M. 3.187
Xuan, Y. 3.165
- Y**
Yacubian, E. 1.076, 1.232, 2.023, 2.251, 2.275
Yacubian, E.T. 2.241
Yadava, G. 3.110
Yalcin, A. 3.164B
Yalnizoglu, D. 1.147
Yamada, K.A. 2.222
Yamaguchi, M. 2.060
Yamakawa, K. 3.019
Yamakawa, T. 2.311, 2.321
Yamamoto, H. 3.151, 1.224
Yamamoto, T. 1.131, 1.211, 2.066, 2.283, 2.324
Yamano, M. 1.341
Yamazaki, M. 1.131, 2.066, 2.324
Yamazoe, T. 2.066, 2.324
Yandora, K. 3.127
Yang, H. 1.274, 1.292
Yang, J. 3.341
Yang, J.C. 2.165
Yang, L. 1.150, 1.225, 1.382, 3.183, 3.221, 3.171
Yang, X.F. 3.072
Yap, E. 1.225
Yasuda, C. 2.110, 2.111, 2.126, 2.322, 3.306
Yaun, A. 2.284
Yavuz Demiray, D. 1.198
Yeates, K. 1.365, 1.378
Yee, A. 3.056
Yee, A.S. 3.056
Yeh, H. 3.174, 3.179, 3.219
Yen, D.J. 3.148
Yendle, S.C. 3.296
Yeni, N. 1.198
Yerys, B.E. 3.191
Yildirim, M. 2.189
Yin, H. 3.340
Ying, Z. 2.006
Yiu, C.H. 3.148
Yogarajah, M. 2.106
Yokoi, S. 2.132
Yokota, H. 3.059, 3.227
Yokota, T. 2.066
Yoong, M. 1.372, C.08
Yoshimine, T. 2.317
Yoshor, D. 1.053
Youatt, E. 2.017
Yu, F. 3.338
Yu, H. 3.148
Yu, J. 3.154
Yu, L. 1.150
Yuan, Z. 3.157, 3.172, 3.235
Yudovin, S. 1.194
Yuen, A.W. 2.240
Yum, M. 1.276, 3.012, 3.049
yun, Y. 1.090
Yung, I. 1.098, 2.042
Yuste, R.M. 3.072
- Z**
Zaatreh, M. 1.307, 2.314
Zaborowsky, A. 3.164
Zagardo, M. 3.187
Zak, M. 3.087
Zamarian, L. 1.160
Zambrelli, E. 1.357
Zamel, K. 2.188
Zangaladze, A. 2.320
Zaninoto, A.L. 1.232
Zarei Mahmoodabadi, S. 2.138
Zarkou, S. 2.332
Zaroff, C. 1.328, 1.334
Zarowski, M. 1.179, 1.091
Zaveri, H.P. 1.150
Zawadzki, L. 2.290
Zayachkivsky, A. 3.057
Zelleke, T. 2.284
Zelmann, R. 1.107, 1.121, 2.032, 2.033,
Zeng, L.H. 1.014
Zhang, B. 1.046
Zhang, F. 2.001
Zhang, G. 3.156
Zhang, H. 1.150, 3.221, 3.293, 3.342
Zhang, K. 1.023
Zhang, L. 3.352
Zhang, Q. 3.157, 3.172
Zhang, S. 3.139, 3.284
Zhang, W. 1.337, 3.058
Zhang, W.B. 3.222
Zhang, X. 3.211
Zhang, Y. 3.230
Zhao, J. 3.031
Zhao, M. 1.024
Zhou, C. 1.017, 1.025, 3.029
Zhou, F. 3.009, 3.013
Zhou, J. 3.157, 3.172, 3.235
Zhu, J. 1.292, 1.330
Zhu, M. 3.222
Ziburkus, J. 1.050
Zielinski, D. 3.097
Zijlmans, M. 1.077, 1.107, 2.063
Zimin, L.G. 2.321
Zimmerman, M.B. 3.238
Zimmerman, R.S. 1.212
Zimmermann, M. 2.107
Ziobro, J.M. 1.047
Zitron, I. 3.173
Zolkowska, D. 3.051
Zorzetto, D. 3.289
Zou, G. 3.325
Zsurka, G. 3.299
Zubera, A. 2.263
Zuberi, S.M. 1.156
Zummo, J. 2.153
Zurolo, E. 1.027
- CAMELICE Authors**
Alcantara-Gonzalez, D. 3.367
Alonso Vanegas, M. 3.376
Alonso, M. 3.386
Alvarez-Alamilla, J. 3.369
Arellano Montellano, E.I. 3.370
Arrazola-Cortez, E. 3.375
Avalos-Plata, R. 3.383
Avecilla-Ramírez, G. N. 3.382
Barragan Perez, E. 3.370, 3.377
Barrera-Reséndiz, J. E. 3.382
Berenguer-Sánchez, M.J. 3.371, 3.372, 3.376
Campos Villarreal, O. 3.376
Cejudo-Tejeda, M.A. 3.379
Chávez, L., 3.368
Colin-Ramírez, E. 3.384
Conde, R. 3.384
Corsi-Cabrera, M. 3.369
Cuellar Herrera, M. 3.368
del Río, I. 3.369
Díaz-Torres, M.A. 3.373
Domínguez Herz, C.R. 3.374
Espinoza-López, D.A. 3.381
Esañol, B. 3.372, 3.376
Esañol-Vidal B. 3.371
Fernández-Aguilar, M. 3.373
Fernández-Bouzas, A. 3.382
Florán, B. 3.367
García, B. 3.374
García, C. 3.374
García-Briseño, A. 3.383
García-Ramos G. 3.371, 3.372, 3.376
González Orizaga, I. M. 3.376
González-Fernández N. 3.379
González-Gómez, R. 3.375
Guevara-Guzmán R. 3.379
Gutiérrez-Manjarrez F.A. 3.371, 3.372, 3.376
Harmony, T. 3.382
Hernandez Hernandez, M. 3.377
Herrera-Mora, P. 3.383
Jiménez-Domínguez, E.O. 3.381
Juárez-Martínez, E. 3.375
Maldonado-Torres, G. 3.375
Marcos Ortega, J. 3.380
María Núñez, J. 3.380
Marquez Chuquimia, C.S. 3.377
Martínez de la Escalera, D. 3.382
Martínez-Juárez, I.E. 3.373, 3.381
Mendez-Quintal C. 3.379
Montes De Oca, M. 3.380
Montes Lahuerta, C.A. 3.378
Morán-Molina, S. 3.373
Moreno-Araujo U.R. 3.379
Moreno-Avellán, A. 3.381
Nuche, A. 3.384
Nuche-Bricaire, A. 3.380
Núñez, J., 3.368, 3.384, 3.385
Núñez-de la Vega, J.M. 3.379
Núñez-Orozco, L. 3.375
Orozco, S., 3.368, 3.386
Ortiz, R. 3.374
Paz, C. 3.374
Piquet-Uscanga, Y.O. 3.381
Plascencia-Alvarez, N. 3.375
Porras-Katz, E. 3.382
Ricardo-Garcell, J. 3.382
Rocha, L. 3.367, 3.368, 3.386
Ruiz-García, M. 3.383
Sandoval-Pacheco, R. 3.383
Sentíes-Madrid, H. 3.371, 3.372, 3.376
Severiano-Pérez P. 3.379
Soto Cabrera, E. 3.376
Soto, F. 3.374
Teyes, N. 3.374
Trejo, D. 3.380
Trejo-Martínez, D. 3.369, 3.384
Valencia-Solís, E. 3.382
Vazquez, D. 3.380, 3.385
Velasco, A. L. 3.368, 3.369, 3.379, 3.384, 3.385
Velasco, F. 3.368, 3.384, 3.385
Velasco-Monroy, A.L. 3.380
Villeda Hernandez, J. 3.386
Zavala Ferrer, F. 3.376

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Special thanks to...

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- ILAE Symposium
- PEC Symposium
- National EpiFellows Awards
- Exhibit



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- President's Reception
- Nurse Awards
- Young Investigator Awards
- Scientific Exhibit
- Exhibit



THE EPILEPSY COMPANY™

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- Exhibit



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- Scientific Exhibit (All Day)
- Special Interest Group (2)
- Exhibit
- Lunch in Exhibit Hall (Saturday)



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- Scientific Exhibit
- Special Interest Group (2) Exhibit
- Product Training Pavilion

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AES 64th Annual Meeting

The American Epilepsy Society (AES) is one of 98 Chapters of the International League Against Epilepsy (ILAE). The Annual Meeting of the American Epilepsy Society is the largest meeting and exhibition in the world of those who share the common scientific and clinical interests of epilepsy and clinical neurophysiology. Each year close to 4,000 attendees gather who are dedicated to improving the quality of life for those afflicted with epilepsy. This meeting is the top forum to examine common concerns and to gain insight from leading authorities.

Mission Statement

The American Epilepsy Society promotes research and education for professionals dedicated to the prevention, treatment and cure of epilepsy.

Target Audience

Basic / fundamentals: Those new to epilepsy treatment or whose background is limited, e.g. students, residents, general physicians, general neurologists and neurosurgeons, other professionals in epilepsy care, administrators.

Intermediate: Epilepsy fellows, epileptologists, epilepsy neurosurgeons, "mid-level" providers with experience in epilepsy care (e.g., advanced practice nurses, nurses, physician assistants), neuropsychologists, psychiatrists, basic and translational researchers.

Advanced: Symposium will address highly technical or complex topics (e.g., neurophysiology, advanced imaging techniques, advanced treatment modalities including surgery).

Policy on Commercial Support and Conflict of Interest

The American Epilepsy Society maintains a policy on the use of commercial support, which ensures that all educational activities sponsored by the AES provide in-depth presentations that are fair, balanced, independent and scientifically rigorous. All faculty, planning committee members, editors, managers and other individuals who are in a position to control content are required to disclose any relevant relationships with any commercial interests related to the activity. The existence of these interests or relationships is not viewed as implying bias or decreasing the value of the presentations. All educational materials are reviewed for fair balance, scientific objectivity and levels of evidence. Faculty disclosure will be made available through syllabus materials and faculty presentations.

Disclosure of Unlabeled / Unapproved Uses

This educational program may include references to the use of products for indications not approved by the FDA. These discussions are noted on the faculty's disclosure forms as well as during their presentations. Opinions expressed with regard to unapproved uses of products are solely those of the faculty and are not endorsed by the American Epilepsy Society or any other manufacturers of pharmaceuticals.

Abstracts

Abstracts from the 2010 Annual Meeting are available on the AES website.

Accreditation

The American Epilepsy Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to offer continuing medical education for physicians.

Insurance, Liabilities

The American Epilepsy Society cannot be held responsible for any personal injury, loss, damage, accident to private property or additional expenses incurred as a result of delays or changes in air, rail, sea, road, or other services, strikes, sickness, weather, acts of terrorism and any other cause. All participants are encouraged to make their own arrangements for health and travel insurance.

Credit Designation

Selected AES programs are approved for continuing education units (CEUs). Pharmacists will be required to complete evaluations for each program attended.

Physicians: The American Epilepsy Society designates this educational activity for a maximum of 34.5 *AMA PRA Category 1 Credits*[™]. Physicians should only claim credits commensurate with the extent of their participation in the activity.

Nurses: Continuing education credit will be provided through physician CME credit. Some state nursing boards accept physician CMEs. For specific questions, contact your state board of nursing. Nursing CE credit is available for the Professionals in Epilepsy Care symposium and the Fundamentals Symposium. To successfully complete either program and receive 2.5 Nursing Contact Hours, please complete and return the paper evaluation form to the volunteers at the door or the main registration desk at the conclusion of the program. You will receive your CE certificate in exchange for a completed form.



Pharmacists: The University of Minnesota, College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

These knowledge-based activities provide up to 27.5 contact hours (2.75 CEUs). Following attendance, completion of the activity evaluation and verification of attendance, participants will be provided an electronic statement of credit.

International Credits: The American Medical Association has determined that non-U.S. licensed physicians who participate in this CME activity are eligible for *AMA PRA Category 1 Credit*[™].

CME Certificates and Medical Education Evaluator[®]

The Medical Education Evaluator[®] allows attendees to self-manage the process of completing course evaluations, tracking credits and printing out the appropriate certificate for either *AMA PRA Category 1 Credits*[™], CE or ACPE pharmacy statement of credits.

Log on to the Evaluator via the AES website. Once you are on the Evaluator, you will be asked to enter your AES ID # and password. The certificate(s) are saved to your personal account page which is cumulative. You may print the certificate(s) in PDF format at any time.

To help support this process, attendees who want CME will be asked to pay \$35 before January 15 and \$50 after January 15.

The online Evaluator will be left open through February 28, 2011, so you must complete the evaluations and credit tracking by that date.

By completing this information online, attendees greatly assist the Council on Education and Annual Meeting Committee with important needs assessment data whereby the AES can further plan and address educational gaps to meet the needs of our learners.

A meeting attendance certificate will be available for international meeting attendees at the registration desk.

Syllabus

Syllabi for the educational symposia are available on the AES website and are available to print. Paper handouts will not be provided.

Audience Response System

AES will be utilizing the Audience Response System (ARS) in the sessions noted below. A limited number of keypads will be available to attendees. Faculty members will have an ARS question as part of their presentation with a multiple-choice answer. The ARS will allow for interactive audience participation and well as real time, immediate feedback to enhance the learning environment and ensure that we are meeting the learning objectives set forth for each symposium.

| | | |
|----------------------|---------------------------------------|-----------------------|
| Saturday, December 4 | Presidential Symposium | 1:45 p.m. - 4:15 p.m. |
| | Antiepileptic Therapy Symposium (AET) | 5:30 p.m. - 7:15 p.m. |
| Sunday, December 5 | Annual Course | 8:45 a.m. - 5:15 p.m. |
| Monday, December 6 | Merritt-Putnam Symposium | 9:00 a.m.- Noon |

Commercial Exhibits (page 69)

The Exhibit Hall is an integral part of the learning experience. Attendees will have an ideal opportunity to learn about the latest in pharmaceuticals, publications, scientific equipment, and technology relevant to the fields of epilepsy and neurophysiology. Please check the AES website for an updated listing of exhibiting companies and organizations. To ensure safety and security, no children, strollers, carriages, wheeled luggage or wheeled briefcases will be allowed in the Exhibit Hall during exhibit hours.

| | |
|----------------------------|------------------------|
| Saturday, December 4 | 11:30 a.m. - 6:00 p.m. |
| Sunday, December 5 | 11:00 a.m. - 6:00 p.m. |
| Monday, December 6 | 11:00 a.m. - 4:00 p.m. |

Scientific Exhibits (page 22)

The American Epilepsy Society has adopted and approved guidelines for industry-sponsored scientific exhibits at the Annual Meeting. Scientific Exhibits differ from traditional poster presentations in that a broad range of material can be presented as a collection of topics, such as results of various clinical trials, or a thematic presentation of one aspect of drug development. Scientific Exhibits will be displayed on two days, Sunday, December 5 and Monday, December 6.

Cyber Café (page 14)

Convention Center – Hall A, Street Level

The Cyber Café will be available at the Convention Center during Exhibit Hall hours with e-mail and Internet access. You will also be able to complete the course evaluations and obtain your CME certificate online via the Cyber Café.

Language

The official language of the Annual Meeting is English. No simultaneous translation is available.

Photography and Recording of Programs

The American Epilepsy Society strictly prohibits all photography (flash, digital, or otherwise), audio and/or videotaping during the Annual Meeting. Equipment will be confiscated. Photographs taken during this meeting by the AES may be used in any of the Society's communications and materials in the furtherance of the organization's goals and purposes.

Press Room

Convention Center – Room 101B, Street Level

The American Epilepsy Society Press Room offers press releases, biographies, fact sheets, scientific abstracts, and other resources for journalists reporting on epilepsy study reports and educational presentations at this meeting. The AES staffs the on-site Press Room and works with journalists to develop stories, connect with experts and presenters, and research facts and information. Sponsors and exhibitors are encouraged to submit relevant press releases and media kits for on-site Press Room display and distribution. For more information, contact Peter Van Haverbeke at pvanhaverbeke@aesnet.org.

There will be a press briefing held on Monday, December 6 at 11:00 a.m.

In addition, there will be mini press briefings in the Press Room through out the meeting.

| | |
|----------------------------|-----------------------|
| Friday, December 3 | 7:30 a.m. - 7:00 p.m. |
| Saturday, December 4 | 7:30 a.m. - 6:00 p.m. |
| Sunday, December 5 | 7:30 a.m. - 6:00 p.m. |
| Monday, December 6 | 7:30 a.m. - 6:00 p.m. |
| Tuesday, December 7 | 7:30 a.m. - 3:00 p.m. |

Program Changes

AES can not assume liability for any changes in the program due to external or unforeseen circumstances.

Hotel Information

Early Departure Policy

Guests who check out of the hotel prior to their scheduled departure date will be charged a penalty of one night's room rate and tax.

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Hilton Palacio Del Rio

200 South Alamo Street, San Antonio, Texas 78205
Telephone: 210.222.1400

La Quinta Inn Convention Center Hotel

303 Blum Street, San Antonio, TX 78205
Telephone: 210.222.9181

Meeting Location

Henry B. Gonzalez Convention Center

200 E. Market Street, San Antonio, TX 78205

Business Center – The UPS Store

A full-service business center is located on the Street Level of the Convention Center. For more information please call 210.258.8950 or e-mail: store4180@theupsstore.com.

No Smoking Policy

For the comfort and health of all attendees, smoking is not permitted at any AES functions. This includes educational sessions, meetings and all food functions. Both the Convention Center and Marriott are 100% smoke-free facilities.

Meeting Attire

AES promotes casual business attire for the duration of the Annual Meeting. Consider bringing a light jacket or sweater to Annual Meeting activities since meeting room temperatures and personal comfort levels vary.

Information for International Travelers

Consulates and Embassies

All international embassies from other countries to the United States are located in Washington, D.C. There are a number of international embassy branch offices, called consulates, located in Texas. If your country does not have a consulate in Texas, call directory information in Washington, D.C. (phone: 202.555.1212) for the number of your national embassy.

Gratuities

Gratuities are not automatically added to the bill, except in some cases for large groups. Waiters and waitresses are usually given 15% to 20% of the bill. Taxi drivers usually receive 15% of the fare and doormen, skycaps and porters are normally tipped \$1 per bag.

Show Us Your Badge

Present your Annual Meeting badge at participating establishments while in San Antonio, including the airport, and receive a discount or free offer. Pick up a "Show Us Your Badge" booklet at registration for a complete listing of participating restaurants and nightlife establishments.

Registration & Security

The American Epilepsy Society is committed to providing a secure meeting environment. A formal security plan is in place with the Security Department at the Convention Center. All meeting attendees will be required to produce government-issued photo identification prior to receiving their badge and registration materials. Appropriate badges must be worn at all times while in attendance at the meeting and are required for admittance to all meeting activities. Special security procedures are also in place for exhibition materials and all deliveries to the AES meeting.

Safety and Security Information

First Aid Station

Outside Entrance to Ballroom A - AES Registration

The following security measures have been designed to further enhance your personal and professional safety.

- Pick up any Convention Center house phone located in the facility and dial 210.207.7773. In addition, there are phones located throughout the facility that will connect you directly to the security department. Uniformed Convention Center employees have radios and are ready to assist you. Advise the dispatcher of the exact location within the Convention Center.
- We respectfully request that you do NOT call 911 directly.
- An EMT will be on duty in the Convention Center throughout the meeting.
- A government-issued photo identification is required to receive a badge and to replace a lost badge.
- Convention Center Security may randomly check packages and bags at the Convention Center entrances, meeting rooms and in the Exhibit Hall.
- You will be asked to always clearly display your name badge and to use only approved entrances and exits to the Convention Center.
- Appropriate badges will be required to enter all educational sessions, Poster Sessions, the Exhibit Hall and meetings. Due to safety and fire regulations, doors will be closed to all session rooms that fill to capacity.
- Throughout the meeting, you will notice a presence of security staff to monitor the safety of all participants.
- Do not leave unattended packages (i.e., briefcases, laptops, purses, etc.) in any area of the Convention Center or hotel.
- Please report any suspicious activity to security staff or to the AES registration desk staff.

General Safety Tips

- Remove your badge once you leave the meeting facilities.
- Carry important telephone numbers with you.
- Do not display or carry large amounts of cash.
- Walk in groups, especially at night.
- Lock your hotel room door.
- Always verify hotel room repair or service calls.
- Do not disclose your room number to anyone.
- Never give your personal information (credit card, room number, etc.) over the phone; instead, go to the front desk if the hotel calls with questions.

Contact Information

American Epilepsy Society Phone: 860.586.7505
 342 North Main Street Meeting Fax: 860.586.7550
 West Hartford, CT 06117-2507 E-mail: info@aesnet.org
 Website: www.AESNET.org

Join AES

The American Epilepsy Society invites you to join one of the oldest neurological professional organizations in the United States. The AES seeks to promote interdisciplinary communications, scientific investigation, and exchange of clinical information about epilepsy. Members include clinicians, scientists, and other professionals interested in seizure disorders, representing both pediatric and adult aspects of epilepsy.

AES members receive benefits that include: discounted fees for subscriptions to scientific journals and discounted registration to the AES Annual Meeting; opportunities to apply for funding your research, participate in the Society through committee membership, and network with national and international colleagues.

Membership and Registration Rates – To qualify for member rates on-site:

Membership Renewal – Current members
 Dues must have been renewed and paid in full by **Friday, October 29, 2010, 11:59 p.m. ET** to have qualified for the discounted member registration rate.

Membership Application – New members
 Membership application, sponsor statement, and payment must have been received by **Friday, October 29, 2010, 11:59 p.m. ET** to have qualified for the discounted member registration rate.

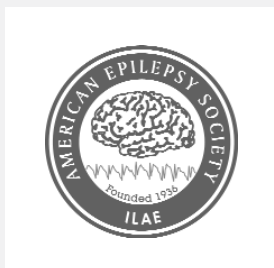
Speaker Ready Room and Photos

Location: *Convention Center – Room 101A, Street Level*

Speakers need to have photos taken for repurposing of symposia on the AES website. All faculty PowerPoint presentations have already been uploaded through the AES Faculty Development Room. All speakers must stop by to reconfirm their presentation with an audio visual technician.

Friday, December 3 8:00 a.m. - 6:00 p.m.
Saturday, December 4 8:00 a.m. - 6:00 p.m.
Sunday, December 5 8:00 a.m. - 6:00 p.m.
Monday, December 6 8:00 a.m. - 6:00 p.m.
Tuesday, December 7 8:00 a.m. - 11:00 a.m.

3RD BIENNIAL NORTH AMERICAN REGIONAL EPILEPSY CONGRESS PARTICIPANTS





2011

AMERICAN EPILEPSY SOCIETY

65TH ANNUAL MEETING

BALTIMORE, MD

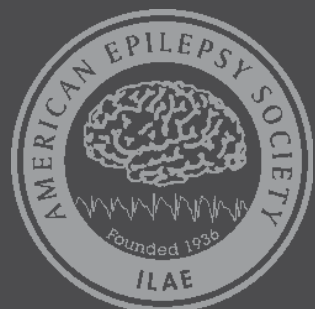
BALTIMORE CONVENTION CENTER

December 2 - 6, 2011

MEETING HIGHLIGHTS

- CME Symposia and Lectures
- Platform Sessions
- Poster Sessions
- Commercial Exhibits
- Special Interest Group Meetings

Future Annual Meeting Dates



2012
San Diego, CA
San Diego Convention Center
November 30 - December 4

2013
Washington, D.C.
Washington Convention Center
December 6 - 10

2014
Seattle, WA
Washington State Convention and
Trade Center
December 5 - 9

2015
Philadelphia, PA
Pennsylvania Convention Center
December 4 - 8

2016
Houston, TX
George R. Brown Convention Center
December 2 - 6



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