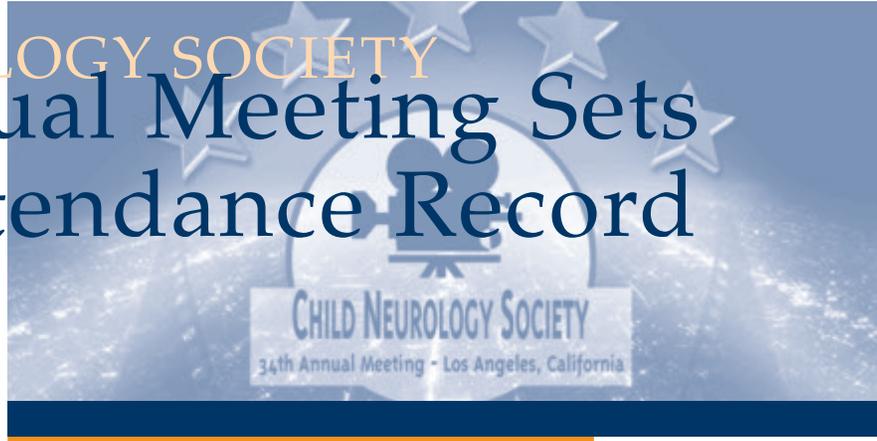


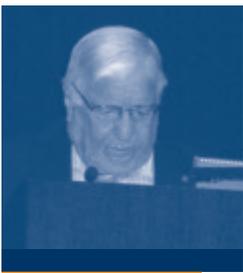


NEWSLETTER

CHILD NEUROLOGY SOCIETY 34th Annual Meeting Sets New Attendance Record



All photos by Ada Hegion



Arnold Gold addresses the assembled CNS members who have just honored him with the Society's Lifetime Achievement Award. Also receiving the award, in absentia, was Robert Eiben.

The CNS 34th Annual Meeting drew a record-smashing 827 attendees to Los Angeles this past fall. Highlighting the meeting were outstanding award lectures delivered by O. Carter Snead (Sachs), Alan Percy (Hower), and Mustafa Sahin (Young Investigator Award). CNS Lifetime Achievement Awards were given to Arnold Gold and Robert Eiben. The Wednesday

NIH/CNS symposium organized by Bernie Maria—this year's topic was Tourette's Syndrome—drew its usual "sell-out" crowd and rave reviews. Other sessions earning high marks included symposia on Structural Brain Imaging, organized by Jeff Neil and Cortical Plasticity, organized by Scientific Program Chair, Barry Kosofsky. Standout breakfast sessions included Suresh Kotagal's on Pediatric Sleep Disorders, Adeline Vanderver and Sakku



2005-06 CNS Executive Committee: Seated (L-R): Nina Schor, Ann Tilton, Jim Bale. Standing (L-R): Donna Ferriero, Leon Dure, Ken Mack, Laura Ment.



ACNN President, Cathy Ascher presents Debbie Terry with the 2005 ACNN Award for Excellence. Ms. Terry was nominated by CNS member, Warren Lo, MD. See Nomination information, page 12, for 2006 award.

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CHILD NEUROLOGY SOCIETY

From the President



Ann Tilton, MD
CNS President

A Full Agenda for the Year Ahead

I hope everyone had a wonderful holiday season. The bad news is the holidays are over. The good news is we can formulate resolutions for 2006. For those of us from New Orleans, 2005 was a bit too memorable and will be easy to beat.

In the two years I have to serve you as president, I hope to meet and set realistic short and long term goals for our Society. I am very fortunate to be able to draw on the extraordinary vision of some (though certainly not all) of the thought leaders in child neurology gathered at the December 3 joint CNS/CNF board retreat. A number of topics were discussed in depth during the all-day meeting, including the internal working of the Society and Foundation, workforce and education issues, and the role of child neurologist in the larger medical and public, or lay, community.

A key issue taken up at the retreat involved the structural relationship between the Child Neurology Society and the Child Neurology Foundation. The consensus viewpoint was that the CNF should move back in the direction of being a sub-organization of the CNS that serves the mission of the CNS through the limited function of fund-raising. A task force will be appointed to decide what formal action is needed to implement this change. Eliminating the redundancy of activities and confused identities presented to outside organizations, as well as our membership, will give added strength to the

common voice needed to address the myriad internal and external issues confronting child neurology in a rapidly changing and deeply challenging public health environment.

The overall health of a professional association is often best reflected in its annual meeting. Seen from that perspective, the CNS is in excellent health, with the 34th Annual CNS Meeting in Los Angeles continuing the trend of robust growth with a record attendance of 827. Special thanks are due the many members who took the time to very thoughtfully reflect upon their experience at this and past CNS meetings, offering a wealth of suggestions for how we might better serve their CME needs in the future. While not all suggestions can be incorporated at once, we will make every effort, beginning in 2006, to substantively respond to the needs and concerns around which a rough consensus for improvement has emerged. A key focus in our approach to this year's meeting will be to provide translational information integrating both the basic science as well as the clinical arm. Our hope is that this will afford individuals, regardless of their specific area of interest, significant value and meaningful application to their direct care of children.

Work force issues have become a lead agenda item at CNS Executive Committee meetings in recent years. Institutional recognition of contributions made by our subspecialty and appropriate reimbursement for the high level of work provided is critically important for the continued growth and viability of our field.



EDITOR

John Bodensteiner, MD

MANAGING EDITORS

Mary Currey
Roger Larson

CORRESPONDENCE

Child Neurology Society
1000 West Cty Rd. E, Suite 290
St. Paul, MN 55126
Tel: 651/486-9447 ■ Fax: 651/486-9436
nationaloffice@childneurologysociety.org
www.childneurologysociety.org

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Under the direction of Past-President, Jim Bale, funds derived from two HRSA grants have been used to develop surveys of pediatricians and families of patients to further define the scope and nature of the national shortage of child neurologists. It is hoped that data from these surveys will substantiate and amplify data from previous workforce surveys commissioned by the CNS of pediatric neurologists. Data from these surveys will then be used in lobbying efforts aimed at developing policy initiatives addressing the workforce shortage and related patient access issues.

Finally, I would like to make one important request. I am very interested in involving more members of the CNS in the work of its various committees. Work done by these committees is vitally important to the future wellbeing of the Society and subspecialty for

which it speaks. If you or someone you know is interested in becoming more active in the Society please let me know.

Again, I want to thank everyone for allowing me to represent the Child Neurology Society as President. I consider it an honor and a privilege. I hope to be responsive to the needs of the members and in so doing, help move the Society in directions that will positively impact our chosen profession well beyond my two-year tenure.

I look forward to hearing your thoughts and comments.

Sincerely,



Ann H. Tilton, MD

34TH ANNUAL MEETING Draws Record Crowd

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Agnes Bartha presents her paper, "Comparison of anticonvulsant treatment practices of neonatal seizures in tertiary NICU" at the Moderated Poster Session on Epilepsy.

Naidu's Update on Leukodystrophies, and "Hot Topics in Neonatal Neurology," organized by Donna Ferriero and Faye Silverstein. Standout speakers based on cumulative CME survey scores include John Walkup, Harvey Singer, James Barkovich and Jon Mink. PowerPoint presentations from many of these talks are available on the CNS website.

The feedback received this year from the on-line CME survey was tremendous—rich in detail, insight, and imagination—and will provide a solid basis for the Society's Scientific Program Committee and Executive Committee to better appreciate and address the changing needs and interests of the membership.



Electronic Communications Committee Chair, Jin Hahn establishes a direct link with outgoing CNS President, Jim Bale.



Jobs well done: O. Carter Snead is greeted by Suresh Kotagal. Dr. Snead's Sachs Award Lecture and Dr. Kotagal's Breakfast Seminar on Sleep Disorders were among the highlights of the CNS Annual Meeting based on post-meeting survey data.



Brian Rogers (L), who as past SDP President was instrumental in negotiating the SDP-CNS merger, congratulates Marjorie Garvey following her talk on motor control, while Max Wiznitzer waits in the wings.

All photos by Ada Hegion

AWARDS COMMITTEE

2006 Philip R. Dodge Young Investigator Award

The Child Neurology Society announces an award for basic or clinical research by promising young investigators who are members of the Society. Applications will be judged on the basis of originality, scientific merit, succinctness and relevance. The recipient of the award will receive a grant-in-aid of \$20,000, funded by the Child Neurology Foundation, and will be invited to present their work at the 35th Annual Meeting of the Child Neurology Society, October 18-21, 2006 in Pittsburgh, PA.

Eligibility Criteria

1. The applicant completed a pediatric neurology residency on or after June 30, 2001.
2. The scientific work is mainly the result of the applicant's efforts.
3. The applicant is a Junior or Active member of the CNS.
3. Submit a curriculum vitae of no more than two pages and two letters of recommendation from the director of the applicant's pediatric neurology training program and his/her scientific advisor. These letters should include a statement of the applicant's eligibility for this award and document the willingness of the institution to accept the award without indirect costs. A third optional letter of recommendation may be included.
4. Applications that do not adhere to the above page limits may be returned without review.
5. The application must be received on or before March 11, 2006.
6. The applicant will be informed of the committee's decision by May 21, 2006. The recipient of the award will be expected to deliver a formal twenty-minute presentation to the CNS membership at the 35th Annual Meeting.

Procedure

1. Submit twelve copies of a double-spaced research proposal to the Executive Director of the CNS. Prepare the proposal with the following format and page limitations:

Specific aims	1 page
Work by others	2 pages
Work by investigator	3 pages
Research plan	4 pages
References	2 pages
2. A single, optional manuscript may be included in an appendix. The committee will be impressed with clarity of expression and succinctness of style. Application material will not be returned.
7. A research abstract may be separately submitted to the Scientific Program Committee for review. Deadline for receipt of abstracts is April 4, 2006.
8. All correspondence should be sent to:

Mary Buttle Currey, CMP
Executive Director
Child Neurology Society
1000 West County Road E, Suite 290
St. Paul, MN 55126
Tel: 651-486-9447
nationaloffice@childneurologysociety.org

INTERNATIONAL AFFAIRS COMMITTEE

Bernard D'Souza International Fellowship Award

The Child Neurology Society is now accepting applications for the 2006 Bernard D'Souza International Fellowship Award, which will sponsor all expenses for a child neurologist from a developing country to attend the 35th Annual Meeting of the CNS to be held in Pittsburgh, PA, October 18-21, 2006. This will be preceded, or followed, by a visit to a selected training program in North America. The purpose of the award is to promote child neurology in developing countries.

Applicants must have trained in a developing country, should be practicing child neurology in an academic environment in a developing

country and should be prepared to present a scientific paper in English. Preference will be shown to applicants less than age 45 years.

The deadline for receipt of applications for the award is May 1, 2006. The application and complete selection criteria can be obtained by contacting:

Elizabeth Berry-Kravis, MD, PhD
Chair, International Affairs Committee
Child Neurology Society
Rush Presbyterian-St. Lukes Medical Center
Ste #716-1725 W Harrison
Chicago, IL 60016
Elizabeth_M_Berry-Kravis@rush.edu

Child Neurology Society International Visiting Professor Award

Applications are now being accepted for the 2006 International Visiting Professor Award for the Child Neurology Society (CNS).

The Objective of the award is to promote the discipline of child neurology in countries in which the existence of a child neurology sub-specialty is just beginning to emerge. Applications should come from active members of the CNS. Qualifications for the award should include:

- Practicing child neurology in an academic environment
- An established academic clinical reputation, as judged by the members of the CNS International Affairs Committee
- An area of clinical or academic expertise which would be of benefit to the host institution

- An ability and willingness to accommodate to the culture and conditions of the host country

The CNS will provide \$2,000.00 to defray travel expenses. Lodging expenses will be covered by the local authorities.

There are different avenues for selection of the host country. Applicants may arrange this, with the approval of the committee, or the committee can arrange a venue that the awardee finds suitable.

The deadline for receipt of applications is March 15, 2006. For further details please contact:

Elizabeth Berry-Kravis, MD, PhD
Chair, International Affairs Committee
Child Neurology Society
Rush Presbyterian-St. Lukes Medical Center
Ste #718-1725 W Harrison
Chicago, IL 60016
Elizabeth_M_Berry-Kravis@rush.edu

LEGISLATIVE AFFAIRS COMMITTEE

2005: The Year in Review

SUBMITTED BY BENNETT LAVENSTEIN, MD

The CNS Legislative Affairs Committee (LAC) has been active on a number of fronts in the past year, working with the expert guidance of our lobbyist, Judi Buckalew, representing the Washington, DC firm of Powers, Pyles, Sutter and Verville. This review will outline areas of legislative activity in which we have been engaged and also point to priorities and initiatives for the future. The appropriations funding for the CNS/HRSA workforce study obtained \$50,000 in earmarked federal funds in the FY 2005 Labor Health and Human Services and Education Bill as a result of the assistance of Senator Norm Coleman (R MN). This makes available \$75,000 through HRSA to the CNS to develop web-based tools to survey CNS members and formulate strategies for addressing critical needs in child neurology. We are working closely with Senator Coleman's office to obtain additional funds in the FY 2006 DHHS appropriation bill.

Physician workforce issues have become a focus for the Association of American Medical Colleges. The pendulum has swung, based upon new data that calls for an increase by 15% of medical students and recommendation for an additional 3,000 resident positions by 2015. The CNS had previously identified workforce issues as a priority and we have attended meetings of the AAMC regarding the workforce crisis involving many specialties and subspecialties. We will continue to work with the AAMC Center for Workforce Studies, HRSA and Congressional offices on these issues.

Universal Newborn Screening, a highly visible and important public health program, has been a focus of activity for the American Academy of Pediatrics through the Newborn Screening Task Force, HRSA, and the American College of Medical Genetics. The CNS has attended meetings in Washington held by the ACMG, AAP, HRSA and the CDC and issued public remarks within the 60-day comment period on ACMG recommendations. Noting that nearly all of the conditions to be screened in newborns are neurological, the LAC pushed hard for formal representation on the Advisory Committee. These efforts were rewarded on November 22 when the CNS was granted a seat on the committee.

Medicare Physician Payment issues centered around the sustainable growth rate (SGR), a method currently used to make Medicare payments for physician services that has been slated for a reduction totaling 26% over the next five years.

The AMA, medical specialty groups and others have been working actively to stem the tide and reverse this onerous payment plan. Representative Nancy Johnston (R-Conn) introduced legislation to repeal the SGR formula and this was accompanied by companion legislation introduced by Sen Jon Kyl (R-Arizona). Senate Finance Committee Chuck Grassly (R-Iowa) introduced legislation to protect physicians from the 4.6% Medicare cut, but linked this to a "pay for performance" (P4P) plan requiring Medicare to base payments to physicians based upon quality standards. This legislation will not be taken up this year but may be reintroduced next year. This is an area that has been associated with much debate and controversy, as you might imagine. None of these issues address the cutbacks in Medicaid funding that impact access to care and penalize the impoverished, cutbacks that have been recently recommended in House legislation aimed at reducing deficit spending. Information on physician payments and P4P can be tracked at www.ama-assn.org.

The Stop Stroke Act Reintroduction originally passed by the Senate in November in 2002 was not passed by the House last year. Support for the Paul Coverdale Stroke Registry has been strongly supported, and application to children with stroke has been emphasized. The Children's Health Act Reauthorization comes up for renewal. This act authorizes the NIH and CDC to establish Centers of Excellence and increases research funding for child development, organ transplantation, and rare diseases. The Healthy Start Medical Malpractice Reform was passed by the House of Representatives in July 2005. Known as the Health Act, a companion bill S.354 referred to the Senate HELP committee awaits action.

DHHS was slated for a 1 % decrease under President Bush's FY 2006 budget. NIH would receive a \$146 million increase, with more than 1/3 of the NIH increase slated for new and competing basic research project grants. NIH would fund 247 more new investigator-initiated RO 1 grants than were funded in 2005. NIH Reauthorization and reorganization has been proposed with the establishment of "trans research" approach coordinated by an advisory council and the enhancement of the

Continued on page seven

LEGISLATIVE AFFAIRS COMMITTEE

2005: The Year in Review

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authority of the NIH Director. The CNS participates in a number of coalitions monitoring the NIH Reauthorization legislation Introduced by Rep Joe Barton (R-Tx).

The CNS continues to monitor and support STEM Cell legislation; specifically, a bill introduced as HR 810 by Rep Castle fostering Stem Cell Research, which was accompanied by a companion bill in the Senate. The bill passed the House and has not passed the Senate.

Patient Safety Legislation was passed by both House and Senate; The Ronald Reagan Alzheimer's Breakthrough Act of 2005 attached to the Lifespan Respite Care Act has had multiple sponsors. Social Security Administration Revisions on Neurological Disability were discussed by the American Academy of Pediatrics; the CNS was invited by the AAP to play a role in this effort.

Looking forward, the initiatives and priorities include: FY 2006 Appropriation requests for CNS/HRSA Workforce Study, Medicare Physician Payment Issues (SGR Repeal and Pay 4 Performance), Newborn Screening, Medicaid Budget Reductions, NIH Funding (including grants), Stop Stroke Act and Medical Malpractice Reform.

It was suggested recently that reimbursement for nutrition services for children on the ketogenic diet should become an area of LAC advocacy and we are exploring the possibility that legislation might be drafted to address that issue. This of course requires a multi-organizational approach.

There are 9,000 earmarks that are at risk of being cut during the next markup of the appropriations bill; should that happen, we will work to evaluate other avenues to further our causes. Members of the LAC have played a significant role as expert advisors, advocates and spokespersons for many of the above issues. Many members are active nationally in areas that are close to our interests. Longtime CNS member, Dr Martina Bebin is a Robert Wood Johnson Fellow in Health Policy in Washington D.C. We can take special pride and wish our colleague, Dr Eileen Ouellette, best of success as she performs her role as President of the American Academy of Pediatrics. 2006 will be a demanding year for us, for American medicine and for Congress. We look forward to keeping you informed as the issues evolve.

CALL FOR PATIENTS:

A Genesis of the Corpus Callosum and Aicardi Syndrome: Genetics and Advanced Imaging Research

Elliott Sherr, MD, PhD, CNS member and PI of an ongoing research program at UCSF investigating Agenesis of the Corpus Callosum (ACC) and associated syndromes (including Aicardi syndrome) is seeking ACC patients ("we are particularly interested in **familial cases**") for his study.

The goals are: 1. Understand the genetics (using classical positional cloning approaches and CGH arrays (see *Neurology*, 2005; 65:1496) 2. Understand the anatomy using high-resolution diffusion tensor imaging (DTI) and 3. Approach the anatomy-behavior interface using functional methodologies (MEG & fMRI).

A more detailed description is available on the program website: (<http://www.ucsf.edu/brain/callosum/callosum.htm>).

Researchers interested in collaborating or referring a patient to the program are asked to contact Dr. Sherr at herre@neuropeds.ucsf.edu or 415-514-9306. Contact may also be made through the study coordinator, Mari Wakahiro, at wakahiro@neuropeds.ucsf.edu or 415-502-8039.

Contact info:
Elliott H. Sherr M.D. Ph.D., Department of Neurology
University of California, San Francisco
350 Parnassus Ave, Suite 609,
San Francisco, CA 94143-0137
sherre@neuropeds.ucsf.edu

SPOTLIGHT ON Special Interest Groups Neurogenetics SIG

SUBMITTED BY ANDREA GROPMAN, MD AND BILL DOBYNS, MD, PHD

The field of Neurogenetics is broad, and variably defined. The disorders/conditions under this umbrella could encompass many areas of interest for members of the Child Neurology Society including mental retardation (X-linked, autosomal, syndromic, nonsyndromic, due to chromosomal disorders), cortical malformations, inherited epilepsy syndromes, neurometabolic conditions/inborn errors of metabolism and neurodegenerative disorders, leukodystrophies, mitochondrial cytopathies, genetic muscle conditions, and neurocutaneous disorders. As child neurologists we are called on daily to evaluate children (and in some cases adults/parents) suffering from diseases affecting cognition, motor function and daily living.

Because of the composition of disorders represented by the Neurogenetics SIG will reflect the training, talents, research, and clinical interests of the members involved, and given the nature of Neurogenetics disorders, it is also to be assumed that the interests of the Neurogenetics SIG and its members will overlap with that of other SIGs, namely epilepsy, behavioral neurology, neuromuscular, stroke and neuroimaging, the latter a possible future SIG.

Activities of the Neurogenetics SIG

The first initiative of the SIGs was at the 2003 CNS meeting. At that time, a small group of members met to establish the goals and objectives of this SIG, which are summarized as follows:

1. To provide education as advances in the fields of molecular diagnosis, newborn screening and metabolic diagnostics impact clinical care and decision making. This could be accomplished in the form of meeting workshops, breakfasts, dinner sessions and CME courses sponsored by the CNS addressing a number of key clinical areas within the spectrum of neurogenetic disorders as well as nuts and bolts of basic genetics concepts. Additionally, this could take the form of announcement of meetings of interest to accomplish similar goals. The use of the CNS resources such as the website would enable inclusion of recent literature pertinent to the field, PDF files or power point presentations that may be shared with the membership and the CNS at large, and the establishment of a speaker's bureau for parent organizations. There remains the possibility of providing names and contacts for junior members and fellows who might be interested in pursuing training and/or mentoring in the field of Neurogenetics.
2. To establish a forum for clinical exchange and research collaborations between members of the CNS/Neurogenetics SIG. These collaborations could be intellectual (i.e. clinicians wishing to learn more about the work up and management of these disorders); for the purposes of scientific research (i.e. discovery of novel loci/genes, and pathways), and to advocate for increased awareness of the burden of suffering and importance of these disorders to establish funding mechanisms. The mechanisms could involve the following: A.) A listing of studies seeking subjects can be used, similar to that already promoted on the CNS listserv. B.) In addition, it would be possible to establish patient databases for the purposes of longitudinal assessments and gene discovery. C.) Use of the CNS resources to promote scholarly exchange in this matter.
3. Clinical testing guidelines. This aspect would serve to raise awareness about the availability of clinical laboratories providing services in the work up of Neurogenetics patients, as well as announce research testing availability. When appropriate, guidelines to the work up of patients presenting with a specific phenotype may be discussed.
4. To allow free exchange between investigators, a listserv specific to this SIG could also be established to discuss specific cases and management.

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SPOTLIGHT ON

SIGs: Neurogenetics

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5. Allocation of money, resources. Although not discussed in detail, this aspect could encompass the announcement of granting initiatives and other resources to foster collaborative research projects undertaken by the members of the SIG. This might include Rare Disorder Grants, RFAs, funding by disease organizations, as well as investigator initiated grants.

At the 2004 meeting, a number of individuals met to plan for the activities of the 2005 CNS meeting in L.A. in which a drug sponsored conference was held, the topic of which was cortical migration defects. The meeting was moderated by Drs. Bill Dobyns, Andrea Gropman, and Elliot Sherr. Notice was given prior to the meeting, and CNS members were invited to submit diagnostic dilemmas for discussion. The session was well attended, and several cases were presented which generated lively discussion.

Future Plans

Participation in this SIG has so far been limited, probably due to several factors including the heterogeneity of the disorders included in this SIG, overlap with other SIGs as noted above, overlapping activities at the CNS meeting, and time factors. This remains an important area expected to become more important in the coming years. The first focus to develop should be education of the CNS at large which can lead to scholarly activities such as the ascertainment of patients as research subjects, especially for less specific disorders such as pure mental retardation, mental retardation with epilepsy, agenesis of the corpus callosum, etc. Further efforts at recruiting members with interest in this SIG is also paramount.



CHILD NEUROLOGY SOCIETY

Call for Abstracts

35th Annual Meeting

October 18–21, 2006

David L. Lawrence Convention Center/
Westin Convention Center Hotel, Pittsburgh, PA

On-Line Submission Only — Submission process opens February 1, 2006

Submission Deadline: April 4, 2006

Abstract submissions will be accepted on-line at www.childneurologysociety.org
beginning February 1, 2006. Deadline for submission is April 4, 2006.

No paper submissions will be accepted.

For more information contact the CNS National Office at (651) 486-9447
or e-mail: nationaloffice@childneurologysociety.org

SPOTLIGHT ON Special Interest Groups

Neonatal Neurology SIG

SUBMITTED BY DONNA M. FERRIERO, MD AND FAYE SILVERSTEIN, MD

The Neonatal Neurology Interest Group has gathered since the inception of the interest groups three years ago. In 2002, the Neonatal Neurology interest group invited all pediatric neurologists with clinical and/or research interests in that area. We currently have over 70 members who have expressed interest via attendance and email participation.

Our goals initially were a bit diffuse but centered around a long-term goal to facilitate involvement of neurologists in on-going and future clinical research in neonatal neurology. At the first meeting, we discussed the possibilities of developing a data base of on-going clinical research projects that involve collaboration between neonatologists and neurologists, and discussed ways of increasing neurology participation in current multi-center clinical research projects, including the “Coolcap” hypothermia trial for neonatal encephalopathy, which is now completed and published. We also discussed priorities for future multi-center research projects and from that came our focus: neonatal seizures.

At our next meeting, in 2003, we formulated five broad questions related to the treatment of neonatal seizures. We recruited several individuals with relevant expertise and interest to serve as “idea leaders” for each of these themes. Faye Silverstein (University of Michigan) covered the query: “How should recent experimental data, generated primarily in neonatal rodents, about adverse effects of anti-convulsants (work of C. Ikonimidou and colleagues) and of seizures (work of Greg Holmes), influence clinical practice?”

Doug Nordli (Northwestern) addressed the question: “What is the range of practice in US/elsewhere, with respect to medication selection and dosing (acute/chronic), role of EEG monitoring, and treatment of “sub-clinical seizures?”

Yvonne Wu (UCSF) then spoke to: “What are the most effective strategies for accumulating “evidence-based” data to improve treatment of neonatal seizures?”

This was followed by a discussion by Mike Painter (University of Pittsburgh) answering the question “How should new medications be tested in neonates? What are the ethical issues that must be considered in clinical trials in neurologically compromised neonates? What is the best practice for doing such trials?”

Terrie Inder (now at Washington University St. Louis) spoke in relation to the question “What is the role of “CFM’s” (cortical function monitors) in the diagnosis and treatment of neonatal seizures?”

At our meeting in Ottawa in 2004, we decided to familiarize ourselves with the last question in more detail and we had presentations from industry in regard to two CFM instruments- the BRAINZ and the Olympic CFM 6000.

Armed with that information, we applied for the CNS/CNF Multicenter Clinical Trials Grant and was awarded it in 2005. We chose to use the meeting in LA to reiterate the specific aims of that grant for the group and review what else was happening in the country and elsewhere in regard to neonatal seizure therapy.

The grant is titled “Towards the establishment of a multi-center, multi-national research network for neonatal seizures”. First, the study aims to develop an international network of neonatal neurology experts to establish standardized diagnostic criteria for neonatal seizures, and to develop data collection forms and data analysis strategies in anticipation of designing randomized controlled clinical trial applications for future submission to funding agencies.

INTEREST GROUP

SIGs: Neonatal Neurology

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Then, at a limited number of centers, the study aims to assess the accuracy of the currently available aEEG tools mentioned above compared to conventional EEG, i.e. to ascertain whether the aEEG tools can identify most seizures detected with conventional EEG. The next steps are to define the exact inclusion and exclusion criteria for enrollment in the study.

Several other participants also gave brief presentations at the meeting. Jeff Neil (Washington University St. Louis) relayed Terrie Inder's comments as well as his own.

- The Vermont Oxford Network has a 20-page-long questionnaire that contains clinical data in regards to diagnosis, treatment and follow-up of neonatal diseases from 23 sites so far, which makes this network the largest NICU database in the US. The network is currently recruiting new centers. Jeff Neil will circulate the questionnaire among the members of this SIG to facilitate the design of future multi-center studies
- Dr. Robert Clancy has an ongoing trial of anticonvulsant treatment in neonates with congenital heart disease.
- The BRAINZ company has partnered with a new venture capital firm and may be able to provide online aEEG training.
- Washington University St. Louis has a large set of analysis of 16-channel full EEG readings compressed into 2-channel aEEG readings that they will be sharing soon. In addition, they have increased the number of premature newborns imaged with 3T MRI.
- Richard Haas (UCSD) talked about a trial comparing iv. Keppra with Phenobarbital in neonates with seizures and/or with HIE at risk for seizures. The iv. Keppra will most likely be available in January 2006. This factorial design study utilizes various EEG and aEEG tools to monitor the neonates for electrographic seizures and will assess outcome at 18 months of age.
- There is also a UCB Pharma proposal that will study pharmacokinetics of levitiracetam in 24 term neonates with a dose of 20 mg/kg up to 40 mg/kg given for 2 weeks.
- Mark Scher (Case Western University) called our attention to the PPRU (Pediatric Pharmacologic Research Unit) network funded by the NICHD that currently has 13-15 centers in the US. This network could serve as a potential resource to tap into when thinking about multi-center neonatal (or childhood) neurological- pharmacologic studies.
- Laura Ment (Yale University) reminded the group that one of the challenges to a multi-center study is to define outcome. According to Maureen Hack's data published in the NEJM recently, neurodevelopmental outcome assessed by the Bayley test at 18 months is NOT a good predictor of outcome at 8 years of age.
- Lidia Gabis (Safra Children's Hospital, Israel) discussed three ongoing studies of fetal neuroimaging. One assesses the additive value of prenatal MRI in the diagnosis and management of ventriculomegaly (VM) diagnosed by ultrasound. Another study examines the 6-9-year outcome of 200 children who were diagnosed with VM by prenatal ultrasound as compared to 200 age-matched controls. The outcome measures are to be defined. The third study addresses prenatal imaging methods of the vermis.
- Finally, Donna Ferriero (UCSF), emphasized the importance of long-term collaboration in creating standardized diagnostic criteria for neonatal seizures. Several members of this SIG will be present at the 2006 Pediatric Academic Societies' meeting in San Francisco in May 2006, and we will be meeting to define inclusion and exclusion criteria for this multi-center study.

For those interested in signing up we have set up a listserv for the NNIG and if you wish to join please contact Steve Leber (leber@umich.edu). To post messages on the list-server, the address is: nnig@umich.edu.