



NEWSLETTER

CHILD NEUROLOGY SOCIETY

35th Annual Meeting Update



Pittsburgh, PA

This year's 35th CNS Annual Meeting in Pittsburgh marks the beginning of a three year run utilizing the flexibility afforded by convention centers adjacent to the meeting hotel to accommodate the significant growth in attendance and program complexity since the 2002 meeting in Washington, DC. To ease the transition into this new MO, a hybrid approach, using both hotel and convention center meeting space, has been adopted which, in simple shorthand, looks like this:

Wednesday:

All sessions/functions in the Hotel

Thursday & Friday:

Morning sessions in the Hotel

Afternoon sessions in the Convention Center

- Includes CyberCafe, Exhibits, Posters, Symposia/Platform/Moderated Poster Sessions, Lunch and Coffee Breaks.

Evening sessions/functions in the Hotel

Saturday:

All sessions/functions in the Hotel

Once on-site, the meeting program book and printed update, as well as updates posted on-screen before and after each session, will guide attendees through the week. To get off on the right foot, however, attendees will want to note the following

■ Wednesday SMA Symposium:

The symposium is full; NO on-site registration will be available. Registration material for the NIH-sponsored SMA Symposium will be available for pre-registrants to pick-up beginning at 6:30 am Wednesday in the Allegheny Foyer located on Level 3 of the Hotel. Continental Breakfast will be served beginning at 6:30 am; opening remarks will commence at 7:30 am.

- The ACNN meets in the Westmoreland Room, 7:00 am – 5:05 pm.
- The PCN will meet 2:00 – 5:00 pm in the Cambria Room.

CME: Physicians intending to earn CME credit MUST complete the on-line survey on or before November 8, 2006. CME worksheets will be available to take notes as the meeting progresses to facilitate on-line entry of responses, but no hard copy will be accepted for final CME certification. Sorry—no exceptions or extensions will be granted.

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CHILD NEUROLOGY SOCIETY

From the President



Ann Tilton, MD
CNS President

Coming Home

I love the excitement and enthusiasm that seems to run through the jam-packed days of a CNS Annual Meeting. It's a feeling I get at no other meeting, a feeling of coming home. If home is that place where, ideally you feel most comfortable and valued, then it makes perfect sense that this annual gathering offers the 700 men and women who share a passionate interest in understanding and educating others about the developing nervous system a place to call their own.

Every year is different (no major hurricane this year—hooray!). But, the idea of the CNS meeting as a kind of homecoming—an all-class reunion drawing friends and colleagues together to celebrate a common calling rather than a common campus—remains the same. What marks this as special is the steady background hum of old friends chatting in between sessions, punctuated by the sudden sharp expressions of surprise and delight when members and their young (or maybe not-so-young) former trainees cross paths and quickly catch up on what's been going on in their lives, too busy, perhaps, to keep in touch during the year (ah, yes, there's that familiar shortage of child neurologists issue again). It is that meeting—of mentor and trainee—that “homecoming” aspect of the annual meeting where we recognize and renew our appreciation of those who first lit the spark of interest in neurology in us, who nurtured our professional lives and told us, “this is your place; this is where you belong”—that I am particularly mindful of and grateful for this year.

It is so fitting that we are able to honor Mike Painter with the Hower Award this year, in “his” town, Pittsburgh, the place where, for nearly a quarter-century, he mentored a whole host of child neurologists. And it is equally fitting that, when you look over the list of this year's awardees—Mike Painter (Hower), Donna Ferriero (Sachs), Elliot Sherr (YIA), Ray Chun and Barry Russman (Lifetime Achievement)—what stands out is how centrally important the role of teacher and guide is to all of them. It's a quality many in this Society and in our field richly share. Many of you may not know it, but those CNS members who speak at the various symposia and seminars do so *pro bono*. They receive no honorarium, no reimbursement for hotel and air costs, no registration fee waiver; they come in the spirit of true mentors, eager to share their knowledge and excitement with colleagues young and old for the benefit of the Society and their chosen field of study. The same generosity of spirit moves those serving on CNS committees (special thanks to Gary Clark who put in A LOT OF TIME organizing this year's scientific program) or spearheading Special Interest Group meetings or, as Meredith Golomb is doing for the second year in a row now, organizing a luncheon for junior members aimed at informing and enlivening a sense of what their future in child neurology may hold.

The future of child neurology lies in our continued passionate commitment to passing the torch along. I hope to talk with all of you soon about an exciting mentoring program for professional development going on at



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Wake Forest that the Society should look into emulating. I would also like to draw your immediate attention to a novel study of child neurologists' values being conducted at this year's meeting, thanks to Dr. Bernie Maria. Working closely with Dr. George Richard, who directs the Careers in Medicine Program at the AAMC, Bernie has made arrangements to bring in a cadre of young investigators from around the country with career interests in neurosciences and pediatric neurology. Some of these students will administer the

Physician Values in Practice Scale to willing child neurologist volunteers. I urge all CNS members to welcome these young investigators and to take the 5-10 minutes needed to complete the survey. Your cooperation in this venture may well prove to have a lasting ripple effect on the future of child neurology.

I look forward to greeting you all in Pittsburgh. Thanks again for the privilege and honor of being your President.

Generational Values and Child Neurology

Over the past half-decade, the Child Neurology Society has been actively involved in workforce studies aimed at more clearly defining the scope and nature of the growing shortage of child neurologists practicing in the United States. But what of the future? What factors will or will not play a role in easing or exacerbating this shortage?

Two major demographic shifts in medicine are fast coming to the fore: 1) a generational change which finds the newly emergent X and Y generations replacing the long-dominant, but now retired and/or retirement-ready "Silent" and "Baby Boomer" generations; and 2) a gender shift toward greater parity induced by a steadily growing number of female physicians, notably in pediatrics. As one might expect, a correlative change in values and attitudes has accompanied this shift in generations and gender, the nature of which is just now beginning to be explored. Given the career satisfaction level of 90% among child neurologists indicated in previous workforce studies, this shift may well turn out to be highly favorable to our field, provided we capitalize on the opportunity it presents by quickly developing a deeper understanding of its dynamics and formulating well-tailored recruitment strategies.

Dr. Bernie Maria, working with Dr. George Richard who directs the Careers in Medicine Program at the AAMC, has made arrangements to bring in young investigators from around the U.S. with career interests in neurosciences and pediatric neurology to administer the Physician Values in Practice Scale to willing child neurologist volunteers. The 5-10 minute survey will be administered at booths located in the convention center exhibit hall as well as the foyer outside the Allegheny Ballroom.

A copy of the survey is also inserted in this newsletter; those unable to attend the meeting may fill it out and mail or fax it in to the CNS National Office (651-486-9436). Those attending the meeting may also choose to fill it out in advance and place it in the drop box located in both the hotel and convention center exhibit hall for your convenience. If you cannot attend the meeting or prefer to complete the survey electronically, please visit the CNS Website. For questions about this educational research project, please contact Dr. Bernie Maria at the Medical University of South Carolina (mariabl@muscl.edu).

CNS EXECUTIVE COMMITTEE

Election Results

In balloting conducted over the past summer, three new officers were elected to serve on the CNS Executive Committee. John Bodensteiner was elected to serve a four-year term on the EC, one year as President-Elect, two years as President, and a final year as Past-President. Also elected to the EC were Ann Anderson (Councillor from the South, succeeding Leon Dure) and Leslie Morrison (Councillor from the West, succeeding Donna Ferriero); each will serve two-year terms.

CHILD NEUROLOGY SOCIETY

Awards Banquet

This year's Friday evening banquet will feature a new twist with the presentation from the podium of a number of awards. Moving the awards presentation from its previous, overly rushed Thursday morning slot to the Friday evening banquet should provide a more leisurely and celebrative ambience, thus giving the worthy recipients proper recognition. Highlighting the evening will be the presentation of two CNS Lifetime Achievement Awards, to Ray Chun, MD (introduced by Robert Rust, MD) and Barry Russman, MD (introduced by Peter Berman, MD). Other presentations include:

- CNS Outstanding Junior Member Awards to Drs. Nicholas Abend, Lori Billingham, Holly Dudley-Harrell, and Jena Khera

- Dinesh D'Souza International Fellowship Award to Dr. Gia Melikoshvili
- High School Student Neuroscience Prize to Shoshana Tell
- ACNN Outstanding Nurse Award to Amy Vierhiele, RN (special recognition will be given as well to pioneering ACNN member Claire Chee, RN, in whose honor the award has been newly renamed)
- Child Neurology Foundation's Young Scientist Award to Steven Stasheff, MD, PhD
- 5th Annual CNF Advocacy Award of Merit

The Bernard Sachs, Hower, and Philip R. Dodge Young Investigator Awards will be presented prior to their respective lectures.

CyberCafe

Once again, Abbott Laboratories has generously provided support for a CyberCafe to be used during Exhibit and Poster review hours on Thursday and Friday (12:00 – 5:30 pm). The CyberCafe is located in the center of Exhibit Hall B in the David L. Lawrence Convention Center adjacent to the hotel.

AWARDS COMMITTEE

CNS & CNF AWARDS

Special thanks go to Robert Rust, MD for all CNS Award profiles appearing on these pages and on display boards at the Annual Meeting.

2006 CNS Lifetime Achievement Awards



RAY CHUN, MD

RAY CHUN, MD

Ray Chun was born in 1926 in Hawaii, the last of seven children, to parents who had moved from China to Hawaii. His father, a plumber on a pineapple plantation, had many virtues including kindness, a sense of humor, practicality, and curiosity. He worked hard to provide the best possible education for his children. When the time came, the family found the resources to send their promising young son to “the mainland” to continue his education at St. Joseph’s Academy in Philadelphia. Though thriving intellectually, Ray wrestled with loneliness in that austere Jesuitical setting, prompting him to take up tennis, becoming the first-seed singles and doubles player within a year. Graduating in 1944, he was drafted into the army, trained as an artilleryman, and shipped overseas where he participated in the terrible battles on Okinawa at the end of WWII. As the war ended, he spent the rest of his enlistment singing in the Army Chorus and traveled widely until his discharge in 1947. Under the GI Bill he earned a BS degree at St. Joseph’s College in 1951 and an MD degree at Georgetown in 1955.

Having always enjoyed being around children, Dr. Chun became keenly interested in pediatrics. After a rotating internship at Philadelphia General Hospital he returned to Georgetown for pediatric residency. Doubtful of the intellectual rewards of spending a lifetime dealing with parental concerns about ear infections, he became interested in neurology. This transition was fostered by Georgetown’s distinguished neurologist and Dean of Medicine, Dr. Francis M. Forster. Dr. Chun rightly judged that he would find greater fulfillment

in working together with children and their families in diagnosing and managing neurological conditions. Forster also awakened his interest in epilepsy and research and asked Dr. Chun to join him in moving to the University of Wisconsin in Madison. Although the young Hawaiian was quite content in Washington D.C. and had only a vague notion where Wisconsin was located, he could not bring himself to refuse Forster’s offer.

Dr. Chun trained in neurology at Wisconsin and in child neurology with Sid Carter at Columbia. Carter’s training program was just two years old. Only four trainees (Niels Low, Isabelle Rapin, John Menkes, and Beth Decker) had completed the program when Ray arrived in 1959. Dr. Carter’s exceptional knowledge, meticulous approach to clinical problems, and essential kindness had a formative impact on Dr. Chun and enriched his understanding of childhood epilepsy, complimenting the equally formative influence of another mentor at Columbia, Jim Hammel. Carter, Hammel, and Niels Low further encouraged Dr. Chun’s interest in research. John Menkes and fellow residents Mel Greer and Arnold Gold also exerted important influences. However, no one was to provide greater benefit for his future life than did Columbia’s Chair of Pediatrics, Dr. Rustin McIntosh. MacIntosh convinced an outstanding pediatric resident, Dr. Memee King, to accept a fellowship at Babies Hospital rather than one with cardiologist Helen Taussig at Johns Hopkins. Drs. King and Chun were introduced and soon married. They then agreed to see how things might work out for both “for just one year,” renewing the pact for each of the 45 ensuing years.

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Lifetime Achievement Awards

RAY CHUN, MD, continued from page 5

Memee Chun's career as pediatrician would include establishment of what would become the developmental pediatrics program. Ray Chun established the child neurology service. They collaborated in producing a young family. Under the influence and support of Clinton Woolsey, Ray joined the Wang laboratory to carry out investigations in a cat model of brain galvanic responses in order to characterize the physiological aspects of conditioned reflexive epilepsy. Frequent clinical interruptions made it difficult to get on with the work, so Dr. Chun arranged for sabbatical time at the Brain Research Institute in Bern, Switzerland. The Chun's were able to persuade Laura Ment, the teenaged daughter of a pediatrician with whom they had become close friends in New York, to accompany them as a companion for the children. Ray quickly concluded that Laura Ment was "awesome" and proved influential in her own ultimate decision to become a child neurologist.

The Chun's returned to Madison to manage rapidly increasing clinical demands. Distressed that infants underwent painful pneumoencephalography to determine if there were surgically remediable causes of their large heads, Dr. Chun determined to improve and standardize the method of flashlight transillumination of skull pioneered by Philip Dodge. Together with biomechanical engineers he was able to develop the "Chun Gun" whose projector bulb, lenses, filters, and vanes contributed to intensified light but diffused the associated heat. This simple instrument was extensively utilized prior to the introduction of EMI CT scanner in the mid-1970's.

Ray also joined virologist/epidemiologist Wayne Thompson and pioneer child neuropsychologist Chuck Matthews in a comprehensive series of investigations of a form of encephalitis the cause of which had recently been isolated from the brain of a little girl who died in LaCrosse, Wisconsin. These studies would characterize with unprecedented thoroughness the ecology and natural history of the virus and the incidental human disease that it produced. These data provided information of considerable importance in the understanding of the entire family of

arboviruses and their associated encephalitides. Venerable methods of reduction of vector and exposure were modified and applied cutting the yearly incidence of LaCrosse encephalitis by 20-30 fold. The symptomatic management of illness was improved. Clinicians were provided with a clear knowledge of the clinical course and outcome. Careful studies of intellectual and behavioral outcome of LaCrosse encephalitis dispelled a venerable theory that "minimal brain dysfunction" in children was due to mild childhood encephalitis.

Appointed full professor in 1971, Dr. Chun was forced to abandon his experimental studies of epilepsy in response to ever-growing clinical demands. He did, however, find time to train more than twenty individuals from the United States and other countries as child neurologists. The activities of Dr. Chun and pediatrician Harry Waisman at Wisconsin's St. Coletta's Training School attracted the attention of the Kennedy family; Rose and Joseph Kennedy's daughter was among the patients. The Waisman Center was established at the University of Wisconsin as the third of the Kennedy Centers in the United States. With the untimely death of Dr. Waisman, Dr. Chun became the Medical Director of this facility dedicated to clinical and basic science and patient care, and remained productively in that position for decades. He still found time for his family and acquired a neighborhood family of children who would come to the door asking "Could Dr. Chun come out and play?" This often meant a spirited game of "King of the Mountain" on the Chun lawn. For day-to-day family management of the family, however, a considerable portion of the responsibilities were carried out by Memee Chun, who also worked very hard to manage the double demand of family and career.

Despite the excellent support of colleague George Wollcott, Dr. Chun felt professionally isolated and welcomed the invitation of Ken Swaiman to participate with six others in the LaCrosse Meeting that would spawn—under Swaiman's dynamic leadership—first the Upper Midwest Child Neurology Society (UMWCNS) and then the Child Neurology Society (CNS).

Dr. Chun hosted the first meeting of the UMW CNS in Madison in the spring of 1972 as well as the third CNS national meeting, which was held in Madison, in 1975. Dr. Chun served as Secretary-Treasurer of the CNS and was elected the eleventh President of the CNS in 1982. Dr. Chun also participated in the activities of the AAN, AAP, PCN, and the Central Society for Neurological Research. In 1978 Dr. Chun was named Acting Chairman of the Department of Neurology at Wisconsin. Although few child neurologists have achieved the distinction of chairing a Neurology department, for Dr. Chun it was simply a duty he performed admirably while keenly awaiting a successor to lift this unwanted burden from his shoulders.

Dr. Chun's clinical excellence derived not only from broad knowledge, but as well from his keen powers of observation of play and his ability to set children at ease. To this he added a few pertinent questions and deft strokes of examination to reach accurate conclusions. He readily elicited the trust necessary to permit parents to ask their most searching questions, to which he provided honest answers, support, and an appropriate degree of hope. His superb clinical teaching resembled that of his teacher, Houston Merritt, in that it was distilled into a few highly pertinent words, offered entirely without showmanship. He usually implied that his listeners were equally aware of what he had concluded, though often they were not. Interruptions by impetuous colleagues were greeted with a shrug, as he awaited the opportunity to gently nudge the discussion back onto the right track. He has provided the same type of understated excellence as a teacher and player of tennis. His principle of tennis, "to be a good player you have to hit a lot of balls," seemed to govern his view of training as an ongoing process that extended throughout one's career. Occasionally Dr. Chun was found on the ward playing a game with a recovering child. Sometimes it was a hand or two of poker, which he universally lost throwing down his hand with a feigned accusation of cheating and then a grin. No such luck for the skilled medical professionals among whom he was the acknowledged master at monthly poker games.

Raymond Chun has published a total of sixty original contributions in peer-reviewed journals and more than fifteen chapters and reviews. In addition to encephalitis studies, his contributions include genetic studies in collaboration with colleagues John Opitz and David Smith. Papers concerning Sydenham and Huntington choreas marked the beginning of his particular interest in childhood movement disorders; his powers of observation made him uniquely expert. Chun and Louis Ptacek were among the first to report changes in serum immunoglobulins associated with ataxia telangiectasia, thus providing an important diagnostic test and a clue to pathogenesis of that illness. He contributed to the understanding of benign familial chorea syndrome, choreoathetosis as a very late effect of infantile hemiplegia, and a classic paper distinguishing familial and acquired paroxysmal dyskinesias. Dr. Chun participated in one of the best designed and executed studies disproving the putative relationship between hyperactivity and food additives and formally demonstrating the ineffectiveness of the Feingold diet in treatment of this condition.

The devotion of his patients and their unwillingness to leave him as they grew into adulthood were legendary; many continued to occupy chairs far too tiny for them in order to see "Ray." He treated each individual as an individual, usually remembering some aspect or activity or achievement that was independent of the disease at hand. No minor problem was insignificant if it mattered to family and child. Concluding hugs were offered to child or parent as needed and invited. He radiated warmth and just the right degree of concern and he knew instinctively and unerringly how much should or should not be said and how to support and encourage. He applied the very same skills to students and residents and colleagues—sometimes including not a concluding hug, but a coach-like swat on the backside.

Scrupulously honest and uniformly constructive, Ray Chun tries hard to look for the good in people and seldom says a cross word or passes judgment on a colleague. As was true of his father, he is by nature very humble, despite his many extraordinary achievements. He is filled

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Lifetime Achievement Awards

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with valuable information as the result of curiosity and he is quintessentially kind. He has keen understanding of human nature, limitless compassion, and the good sense to know when he has done what he can do. His wife, Memee, is richly endowed with the same qualities. Since their retirements, they have found more time to travel. Ray Chun, twice the Wisconsin State Doubles Champion, found more

time to teach children tennis and to do some fishing, poker, and fussing with his apple tree. Both have taken considerable pride and satisfaction in the achievements of their three exceptional children—neurologist, astronomer, and a small animal veterinarian, all with academic interests. And they have taken the greatest pleasure in their growing grandchildren.



BARRY RUSSMAN, MD

BARRY RUSSMAN, MD

Barry Russman was born in Medford, Massachusetts in 1938. He attended Harvard, obtaining an AB in Social Psychology *cum laude* in 1959. Medical education at Tufts School of Medicine followed, during which he decided to become a pediatrician. His MD degree was awarded in 1963. After completing two years of pediatrics training at Strong Memorial Hospital in Rochester, NY in 1965, he transferred to Children's Hospital of Philadelphia for an additional year.

Dr. Russman's decision to become a child neurologist was made during his pediatrics training at CHOP. It was based upon particular experiences with patients and upon the mentorship and splendid example provided by Dr. Sam Tucker. After completing a two year obligation with the United States Air Force in Idaho in 1968, he returned to Children's Hospital of Philadelphia for training in Child Neurology under Peter Berman. Dr. Berman not only influenced his clinical training but played an important role in awakening interest in performing clinical research. At CHOP, Dr. Russman had particularly rewarding experiences seeing patients with cerebral palsies and neuromuscular diseases. The pediatric orthopaedist, Dr. Jim Gage was an important part of these attractive endeavors and exerted a strong influence on Dr. Russman's education

in cerebral palsies. At a later stage of his career Dr. Bud Roland would serve as the most important mentor for Dr. Russman's further education in neuromuscular diseases.

Upon the completion of his training in 1971, Dr. Russman took a position at the University of Connecticut Health Center and Newington Children's Hospital, where he was to remain for the next twenty-six years. He served as Chief of the Child Neurology Section for twenty years. He held appointments as well in the Connecticut Children's Medical at the Hartford Hospital, the New Britain General Hospital, St. Francis Hospital, and the Veterans Memorial Medical Center.

Dr. Russman quickly established himself as a superb clinician and a leader in the developing field of pediatric neuromuscular diseases. He also devoted himself as well to the care of children with cerebral palsies with interest in every aspect of their care and rehabilitation. Dr. Russman's growing interest and expertise in the complex subject of disorders of tone in the cerebral palsies as well as in movement disorders benefited particularly from the influence of Stanley Fahn. He was greatly interested as well in various other chronic disabilities of childhood, such as mental retardation and epilepsy. It is likely that Dr. Russman's well-known powers of bedside observation and clear-minded formulation are derived from his experiences with each of his

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important mentors, all of whom were richly endowed with these same abilities. But time and effort honed these abilities, as did Dr. Russman's own quintessential qualities: curiosity, avidity for reliable knowledge, and sharp analytical powers.

Early in his career Dr. Russman became active in advocacy. He was appointed to the Connecticut State Advisory Council for Special Education, the Board of Directors of the Hartford Association for Retarded Citizens, and to the committees of the Connecticut Chapter of the American Academy of Pediatrics concerned with school health and disabilities. He participated in a study undertaken at the behest of the Governor of Connecticut to investigate problems of epilepsy and other disabling neurological conditions. His valuable services were rewarded by additional appointments including the membership on the Board of Directors of the United Cerebral Palsy Association of Greater Hartford and of the Connecticut Association for Children with Learning Disabilities. He was sought out for services by education and rehabilitation task forces and commissions.

Despite the press of so many activities and clinical demands, Dr. Russman proceeded systematically in an ambitious program of clinical research. His initial clinical publications concerned a wide variety of traumatic, infectious and vascular conditions, a report with his mentor, Sam Tucker, on a novel movement disorder observed as a manifestation of the Bobble-Head Doll syndrome. In 1974 a paper considering the genetic causes of cerebral palsy was the first of seven publications by Dr. Russman concerning various aspects of the cerebral palsies. In 1979 two papers concerning evaluation of children suspected of having spinal muscular atrophy were published. This was to become a major concentration. Over the course of the next twenty-seven years a total of 28 papers would consider in detail functional classification, orthopedic management, myometry, muscle biopsy findings, and pathogenesis. Detailed characterization of natural history of disease served as the basis upon which treatment trials might be evaluated. Protocols were developed for standardized strength assessment in these conditions at various ages.

During the course of his career to date, Dr. Russman has published fifty-two peer-reviewed papers. These include, in addition to those concerning cerebral palsies and spinal muscular atrophies, papers on stroke, traumatic nervous system injuries, learning disorders, metabolic diseases, infectious conditions, non-SMA muscle disorders, and four each on paroxysmal or epileptic conditions and movement disorders. He was first or senior author of more than two-thirds of his peer-reviewed publications. He has published twenty-eight chapters concerning cerebral palsies, neuromuscular conditions, seizures, early intervention strategies, attention and learning disorders, and other topics.

In support of his research endeavors Dr. Russman has organized and participated in studies the aggregate funding of which has amounted to more than 1.2 million dollars. Many are studies considering the efficacy of treatments for cerebral palsies, spinal muscular atrophies, and Duchenne muscular dystrophy. He has become a leading authority on the use of botulinum toxin for alleviation of spasticity and on the recognition, evaluation and treatment of pain in a wide variety of disabling conditions.

Dr. Russman has achieved international recognition for his expertise on cerebral palsies and neuromuscular disorders of children. He has delivered more than one hundred lectures nationally and internationally, including four named lectureships and numerous visiting professorships. His lectures are marked by their breadth, depth, clarity, and practicality. In his lectures he displays the wisdom that can only arise on the basis of exceptionally detailed experience. Although his expertise in neuromuscular conditions and cerebral palsies has been sought with particular avidity, he has lectured on a broad variety of additional topics.

Throughout his career Dr. Russman has repaid many times over the debt that he has owed to his own fine early clinical mentors. To his medical students, residents, and fellows he has passed on the tradition of careful observation and intelligent bedside clinical formulation. His devotion to his community and the handicapped individuals to be

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found there has resulted in numerous awards and recognitions, including election to the Connecticut Association for Children with Learning and Perceptual Disabilities Hall of Fame, the Muscular Dystrophy Association Service Award, and the Hartford Community Service Award.

In 1997 Dr. Russman left Hartford to assume his current position as Director of Child Neurology at the Shriner's Hospital of Portland and Professor of Pediatrics and Neurology at the Oregon Health Science Center. He has remained, throughout his busy career, devoted to his family. If there have been times when the demands of professional life may have eroded to some slight degree his patience and tranquility, they are seldom apparent and it can be said with confidence that he is an individual who has to an exceptional degree enjoyed the privilege of being a physician, pediatrician, and child neurologist. He has succeeded to a remarkable degree in integrating his love of and commitment to both his family with his profession, to each of which he has given generously. A strong sense of practicality and a whimsical sense of humor have no doubt helped, as has a little additional time set aside for golf and skiing.

It has been said that a mark of the great physician is unfailing willingness to see the extra patient as need arises and without

complaint. This willingness and dedication has characterized Barry Russman's entire career. For the patient and family he provides the additional virtue of being a true "all-rounder" as his competence extends to all areas of child neurology. For his junior colleagues it has always meant critical protected time at crucial stages of their careers despite the fact that it meant taking time from his own important and pressing research interests. Among others, this time figured very importantly in the development of such spectacular careers as that of Greg Holmes. In addition to protection, visionary guidance was provided regarding the importance of developing the technological resources needed for enhanced epilepsy monitoring and provision for such resources at Newington in an era when there were few child monitoring facilities. His mentorship of others included as well the example he provided of practicality, advocacy, and compassion in the management of patients. In his dealings with patients he took into consideration the whole child and the child's family rather than choosing to address a particular manageable aspect of the disease in question. He is that rare physician who seems always able to make things better for others, or, having found after exhausting all possibilities that he cannot "fix" something, will turn his attention wholeheartedly to providing the wisdom and support needed to come to terms with the new realities at hand.

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- Registration for those NOT attending the NIH symposium will begin at 1:30 pm.
- The Opening Reception will be held in the Allegheny Foyer, Level 3 of the Hotel.
- Posters may be mounted in Exhibit Hall B of the Convention Center beginning Wednesday evening at 8:00 pm, and are scheduled to remain mounted all day Thursday and Friday; Posters must be taken down by 6:30 pm, Friday.
- Posters scheduled for the Thursday or Friday Moderated Poster Session may be mounted in Rm 310/311 of the Convention Center beginning Thursday morning at 7:00 am.

AWARDS COMMITTEE

2006 Philip R. Dodge Young Investigator Award



ELLIOTT SHERR, MD, PHD

ELLIOTT SHERR, MD, PHD

Elliott Sherr attended Stanford University and was awarded B.A.S in Philosophy and Biology in 1984. Studies under the auspices of the NIH Medical Science Training Program at Columbia University were undertaken in 1987 and 1995. His scientific investigations under the direction of Dr. Lloyd Greene concerned aspects of neuronal growth cone motility. Dr. Sherr identified and characterized a novel family of small myosin proteins that have subsequently been shown to perform central functions in vesicular trafficking and lamellipodial dynamics. His M.D. and Ph.D. degrees were awarded in 1995. At the time of his graduation he also received the prestigious Helen M. Sciarra Award in Neurology and the Miriam Berkman Spotnitz Award in Research. He was Visiting Scientist, Catholic University, Santiago, Chile prior to initiating formal training in pediatrics, neurology, and child neurology at the University of California, San Francisco in 1997. In 1999 he received the UCSF Department of Pediatrics Outstanding Clinical Fellow Award. During his training, Dr. Sherr's broad range of interests and competencies included particular interest in epilepsy and developmental disturbances.

Upon completion of training in 2000 he received a five-year NIH Neurological Sciences Academic Development Award, serving for the first two years as Adjunct Instructor in Neurology and Pediatrics. He was also named, upon completion of his formal training, Co-Director of the UCSF Pediatric Neurometabolic/Neurogenetics Program and Clinic. Dr. Sherr joined the laboratory of Dr. David Brecht in the UCSF Department of Physiology in order to investigate basic mechanisms of epileptogenesis. His investigations employing a murine model of audiogenic seizures resulted in the cloning of a mutated gene, *jams1*. He has recently demonstrated the effects this mutation may

have on a novel system of signaling cascades in synaptic proteins of the brains of these mice. Perhaps even more importantly, he has discerned that vulnerability to these conditioned seizures is developmentally regulated by additional genes at loci distinct from the *jams1* gene. Thus, he is poised to investigate a problem that is critical to child neurology: the factors that determine developmental vulnerability to seizures and epilepsy. In 2004 he competed successfully for a two year Child Neurology Foundation Scientific Award, exciting work that may have profound importance.

Dr. Sherr has also devoted attention to investigations concerning agenesis of the corpus callosum (ACC), based upon clinical interest in the disabilities experienced by such patients, such as epilepsy, autism, motor and intellectual limitations. In a cohort of 25 patients with this disorder, he was able to identify three with chromosome deletions and duplications in regions 2q37, 6qter, and 8p. He is poised to greatly expand his cadre both from within his own clinics and in collaboration with the California Birth Defects Monitoring Program, with a database containing information on more than 100,000 children. Moreover, Dr. Sherr has organized and is carrying out important work in collaboration with A. J. Barkovich that combines assessment of gross morphology by MRI with degree of disruption of white matter pathways assessed by high angular resolution diffusion imaging to subclassify ACC for ensuing neurodevelopmental testing and molecular biological investigations.

The work of Dr. Sherr and his colleagues is very important. ACC, a relatively common finding that is readily identified, often in infancy, by standard CT or MRI imaging is, in fact, a family of disorders, the individual subgroups of which have not as yet been very usefully defined by gross morphology. The lack

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of a sensitive and reliable subclassification of ACC is a hindrance to the identification of the genetic basis for particular subgroups which would, in turn, permit bench investigations of the developmental mechanisms of particular groupings of observed disorders. Such basic information will likely enlarge understanding of mechanisms of neurodevelopmental diseases. For the individual child and family dealing with ACC, refinement of classification on the basis of advanced imaging and genetic studies will permit ensuing longitudinal studies with both observant clinical monitoring and standardized neurodevelopmental testing. This will not only provide more sensitive information upon which more accurate early prognostic statements may be based. It will also permit the particular coping strategies of individuals and their families to be noted and appreciated and it will quite likely provide a basis upon which targeted remediations may be developed and implemented, remediations that may in turn result in improvements of outcome that will agreeably revise initial prognostic estimates.

Dr. Sherr's work has been supported by funding from the NINDS(KO2) and the March of Dimes; further research efforts concerning this important topic are the subject of the research proposal for which he has been awarded the 2006 Philip R. Dodge Young Investigator Award. Since 2001 Dr. Sherr has held the position of Investigator at the UCSF-Stanford Lysosomal Disease Center. In 2002 he was promoted to Assistant Adjunct Professor in the UCSF Departments of Neurology and Pediatrics. In 2005 he was named Director, Brain Development Research Program, UCSF.

Dr. Sherr is not only a clear thinker, but a clear communicator of ideas, reflected in his research presentations at national meetings and his excellent publications in major journals. He has characteristically conveyed in both scientific and clinical realms infectious enthusiasm and commitment that derives in considerable degree from his overriding interest in the welfare of children. His particular interests and abilities have

permitted him to expand the activities in the Neurometabolic Clinic where his powers of observation and diagnostic acumen serve him and his patients well. Not content with the recognition and confirmation of known genetic disorders that may be found in the minority of patients presenting to such a clinic, Dr. Sherr has a passion for the difficult job of identifying heretofore unknown genetic explanations in the remaining patients. His track record suggests that this work will provide more than the small dignity of a particularizing name for a disorder affecting a child and that child's family, thus providing the opportunity of prognostic refinement as well as the other possible cascade of benefits from the study and classification of genetic diseases noted above.

Dr. Sherr is located in just the right place within a rich network of collaborative colleagues and all other facilities necessary to bring phase after phase of his exciting work to fruition. Dr. Sherr's busy and productive laboratory activities have not prevented him from continued engagement in the clinic, achieving a balance wherein each form of concentration informs the other and provides him with the energizing effects of change of activity. A third form of apparently preferred activity is teaching, and, to the considerable enjoyment and enlightenment of students, residents, and colleagues, he represents—in an era where such an achievement has become rare—a genuine “triple threat.” His achievement is more than just managing to keep abreast of the rapid changes in medicine and science. He is an individual whose concern and compassion and whose appreciation of the individuality of child or parent coping with disease represents another important form of teaching that can only be accomplished by example.

The work Dr. Sherr is undertaking could, in addition to the other important things it may accomplish, provide an important advance in that most difficult of all objectives, arriving at some understanding the manner in which thought and behavior are modulated by the human brain.

AWARDS COMMITTEE

2006 Bernard Sachs Award



DONNA FERRIERO, MD

DONNA FERRIERO, MD

Donna Ferriero attended Rutgers University, achieving BA in Zoology in 1971 and MS in Immunology in 1973. Frank Margolis proved an influential mentor; under his tutelage she studied neurotransmission, biochemical and morphological aspects of olfaction transmission, work that resulted in several publications. Further attraction to the neurosciences was experienced during the preclinical phase of her medical education at UC San Francisco. Although this interest might initially have led her in the direction of “adult” neurology, it became apparent to her that child neurology was a better fit. As has been the case with many others, Bruce Berg played an instrumental role model in this decision and served as a role model, as would Suzanne Wilson-Davis. Awarded the MD degree in 1979, Dr. Ferriero’s Pediatrics residency years at Tufts and the Massachusetts General Hospital were followed by training in Neurology and Child Neurology and a two year fellowship in Developmental Neurobiology, both at UCSF. Additional important influences on her career development were fellow-residents Tom Koch, Jim Barkovich (who provided her with solid grounding in neuroimaging), and Susan Cummings (with regard to the epidemiology of cerebral palsies). Karin Nelson would also become a role-model for Dr. Ferriero.

Bench investigations quickly prospered in Dr. Ferriero’s hands, initially under the guidance of the protein/peptide neurochemist, Stephen Sagar, and with the foundation in molecular biology provided by Bob Edwards. Six papers were published with Sagar in a four year span, important and fundamental work concerning developmental and functional aspects of neocortical and retinal neurons and Dr. Ferriero’s earliest investigations of response of neurons to hypoxic-ischemic stress. By that point she had achieved clear independence with regard to

the direction not only of her basic but also her clinical research, including a remarkable capacity to recruit and direct the efforts of others at various levels of training and to establish important collaborative efforts with numerous peers. The results are characterized in more than 135 peer-reviewed publications in prestigious journals, as well as 49 splendid chapters and reviews. Slightly more than half of the peer-reviewed publications are based on bench research, the remainder are important clinical publications. The bulk of this work was completed within fifteen years, chiefly concentrating on the pathobiology or clinical manifestations of hypoxic-ischemic injury to the developing nervous system. Basic and clinical observations have been closely linked throughout this remarkably productive interval.

Bench investigations directed by Dr. Ferriero have characterized with particular elegance the unique ways in which developing nervous tissues are sensitive to oxidative stress and the manner in which this accounts for cell death after perinatal asphyxia. She has greatly advanced the understanding of variations in regional vulnerability to injury at various stages of early nervous system development. She has enlarged understanding of oligodendrocyte vulnerability as a basis for periventricular white matter injury of the premature newborn, but has also drawn attention to the importance of subplate neuron vulnerability in this form of injury. One fundamental concept that Dr. Ferriero and her colleagues have provided is the role that relentless signaling by nitrous oxide synthase-expressing neurons, spared during the acute phase of hypoxic-ischemic injury, may play in producing excitotoxic injury via their connections neurons in deep gray nuclei. Other aspects of post-hypoxic ischemic cell death remote from initial areas of injury at varying times have also been investigated. These observations have provided a more rational and sensitive basis upon which

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investigations of the potential neuroprotective effects during this post-stress “window of opportunity” may be carried out employing selective NO-synthase inhibitors and other potentially neuroprotective agents. Many such investigations have been completed or are currently underway in the Ferriero laboratory.

Dr. Ferriero and her colleagues have systematically characterized other ways in which approaches to neuroprotection in developing brain differ from approaches that may be pertinent to mature brain. Thus, superoxide dismutase overexpression has been shown to increase rather than attenuate injury to developing brain, due to the lower antioxidant reserve of the latter. On the other hand, demonstration by Dr. Ferriero and colleagues of the protective effects of overexpression of glutathione peroxidase in an animal model of hypoxic-ischemic injury has provided an alternative avenue of possible intervention. To her model of asphyxial brain injury Dr. Ferriero has added a model of vascular territory infarction which has provided new information of fundamental importance in understanding this form of injury, including the participation of inflammatory mechanisms and demonstration that, contrary to widely held belief, blood-brain barrier is far more intact after stroke than has been believed. Other studies have characterized the post-stroke migration of subventricular stem cells to areas of infarction.

Thirteen papers have provided results from the prospective study of factors that determine outcome of perinatal asphyxia, including detailed imaging studies of more than 150 preterm and more than 200 term infants, employing a wide array of sensitive imaging techniques. Of critical importance are clinical MR spectroscopy studies that have placed in question the wisdom of regarding neonatal seizure as inconsequential to the outcome of infantile hypoxic-ischemic stress. The unreliability of ultrasonography as a predictor of poor outcome of the premature infants has been characterized by Dr. Ferriero and her colleagues. Collaboration with the California cerebral palsy project has shown robust correlation between risk for cerebral and expression of inflammatory cytokines in neonatal blood spots. Blood spots are also being employed

to investigate risk factors for perinatal stroke, including more than 100 genetic mutations that may be pertinent. Other elegant clinical investigations by Dr. Ferriero’s group, also based in considerable part upon the insights provided by their bench research, have characterized overlooked aspects of the clinical manifestations of injury to deep gray nuclei after hypoxic-ischemic stress in the term infant. She and her colleagues have similarly applied sensitive imaging techniques to demonstrating that experimental findings concerning limited abrogation of blood-brain barrier after stroke are also true of the human newborn.

The extraordinarily robust network of collaborative efforts within which Dr. Ferriero occupies a central role is in the midst of a broad program of ambitious ongoing investigation. It cannot be doubted that this group will achieve remarkable insights further characterizing selective cellular vulnerability as a function of developmental stage and type of stress, providing additional opportunities for investigation of potentially effective interventions. The proven excellence of this group in carrying these basic findings to the bedside with imaging and other forms of investigation will quickly provide such validation as may be found concerning observations and interventions. Among other techniques, these will include highly sensitive mapping of corticospinal tracts and (returning to an early interest of Dr. Ferriero) the visual system. Genomic and proteomic studies are to be applied to the study of various potentially vulnerable signaling pathways, another preserved thread of the earliest interests of Dr. Ferriero’s remarkably well integrated career. The broad spectrum of other important clinical observations that she has made include not only imaging of particular developmental disorders, but the effects of toxins such as cocaine and alcohol in the developing nervous system. She has mentored the productive early basic or clinical research careers of more than thirty-nine individuals

Dr. Ferriero has not been sequestered in the laboratory. Her local activities have included particular attention to outreach to the medically underserved and services on behalf of equal opportunities for women and minorities. She has been concerned about the quality of life of all

medical professionals. She has served on numerous committees, often as chair, for UCSF, CNS, PCN, AUPN, SPR, APS, ANA, United Cerebral Palsy, American Heart Association, and Society for Neuroscience. She is a very active grant reviewer and member of numerous review sections. She has served on eleven editorial boards and is Associate Editor of *Annals of Neurology*. She is ad hoc reviewer for 27 journals. Dr. Ferriero has received five teaching awards, representing efforts applied at all levels from medical students through post-doctoral trainees to colleagues throughout the world. Her efforts have included 21 international, 50 national, and even more numerous local lectures, many named and visiting professorships. She rose from assistant to full professor in eleven years, became Director of Child Neurology at San Francisco General in 1987 and at UCSF in 1998. She became

Vice-Chair of Neurology at UCSF in 2000 and Associate (2004) and Vice (2005) Dean of Academic Affairs at UCSF. She was recipient of the Sydney Carter Award of the AAN in 2000. She was named to the Institute of Medicine/National Academy of Sciences in 2005.

Dr. Ferriero's personal qualities are hardly limited to her extraordinary intellectual abilities, powers of analysis and observation, and capacity to get quickly to the heart of a subject. Nor do her remarkable dedication to hard work and exemplary efficiency complete her catalogue of virtues. There are also qualities of honesty, reliability, supportiveness and appreciativeness of others, sociability, and a sense of humor to consider. While it is hard to imagine when she finds time for her avocations, she apparently does and they include music, gardening, swimming, and traveling.

2006 Hower Award

MICHAEL PAINTER, MD



MICHAEL PAINTER, MD

A native of Detroit, Michigan, Michael Painter was a member of a strongly supportive family, particularly his mother. He attended Georgetown University, taking his degree in biology in 1961. By the time he graduated from the University of Michigan Medical School in 1965 he had decided to become a pediatrician. His decision to become a child neurologist was the result of his fascination with neuroscience during his preclinical years in medical school. An individual who was an important source of guidance and encouragement and a role model in these early decisions was the distinguished pediatric immunologist/virologist, Donald Medearis, Jr. Dr. Painter completed his internship, residency, and chief residency in pediatrics under Dr. Medearis at the Children's Hospital of Pittsburgh in 1968. During that period he became interested in the young field of child neurology and was advised to seek training as a Visiting Fellow in

Child Neurology at Columbia, under Sidney Carter, which he did from 1970-1973 after completing a two-year service obligation as Captain in the United States Air Force in Savannah, Georgia.

As was true of so many other Columbia trainees in that era, Dr. Painter experienced a supercharged atmosphere of commitment to the clinical and scientific aspects of neurology. The legendary training program in adult neurology was in the midst of a seamless transition from Houston Merritt to Lewis P. Roland, without interruption of Merritt's famous clinical rounds and the availability of a most distinguished faculty. Sidney Carter provided a remarkable role model for physicians choosing to become child neurologists and, as he did with so many trainees, he "infected" Dr. Painter with his keenness for clinical investigation. Richard Koenigsberger performed the important service of introducing Dr. Painter to the neurological evaluation and care of the

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neonate. Thomas K. Oliver Jr., pioneer in neonatology (a word that was unknown as recently as 1960) also participated in kindling interest in neonatal clinical research. Together with Eli Goldenssohn, who trained Dr. Painter in electroencephalography, these individuals nurtured the development of interest in evaluation and treatment of seizures in the newborn and in the more general question of epileptogenesis in developing brain that would figure so prominently throughout Dr. Painter's career.

There were other important influences. Arnold Gold worked his particular magic as role model for the young physician. Abe Chutorian trained Dr. Painter in neuromuscular diseases and peripheral neurophysiology. Isabelle Rapin provided him with a foundation in behavioral neurology and learning disorders. Gifted fellow-residents stimulated his development, including A. David Rothner and Sandy Schneider (with whom he also shared a passion for fishing). Just behind him in training was Pat Crumrine, who would become his long-term colleague and research collaborator at the Children's Hospital of Pittsburgh. Dr. Painter's inextinguishable curiosity and wide-ranging interests in neurology would be fueled at other periods in his career by other important influences including Fred Dreifuss (child epilepsy), Marc Hallett (movement disorders), Ed Kolodny, Hugo Moser, and Darryl DeVivo (metabolic and degenerative diseases). Nicholas Lenn and Robert Moore proved important models as neurological basic scientists.

Upon his return to Pittsburgh, Dr. Painter formed what proved to be one of the numerous durable and productive collaborative associations of his career. With C.E. Pippenger and W. H. Pitlick he initiated important studies of the pharmacokinetics and pharmacodynamics of antiseizure medicines in the neonate. The first of numerous studies characterizing seizures, their treatment and outcome in the neonate were also initiated with colleagues Pat Crumrine and Ira Bergman. Others would be added to this group, including Marc Scher, in the continued productive investigation of treatment of seizures in the neonate, culminating in a particularly important

paper in the New England Journal of Medicine comparing head-on the incomplete efficacy of both Phenobarbital and phenytoin.

Durable alliances dedicated to improving clinical care and research and steadily enlarging the child neurology section at the University of Pittsburgh was to be an important and remarkable achievement of Dr. Painter after his appointment as Chief of the Child Neurology Section at the Children's Hospital of Pittsburgh in 1978. During the ensuing 24 years as Chief, his ability to participate with others and set practical and achievable objectives that resulted in the establishment of one of the finest sections of child neurology in the country resulted in considerable degree from the loyalty he universally cultivated. This loyalty is likely to have derived in considerable degree from the interest he showed in developing the careers of all who were associated with him and from his early critical decision to place the largest resources available to the division—those deriving from electrophysiological procedures—in a common fund for section development. This permitted flexibility needed not only for recruitment but career development.

One among numerous important examples of this was the flexibility it permitted his colleague, Ira Bergman, to change his concentration and enter with particularly noteworthy achievement the developing field of child neuro-oncology. Dr. Painter was also a remarkably successful advocate for child neurology with particular skills at attracting both institutional and community supports for program development. He skillfully navigated the often treacherous waters between Departments of Neurology and Pediatrics, achieving equal support from both and protecting the slender and previous resources that a Child Neurology section could generate. He also instilled in his section not only a sense of cooperation that permitted flexibility in career development and other unexpected occurrences, but a communal commitment to the teaching mission of the section. His unflinching congeniality, sense of fair-play, good humor—characteristically expressed in smiling “one-liners” that lighten the mood when needed—and practical optimism have greatly enhanced his effectiveness.

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This eventuated, in due course, in several excellent results. One was the achievement of a remarkably high standard of neurological care for children. Another was an admirable degree of collaborative research with individuals in a wide variety of departments and sections of the medical center. Yet another was an educational program reaching into the early years of medical education and universal faculty availability to medical students that may account for the particularly distinguished record of the University of Pittsburgh in attracting medical students to careers in child neurology; it stands, according to recent data, second among all medical centers in the United States. One further, not inconsiderable achievement, was the establishment of a very busy and productive training program in child neurology that became admixed with the establishment as well of an NIH-supported program for training of young child neurologists as neuroscientists.

Dr. Painter's own research has produced more than fifty peer-reviewed papers—as first or senior author in two-thirds. Topics of these largely clinical reports include not only neonatal seizures and neuropharmacology of infants and children, but a broad variety of neonatal neurological conditions, including both the antecedents and outcome of brain injury, cerebral palsies and their treatment, neuroimaging, metabolic and toxic diseases, intracranial hypertension, stroke, neuro-oncology, neuro-infectious diseases, congenital defects, migraine, brain trauma, and others. He has authored more than thirty chapters, employing this work to serve in yet another way as mentor to the many individuals he has trained and to foster their career development.

He has had a strong interest and has made distinguished contributions to the broad spectrum of neurodevelopmental disabilities. In 1976, the first of numerous grants for which he has served as P.I was concerned with developmental disabilities, the second with prevention of mental retardation. It is therefore not surprising that he

played a key role in the development of a new sub-board in neurology: Neurodevelopmental Disabilities. The creation of this sub-board and the development of a test for competency is the natural result of the desire of a highly committed individual with exceptional organizational and educational skills trying to improve effectiveness of efforts to manage so important a set of clinical problems. The results include another characteristic "Painterism"—achievement of collaboration under a single identity that will in addition foster cooperative research. His efforts, and those of a number of like-minded individuals, have produced the very real possibility of unification of the professional identities of individuals who currently carry the distinctive labels of "child neurologist" and "developmental pediatrician." Dr. Painter is also a member of the Part I Board Examination Committee of the ABPN and has long-term experience as a Part II Examiner.

Dr. Painter has delivered more than sixty invited lectures nationally or internationally. He has served on five editorial boards including *Neurology*, *Pediatric Neurology*, and *Journal of Child Neurology*. He has served as reviewer for an additional ten. He has done yeoman's duty on committees at the University of Pittsburgh. He has served on NIH Site Visit Committees. For Professors of Child Neurology he has served as Chair of the Membership Committee, Councillor, and President. For the CNS he has served on several committees, as Councillor from the East, and as President. He is currently Vice- President of the Child Neurology Foundation.

Dr. Painter is a devoted family man. His other interest includes gardening, fishing, and woodworking. He has made dressers for each of his six grandchildren. He used to love to play racquetball with the child neurology fellows. He is greatly interested in the military aspects of the Civil War and possesses a broad knowledge of that along with a vast number of other subjects.

CHILD NEUROLOGY FOUNDATION UPDATE

2006 Child Neurology Foundation Scientific Award



STEVEN F. STASHEFF,
MD, PhD

STEVEN F. STASHEFF, MD, PhD

Dr. Steven F. Stasheff has been awarded the Child Neurology Foundation's 2006 Scientific Award. The research award, which provides \$50,000 per year for a two year period, will be presented to Dr. Stasheff at the 2006 Annual Meeting of the Child Neurology Society in Pittsburgh, Pennsylvania.

Born in Boston, Massachusetts and raised in Lansdale, Pennsylvania, Dr. Stasheff received his B.A. in biology and physics summa cum laude from the University of North Carolina at Chapel Hill. His long-term interest in physiologic mechanisms of visual function already was evident in his undergraduate research on visual evoked potentials and the nonlinear processing of visual information. His MD and PhD were earned at Duke University, where he obtained fundamental skills in electrophysiologic techniques while studying axon terminal hyperexcitability induced by in vitro epileptogenesis, under Wilkie A. Wilson, PhD. He then trained in pediatrics at Children's Hospital of Philadelphia and in child neurology at Children's Hospital - Boston. Here he remained to complete a Neurological Sciences Academic Development Award (NSADA) under the mentorship of Richard H. Masland, PhD, investigating mechanisms of direction selectivity in a particular highly specialized ganglion cell of the retina. Simultaneously, he trained in neuro-ophthalmology under Jason J.S. Barton, MD, PhD, FRCPC at Beth Israel-Deaconess Medical Center and Thomas Hedges, III, MD at New England Medical Center. He is currently an Instructor in Child Neurology and Neuro-ophthalmology at Harvard Medical School, Children's Hospital-Boston, and Beth Israel-Deaconess Medical Center.

These training experiences and his ongoing clinical practice further fed his drive to probe the fundamental physiologic mechanisms of neurologic diseases affecting the visual system. He began by studying hereditary retinal degeneration, the most common inherited cause of blindness, and in the study funded by the CNF Scientific Award will extend his findings to one of the many neurodegenerative disorders in which retinal degeneration is a central feature: neuronal ceroid lipofuscinosis (NCL).

Dr. Stasheff commented on his receipt of the award: "I am extremely grateful and honored to receive the 2006 Scientific Award from the Child Neurology Foundation. This award will be especially helpful in launching my independent research career and in enabling me to compete successfully for federal funding. It encourages me to maintain my focus specifically on pediatric neurologic aspects of visual system diseases and supports the successful integration of my roles as clinician and scientist. The Foundation's support of this research will raise awareness of neuro-ophthalmology as a subspecialty of child neurology and bring together the disciplines of child neurology, ophthalmology, and neuroscience. Funding from this award will allow me to address more detailed cellular mechanisms of retinal degeneration. I have long held a deep desire to contribute in a lasting way to improve the care of children with severe visual loss and dysfunction. Ultimately, I hope to elucidate mechanisms of neural reorganization by which the visual system responds to neurodegenerative diseases of childhood and thus to contribute to the development of innovative, more effective treatments for a variety of sight-impairing diseases in children."

LEGISLATIVE AFFAIRS COMMITTEE UPDATE

Submitted by Judi Buckalew (CNS Lobbyist), representing Powers, Pyle, Sutter & Verveille

Dr. Janice Brunstrom, Assistant Professor of Neurology, Pediatrics and Cell Biology and Director of the Pediatric Neurology Cerebral Palsy Center at Washington University School of Medicine and St. Louis Children's Hospital testified before the House Committee on Appropriations on March 30, 2006.

Dr. Brunstrom is a pediatric neurologist and NIH funded neuroscientist investigating mechanisms of prenatal brain development who is testing new treatment strategies for children with cerebral palsy. Dr. Brunstrom has been diagnosed with cerebral palsy, having been born three months prematurely with a birth weight of three pounds. Dr. Brunstrom's parents were told that their daughter would never walk or talk and would be mentally retarded, but clearly the experts were wrong!

Dr. Brunstrom spoke very eloquently on behalf of the more than three quarters of a million Americans with cerebral palsy and

urged the Congressional representatives present at the hearing to provide funding to the Centers for Disease Control to establish a national cerebral palsy surveillance program and to increase NIH funded research related to this neurological disorder.

Dr. Brunstrom was speaking before the House Subcommittee on Labor, Health & Human Services, Education and Related Agencies Appropriation Subcommittee as a Congressional witness for an organization known as "Reaching for the Stars – A foundation of Hope for Children of Cerebral Palsy." Dr. Brunstrom serves as a medical advisor for the Foundation. The House Committee on Appropriations conducts hearings every year to receive testimony from select individuals and organizations on the funding needs for various health organizations. It is considered quite an honor to be asked to testify at these hearings and competition is very intense among health groups to be selected to testify.

The testimony provided by Dr. Brunstrom will become part of the official Congressional



Janice Brunstrom, MD, testifying before the House Subcommittee on Labor, Health & Human Services, Education and Related Agencies Appropriation Subcommittee.



L-R: Viquar Ahmad (assistant to Congressman Ralph Regula from Ohio), Dr. Brunstrom, and Cynthia Frisina Gray (co-founder of Reaching for the Stars Foundation).

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record on matters related to the FY 2007 appropriations funding cycle for the Department of Health & Human Services.

Dr. Brunstrom pointed out in her testimony before Congress that cerebral palsy is one of the most common developmental disabilities in the United States, affecting at least 800,000 individuals, but in the majority of cases, the cause of cerebral palsy is still unknown. Dr. Brunstrom testified there is currently no cure for cerebral palsy and it is not preventable and despite improved prenatal testing and obstetrical care the prevalence of cerebral palsy is actually increasing in many parts of the United States.

Dr. Brunstrom asked that Congress add cerebral palsy to the CDC funded surveillance infrastructure systems already in place for

autism and mental retardation, and that CDC establish ten cerebral palsy research sites throughout the United States and asked that Congress provide ten million dollars to fund these research centers.

In addition to the funding, Dr. Brunstrom asked that the House Appropriation Committee insert report language in the FY 2007 Labor, HHS & Education Appropriations bill that would support increased cerebral palsy research funding.

Dr. Brunstrom was received as a highly motivational and stimulating witness. Copies of her testimony and additional information about the Reaching for a Star Foundation can be obtained either directly from Dr. Brunstrom at brunstromj@neuro.wustl.edu or www.reachingforthestars.org.



Ian Miller watches as his mother addresses members of Congress.



L-R: Congressman Ralph Regula (Ohio), Chairman of the House LHHS subcommittee, Colin Bush (a patient of Dr. Brunstrom's with both CP and Epilepsy, who was visiting Capitol Hill on behalf of the Epilepsy Foundation), Dr. Brunstrom.