WELCOME TO THE 40TH ANNUAL MEETING OF THE
Child Neurology Society in Savannah, Georgia. As befits a
commemorative occasion, attendance at this year’s 40th
Anniversary meeting is on track to break the previous record of
950 set in 2008. More importantly – and a sure sign of the
Society’s continued vitality and growth – the number of attendees
at this year’s meeting who were not yet born in 1980 may well
surpass the number attending the 9th Annual CNS Meeting in
Savannah that year: 347. Included in this year’s “Youth Corp” are
over 30 Junior Members presenting as first author of a platform or
poster presentation, more than a dozen medical students, and
two dozen CNS Members passing their board exams in the last
year, all of whom had their registration fee waived thanks to
continued grant support of the CNS Future Leaders Program by
Questcor Pharmaceuticals, Inc. “Senior” CNS members who have
attended more than 20, or even 30, annual meetings are strongly
couraged to engage members currently in their 20s and 30s in
discussing their work at the Child Neuro News Break on Thursday
afternoon, from 4:00 PM - 6:00 PM, a walk-around poster review
session (wine & cheese served) made possible by the continued
financial support of Eisai, Inc.

A jam-packed scientific program has been prepared for you
by Dr. Steven Miller and his committee (see schedule, page 21).
A splendid, storied Southern city awaits you as well. Enjoy what
promises to be a memorable meeting!

The Basics
A River Runs Through It
THE most basic piece of information ALL attendees should know
about the 40th Annual Child Neurology Society Meeting is that the
Westin Hotel and the Savannah International Trade & Convention
Center, at which all CNS programming is scheduled, are located on
one side of the Savannah River, while all other hotels, restaurants, and
historic sites of interest are located on the other. A river shuttle runs
between the Westin/Convention Center, the Hyatt, and the Marriott
every 20 minutes, beginning at 6:00 AM. Attendees who are not
staying at the Westin will want to check departure times from the Hyatt
and the Marriott to ensure on-time arrival at the Convention Center.

Registration
• NDC Registration: Tuesday & Wednesday (Session is 100% filled)
  Materials for the NDC Symposium may be picked up from
  2:00 PM - 8:00 PM on Tuesday in the Savannah International Trade &
  Convention Center adjoining the Westin. Registration continues on
  Wednesday beginning at 6:30 AM in the same location. Continental
  breakfast will be served outside the Oglethorpe Auditorium, with the
  session scheduled to begin promptly at 7:30 AM.

• Regular CNS Registration: Wednesday – Saturday
  Registration for attendees NOT signed up for the NDC Symposium
  begins at 2:00 PM in the Savannah International Trade &
  Convention Center.

Continued on page three
CHILD NEUROLOGY SOCIETY
From the President

WE ARE ALL EXCITED ABOUT CELEBRATING OUR 40th Anniversary Meeting in beautiful Savannah. There is a rich and varied scientific program and enough extracurricular activities to keep everyone busy and tired. I am also celebrating my exit as your president and I wanted to review the goals I published and the progress made.

My goals were:

1. Establish our strategic priorities so that we most effectively use our resources

With the assistance of our Long Range Planning committee we have been able to identify these priorities and have accomplished some of our short term goals, most notably incorporating our junior members into the activities of our society and our annual meeting. We have also made stronger ties with our adult colleagues through meetings and discussions with the ANA, AAN and our pediatric colleagues through the PAS (APS and SPR). Our outgoing and outstanding Scientific Program chair, Steven Miller, will soon be President of the Society for Pediatric Research, the first child neurologist in that position.

2. Engage our entire membership through a more effective communications strategy

We have worked hard to get the word out through the newsletter, website and e-mail communications. Obviously it is difficult since we are all constantly barraged with materials, but we seem to have made progress.

3. Entice our trainees to become junior members and participate in our activities

We now have junior members on our committees and a greater presence than ever before from this part of our membership at the annual meeting (more than 155 child neurology residents, 17 medical students, and 23 newly boarded child neurologists)

4. Cultivating a closer, clearer, more effective relationship with the Child Neurology Foundation so that we have a single voice to advocate for the needs of our patients and their families. We still have a way to go on this initiative, but with Larry Brown, CNF President, we have strived to involve each other in dialogue. We still need to consolidate our fundraising and advocacy initiatives so that we are not competing against ourselves.

Since this is my last time on the soapbox, and the 40th time the CNS has gathered for its annual meeting, it seems fitting to reflect a bit on my career – my expectations and experiences as they have evolved since I was a junior member in 1982. I remember being in a fancy resort in Arizona surrounded by senior colleagues at a symposium. Up the center aisle to the podium marched a woman with her toddler in a stroller. She talked about newbrain injury......and I was hooked. Her name is Laura Ment, this year’s Sachs awardee, and a longtime colleague and friend in the field of neonatal neurology.

That early meeting gave me hope that I could be a mom and have a career (I was in a department of ALL men at the time; the wonderful Bruce Berg was my chief). At that time, I had a two-year-old daughter and would soon have a son a few years later. Through networking at the CNS meeting I also met two critical advocates from NINDS: Giovanna Spinella and Deborah Hirtz. Both provided guidance and support through many grant applications and advocated for my research. Deborah is this year’s Hower Awardee.

My initial research was predominantly basic and translational, but through clinical exposure, I rapidly became involved in clinical research. With a generous joint grant from the CNS and CNF, we established the nidus of our stroke interest group, now led ably by Gabrielle deVeber and named IPSS (International Pediatric Stroke Study). This group first gathered at the CNS meeting in Victoria in 2001 with just enough members to fit around a big conference table. A decade later, it boasts 248 investigators at 148 centers in 40 countries worldwide! Again through a multicenter CNS-CNCF grant, we have formed the NESTT–Neonatal Seizure Treatment Trial Group that, hopefully, will be as successful as the IPSS.

I had a wonderful 13 year tenure as the Division Chief of Child Neurology at UCSF and now have stepped up Continued on page eleven
AWARDS COMMITTEE UPDATE & PROFILES
40th Annual Meeting in Savannah, Georgia
by NIGEL BAMFORD, MD, CHAIR

THE CHILD NEUROLOGY SOCIETY WILL RECOGNIZE FIVE members at the 40th Annual CNS Meeting in Savannah with the presentation of the following awards:

CNS Lifetime Achievement Award
Presented to Warren Grover, MD
on Thursday morning, October 27

The Arnold P. Gold Foundation Humanism in Medicine Award at the Child Neurology Society
Presented to Shaul Harel, MD
on Friday morning, October 28

CNS Philip R. Dodge Young Investigator Award
Presented to James Dowling, MD, PhD
(with lecture to follow) on Friday morning, October 28

CNS Bernard Sachs Award
Presented to Laura Ment, MD
(with lecture to follow) on Friday morning, October 28

CNS Hower Award
Presented to Deborah Hirtz, MD
(with lecture to follow) on Saturday morning, October 29

Those honored were selected by the CNS Awards Committee and subsequently approved by the CNS Executive Committee.

The CNS Awards Committee is composed of nine standing members plus chair (6-year terms) and three Young Investigator Awardees (3-year terms). The committee membership draws from a breadth and depth of seniority and experience in pediatric neurology, and the constant influx of the prior three Young Investigator Awardees provides a fresh outlook each year.

The Awards Committee meets at the CNS Annual Meeting to consider nominations for the following year’s Sachs, Hower and Lifetime Achievement Awards submitted by members of the Child Neurology Society. All CNS members are encouraged to submit nominations (the deadline for submitting nominations for 2011 awards was October 17). The deadline to submit nominations for the 2012 Arnold P. Gold Humanism in Medicine Award at the Child Neurology Society is June 1, 2012. Application deadline for the 2011 CNS Philip R. Dodge Young Investigator Award is April 1, 2012.

Profiles of this year’s Sachs, Hower and Arnold P. Gold Foundation Humanism in Medicine award recipients were written by Dr. Robert S. Rust, Chair of the CNS Archives Committee. Dr. Howard Goodkin wrote the Philip R. Dodge Young Investigator Award profile and Dr. Jim Riviello filled in for Rob by penning the profile of his mentor, Dr. Warren D. Grover, recipient of this year’s CNS Lifetime Achievement Award.

CHILD NEUROLOGY SOCIETY
40th Annual Meeting
CONTINUED FROM PAGE ONE

Lunch

• Thursday – You’re On Your Own!
Quick a la carte options will be available in both the Convention Center and the Westin.

• Friday – Box Lunches
The majority of box lunches will be distributed in the middle of Exhibit Hall A (Level 1, Convention Center). Those attending the Moderated Poster Session in Chatham Hall C will find box lunches in back of the room.

CME Credit

It’s simple, really: Attend the sessions, fill out the required on-line survey form by November 19, and you’ll have a certificate sent to you by December 10; miss the deadline, and you won’t.

On-line CME survey will be available beginning Thursday, October 27.

Junior Member Seminar

“Training Child Neurologists – A 40-Year Journey”
Friday, October 28; 4:45 PM - 6:00 PM Oglethorpe Auditorium

As part of our efforts to mark the 40th Anniversary Meeting of the Child Neurology Society, this year’s Friday afternoon Junior Member Seminar will feature a bit of “live” oral history that may well play a part in laying the foundation for the next forty years. The 75-minute panel discussion moderated by Steve Ashwal and Rob Rust will draw on the collective memories of CNS members of varying ages, gender, training and career paths to capture and convey for the 175+ medical students, residents, and newly boarded CNS members attending some sense of the changing landscape of child neurology since the Society’s founding in 1972. Featured panelists include: Drs. Donna Antonucci, Marvin Fishman, Jayne Ness, Nina Schor, Kenneth Swaiman and Ann Tilton. Financial support was provided by Questcor Pharmaceuticals, Inc. as part of the Future Leaders Program.

(This session is reserved for Junior Members of the CNS. Non-Junior Members are welcome, but to ensure seating for Junior Members we ask that you wait until 15 minutes after the session starts before taking a seat.)

ELECTION RESULTS

Two new officers were elected to serve on the CNS Executive Committee in balloting completed over the past summer: Barry Kosofsky, MD, PhD was elected to a two-year term as Councillor from the East, replacing Sakkubai Naidu, MD, and Suresh Kotagal, MD was elected to a two-year term as Councillor from the Midwest, succeeding Warren Lo, MD.
CNS ANNUAL MEETING
Award Profiles

CNS Lifetime Achievement Award

WARREN D. GROVER, MD
(Presented Thursday, October 27)

Warren D. Grover's career in child neurology was ground breaking. As a master of the academic triple threat, he tirelessly provided exceptional care to children whose clinical conditions ranged from simple neurological diagnoses to those that were life-threatening or exceedingly rare. His dedication to the everyday work of taking care of patients was the foundation for his success as a clinician, educator and researcher.

Warren Deacon Grover, known as “the Deacon,” and then as “D” by his family, was born on November 2, 1928, in Mount Holly, New Jersey. He obtained a BS in Biology from Bucknell University and his MD from Temple University in Philadelphia. Following internship at Philadelphia General Hospital, he served in the US Navy for two years, then returned to Philadelphia for pediatrics training at St. Christopher's Hospital for Children. After a short time practicing general pediatrics, an experience that no doubt contributed to his excellent general pediatric knowledge and his superb clinical abilities and acumen, he trained in neurology at Temple University Hospital and child neurology at the Children's Hospital of Philadelphia; under Charles Kennedy.

Dr. Grover returned to St. Christopher’s Hospital and Temple University School of Medicine in 1967. He was the first formally trained, board-sanctioned child neurologist in the Neurology program. He had a very rapid rise through the academic ranks, first as Assistant Professor in 1967, next to Associate Professor in 1969, and finally, to Professor of Pediatrics and Neurology in 1976. He remained at St. Christopher's Hospital for his entire career.

Dr. Grover became the Director of the Division of Child Neurology and the Handicapped Children's Unit (“the HCU”) at St. Christopher's Hospital in 1978. The HCU had a long history of utilizing the team approach to deliver services to children with cerebral palsy. Under his guidance, and working collaboratively with Dr. Anthony Pilleggi, an esteemed neurodevelopmental pediatrician, the training programs in both child neurology and developmental pediatrics flourished. At its height, there were two child neurology fellows and two developmental pediatrics fellows per year. During his tenure as Director, Child Neurology increased to five neurologists, three developmental pediatricians, and several nurse practitioners and research assistants.

Dr. Grover loved making patient rounds. Rounds were twice a day, in the morning and the late afternoon. He made rounds so much that when asked where he had been during several historic events, the answer was always the same: “I was making rounds.” Every case, both the simple and complex, was for teaching. The residents learned that no properly analyzed neurologic problem was simple. Every admission was presented and then dissected, starting with the history, then the neurologic examination, lesion localization, differential diagnosis, evaluation, and finally, the treatment. The proper equipment was always in his black bag: the stethoscope to listen for cranial bruits, the large flashlight for transillumination in the pre-CAT scan or MRI days, and the Wood's lamp. Legend has it that during one outpatient visit, after placing his stethoscope on the child’s head to listen for a cranial bruit, she turned to her mother, a nurse at the hospital, and with a quizzical look on her face uttered “but I thought you said he was a good doctor!” Fellows typically spent 6 hours a day rounding, but never complained, realizing they were being taught by a master. Stacks of articles for the weekly journal clubs were distributed, with his famous hand-written “20 copies” at the top, the original faded by repeated photocopying. Dr. Grover was the first recipient of the Victor C. Vaughan, M.D. Award for Teaching Excellence at St. Christopher's Hospital, an accomplishment of which he was very proud. He was esteemed throughout the tri-state Philadelphia area for his clinical care, receiving innumerable awards and recognition and, because of the demand for his services, he saw outpatients every day in-between inpatient rounds.

His use of language was erudite and precise, reflecting his approach to the description of the neurologic examination. This requirement for language precision caused consternation for many a fellow when writing manuscripts, with these manuscripts re-written many times in order to achieve precise wording and clarity. However, the fellow was rewarded when the manuscript was accepted without a single requested revision!

Although Dr. Grover was a master of every subspecialty in child neurology, his work in metabolic diseases and neurocritical care led him to describe new treatments and identify new clinical syndromes. Dr. Grover was not afraid of the ICU. While most neurologists of his era shunned the ICU like a plague, the Neurology service cared for many children in the...
PICU before the days of pediatric critical care medicine. He was especially facile in the care of Reye’s Syndrome and near-drowning, devising treatment protocols for increased intracranial pressure using barbiturates and monitoring intracranial pressure. In order to make management decisions to save the brain, Dr. Grover mandated that Neurology be involved at the onset, saying, “We must be involved at the beginning,” rather than merely a late involvement to only define neurologic deficits. It is a little known fact that his astute clinical observations led to the first description of infant botulism, along with Henry Baird, in a letter to the Lancet, “Pseudo-myasthenia gravis of infancy,” followed by a more complete description in “Recovery following cranial nerve dysfunction and muscle weakness in infancy.”

Neurocritical care research done by his fellows resulted in the following: “The Fallacy of Varicella Hepatitis: Evidence for Reye Syndrome”; “Evidence that Rheumatic Encephalopathy may Represent Reye Syndrome”; “The Value of Plasmapheresis in Hepatic Encephalopathy”; “Outcome of Status Epilepticus Treated with Phenobarbital in a Pediatric Population”; “Hypoxemia and Hemodynamic Changes during the Hypercarbia Stimulation Test”; “Efficacy of Primidone for Seizure Control in Neonates and Young Infants”; and “Timing of Maintenance Phenytoin Therapy after an Intravenous Loading Dose.” He was also one of the first to research the encephalopathy of chronic renal failure.

He was fascinated by all neurometabolic disorders and approached these disorders in a manner similar to his approach to neurocritical care, not only to make a diagnosis but to search for ways to treat and protect the brain. He has made seminal contributions in two of these, the copper and mitochondrial disorders. He studied all aspects of Menkes Disease, (or more properly, trichopoliodystrophy), describing the associated vascular and bladder abnormalities, researching copper infusion therapy, and finally identifying the neurotransmitter defects, published as “A defect in catecholamine metabolism in kinky hair disease,” in Annals of Neurology. Children with Menkes Disease came to St. Christopher’s Hospital from all over the US for his care. Dr. Grover studied disorders of lactic acid metabolism before there were mitochondrial disorders. Fellows learned that the CSF examination was a requirement when no specific diagnosis had been made. A family grateful for his care to their two children established the Barnett Center for Investigation of Mitochondrial Disorders, with Dr. Grover serving as the Medical Director. His legacy continues in the Child Neurology division at St. Christopher’s Hospital, where there is ongoing research in mitochondrial disorders, and in the many fellows that he trained around the US and the world.

Dr. Grover was one of the first child neurologists to understand the importance of the pediatric neurology nurse practitioner in the care of the child and in the changing health care environment. The Association of Child Neurology Nurses now has the Elizabeth F. Hobdell Nursing Research Grant, named after his devoted research clinical specialist and nurse practitioner.

His fortitude, strength, and love of neurology were evident in his approach to his personal experience with histiocytic lymphoma of the thyroid. The only work missed during his entire treatment was at the beginning, following the initial surgery. Dr. Grover made sure that his chemotherapy was scheduled for Friday afternoons, so that he could recover over the weekend and return to work, which he did, every Monday morning.

Dr. Grover greatly enjoyed sports, linguistics, and semantics. Dr. Grover played football: he was an end at the Rancocas Valley High School, in Mt. Holly, Nj, and is enshrined in the Rancocas Valley Regional High School Football Hall of Fame. He was also an avid golfer and runner. Given his propensity for the proper use of language, he enjoyed the “Word of the Day Calendar”; concerned for our overall education, he always managed to somehow introduce this word into morning rounds. He became flustered only once during rounds, when a clever resident detected the origin of this additional daily vocabulary instruction and began using the word on rounds before he could use it!

Dr. Grover was supported throughout his career by his wonderful wife, Connie, and their four children: Christopher, a company vice-president; Joel, a psychologist for the deaf; Allyson, a geriatrician; and Timothy, a geology professor. Connie and he are now retired in South Carolina, where he had been able to play his beloved golf and they can enjoy sitting outside year-round in the sun, looking at the marsh.

Profile written by James J. Riviello, Jr., MD
Arnold Gold Foundation Humanism in Medicine Award at the Child Neurology Society

SHAUL HAREL, MD
(Presented Friday, October 28)

Shaul Harel was born Charlie Hillsberg in Brussels, Belgium in 1937, the youngest of five children. His father was a haberdasher and a cantor, distinguished for his particularly beautiful voice. A happy childhood and formal education were brutally and irrevocably disrupted at age five. In the first stage of Nazi occupation of Belgium his oldest brother volunteered to do agricultural work in Germany with the promise that this would save further trouble to his family. He was sent to Auschwitz. The deportation and deaths of his parents and his becoming one of the “hidden children” followed. Dr. Harel has recently and movingly commemorated his experiences under the care of Andrée Ceuleen (known to “her children” merely as “Mademoiselle”) and her network of individuals who risked their own lives to protect these children. He did so with a film and by writing a recently recorded song. The song recalls Mademoiselle’s extraordinary bravery in responding to the ugly and imminent threats made to Charlie and other small Jewish children by a German soldier who could not believe that an Aryan woman would protect them. As he recalls, she responded, “Comment vous, les descendants de Goethe et Schiller, n’avez pase honte de faire la guerre contre des enfants innocents?” For the confused and despairing child that was to become Dr. Harel, this woman “brought the smile back to my face.” It is a gift that Dr. Harel has subsequently repaid countless times in return. As he frequently observes: “to put a smile on the face of a child makes my day.” He has instilled the love of this reward and the manner of achieving it with a child in the many students, residents, and colleagues with whom he has associated in his long career.

Dr. Harel left Belgium for Israel at 12-years-of-age, in 1949. He adopted, as was customarily urged, an Israeli name, Shaul Harel. Dr. Harel fought in the Sinai War of 1956 and was seriously injured. Despite his interrupted formal education, he was able to attend the Hebrew University School of Medicine. Deeply interested in neurological development of infants, he wrote his thesis on minimal brain dysfunction. As a family doctor and pediatrician, he first practiced in a remote city of southern Israel. His work was interrupted by service as a physician in the 1967 War. He met and got on well with John Menkes in Jerusalem and was invited to train in neurology and pediatrics at UCLA. From the start of his training he became involved in research, employing a rabbit model to study the effects of intrauterine growth retardation on brain development. His results were published in 1972 as the first of 106 ensuing full-length publications. It remains his most highly cited (124 times), though more than 50 of his papers have had quite significant numbers of citations. His training and his laboratory work were interrupted by the Yom Kippur War of 1973; he returned to his rank of Major for two months in active service as a physician. His wife, Dalia, cared for their three children in California in the meantime, worrying and awaiting his return. Of his wife, Dr. Harel has observed, “she was the real hero.” His family, residency position, laboratory, and salary were carefully protected by Joe Van Der Meulen, Chair of Neurology at USC, in exchange for Dr. Harel’s promise “to keep his head down when under fire.”

Upon his return to America Dr. Harel completed his neurology training as well as a special fellowship in child development, including a travel fellowship that permitted him to review throughout the United States methods of follow-up for high risk infants. He was able to apply what he had learned about such methods upon his return to Israel in 1975. He took up practice at the University of Tel Aviv—the start of what would be 37 years of devoted service. He was aware and appreciative of the work that Dr. Naomi Amir had done in the establishment of care for children with neurological disabilities. He wished to broaden and enrich the nature of such practice. He initiated well-baby clinics and early-recognition/intervention neurodevelopmental evaluation and remediation programs. He established the Institute for Child Development and Pediatric Neurology, serving as Chief for nearly 40 years. He became a valued participant in the National Scientific Council of Israel. At the same time his wife, Dalia, became a highly valued participant in the development and ensuing adjustment of the national agricultural councils and programs of Israel, at which she has worked tirelessly for many decades.

Since 1969, Dr. Harel has been a teacher and mentor for medical students, physicians in practice, therapists and nurses. He has demonstrated exemplary concern not only for the quality of the scientific and clinical education of child neurologists and neurodevelopmentalists, but also the close attention, care, and concern with which he nurtures such individuals during their moments of career indecision and other stresses common to this interval of professional training. He was the driving force behind the development of training and certification programs in Israel for child neurology and developmental pediatrics. He has exemplified, sine qua non, the manner in which history and examination of children may best be performed and he has done the same as a model of clear and deliberative thinking, calm determination to do the right thing, and an attitude of respect for patients and
colleagues alike. Upon his return to Israel he resumed his work on the basic science of perinatal brain injury and of brain development employing a canine model, work that in continuation with his work on rabbits has proceeded uninterrupted for decades. At the same time he initiated and has continued his large-scale longitudinal neurodevelopmental studies of human infants with intrauterine growth retardation. His basic and clinical research has received continuous grant support from 1975 to the present.

His activities in presenting research to international symposia started in 1973 in Italy and have continued in uninterrupted fashion to the present. His association with the CNS started with his attendance at the second meeting of the Society in 1973. Very early in his career, Dr. Harel graduated from being a sought-after speaker at such meetings to the position of organizing them. He was elected to the Executive Board of the International Child Neurology Society in 1976, serving continuously since that time. He was Chair and President of the ICNA World Congress in Jerusalem in 1986. He was elected Chair of the Israel Pediatric Neurology Society in 1986. He co-founded the Mediterranean Child Neurology Society in 1986 and served as President of the 3rd Meeting of the Society in 1989. He was Chairman of the 1st International Symposium on Pediatric Neurosurgery and Neurology in Tel Aviv in 1990 as well as a Co-Chairman of the 5th International Child Neurology Asian/Oceanian Congress in Tokyo in that same year. He served as Secretary General of ICNA from 1994-98. He was President of the first Congress of European Pediatric Neurology Society meeting in 1995. He was on the Planning Committee of the 17th World Congress of Neurology in 1999. He was invited to become a Fellow of the Royal Society of Medicine in 1999.

Dr. Harel has devoted himself to the clinical and scientific characterization of the transition from prenatal to postnatal life. He has published 106 full length original papers, 25 case reports, 26 book chapters, and he has edited five books including a textbook on child neurology for which his co-editors were Joseph French and Paul Caesar. He has delivered 95 invited papers at scientific meetings and 141 submitted ones. More than twenty highly cited papers characterize the mechanisms of brain injury individuals with intrauterine growth retardation (IUGR), including those associated with partial ischemic and other deleterious episodes as well as the clinical manifestations of the effects of the various forms of brain growth impairing stresses. The various patterns of resulting dysfunction that patients may experience with intellectual and other cerebral functions are meticulously characterized. His investigations consider as well the manner in which combinations of such dysfunctions constitute what he has termed disturbed functional coherence in every day life. With his colleagues he has demonstrated the variation in effects of the timing of IUGR, the late variety associated particularly with frontal lobe network dysfunction. He has similarly subdivided and characterized the memory deficits of children with IUGR. He has characterized velocity curves for brain growth under various experimental conditions. He has demonstrated repeatedly that the cephalization index (ratio of head circumference to weight at birth) is the best single indicator on physical examination of risk for such dysfunctions on long-term followup and he has provided and validated other more detailed indices of risk such as the neonatal risk score. Other studies consider the value of assessment of infantile movement patterns, visual function, and other indices of development. He has provided this and other information in order to assure identification and early intervention, individualized according to deficit profile, in order to improve outcome. He has investigated problems in other organ systems associated with IUGR, such as renal glomerular developmental abnormalities and neuroendocrine dysfunction. His work on the epidemiology of childhood epilepsy is also highly cited, as are his considerations of the metabolic effects of chronic anticonvulsant treatment of epilepsy, the risk for unprovoked seizures after complex febrile convulsions, and that the risk for epilepsy is low in children with developmental disabilities unless they also manifest cerebral palsy or mental retardation. Other large and carefully executed studies consider such varied topics as the manifestations of mitochondrial disorders, clinical categorization of chronic headache, neurocutaneous disorders, treatment approaches to cerebral palsies, neuromuscular conditions, autism, alternating hemiplegia, movement disorders, sleep disturbances, ataxias, neuro-oncology, and a variety of heritable metabolic diseases.

Dr. Harel has devoted himself as well to the establishment, growth and development of child neurology in Israel. Dr. Harel was invited to participate in a Vatican-sponsored “Seminar on Peace and Human Rights” in 2000 intended to encourage Muslim, Christian, and Jewish individuals to meet together to understand and respect one another. For his contributions to this effort, Dr. Harel was received by the Pope in Rome. In 2007, Dr. Harel organized a conference in Jerusalem on “Children Hidden in Belgium During the Holocaust.” The motto of this conference was Santayana’s: “Those who forget the past are condemned to repeat it.” The conference aimed not only at commemoration, but also at respect and understanding for the resilience of children and the nobility and sacrifice of those who wish to protect them at whatever risk.

Dr. Harel’s abundant virtues and his many contributions have received considerable recognition, including that of a grateful Israeli Ministry of Health in 2001. In 2010 he received a special award from the Israel Society for Child Development for Lifetime Achievements in contributing to and promoting child development. But it is likely that to him, the greatest honor involves the manner in which the countless children he has cared for over his long career readily, trustingly, and without reservation embrace his friendship and caring attitude. He meets them eye-to-eye with mutual respect as he does their parents, regardless of their ancestry or religion. He did so without distinction on the basis of the socioeconomic status of children and families, devoting himself for four decades to the cause of the rights of children to high quality and readily accessible health care. He has a warm and engaging personality and an excellent sense of humor. He nourishes the hope that the day will come when Israeli-Palestinian cooperation will nourish the development of an ever greater institution for clinical and scientific undertakings that will serve the needs of all children of the region.

Professor Dr. Harel exemplifies a quite remarkable quality of resilience and hopefulness, of appreciation for what is best in the human soul and in the human willingness to help others. He does so despite exceptional knowledge of what can go wrong and be wrong in human behavior. He has Madame Montessori’s sense that his job is to find the little embers in children and blow on them until they burn brighter. His science has been intended not only to do this, but to find ways of preventing those things that impair the function of those little embers. He clearly would like to improve many other things in the world—to make them better, to do what is fair and right. He has the capacity to demonstrate and prove what is right by the elicitation of a child’s smile and the corresponding and immediate elicitation of warmth in his own good heart—two highly complex neurological reflexes that place all else in life in perspective. They are forces that fuel the hope that such reflexes somehow engender more widespread human understanding and appreciation of each other, the desire to work hard for the welfare of each other. He knows better than most how bitter and ugly life may be. Still, his experiences have not made him less hopeful that human nature is capable of being better than it knows.
LAURA MENT, MD

*Bernard Sachs Award*

*Presented Friday, October 28*

Dr. Ment is the daughter (one of four children) of an exceptional physician who initially undertook general practice in Pennsylvania but subsequently trained in pediatrics at Columbia. Her mother is also an exceptional individual, a musician. Dr. Ment is a member of a family particularly marked for their sense of dedication both to meaningful achievement and to finding opportunities to learn and to “do the right thing.” Dr. Ment’s teen-age educational perspective was enlarged by spending a summer in Switzerland with two of her father’s fellow Columbia trainees who had become professors, child neurologist/neuroscientist, Ray Chun and his wife, developmental pediatrician, Memee Chun. Ray Chun spent that summer engaged in basic science at the Brain Institute in Zurich. Asked what she wished to do, the classically educated Laura Ment told the Chuns she wished to travel to the Graubunden, where she was aware that the Latin dialect, Rhumantsch, was still spoken. She was determined to converse with those who spoke this language. She did so (first ordering a loaf of bread), and in so doing manifested the remarkable preparation, resolve to learn and observe, quiet and unassuming poise, clarity of aspiration, and determination that have proven characteristic of her remarkable career.

Certain individuals played particularly important roles in Dr. Ment’s professional choices and development. Her father, as well as Rae and MeeMee Chun were her earliest role models. Dr. Ment was a member of the last class to enter Brown University’s adjunctive Pembroke Women’s College prior to Brown becoming a fully coeducational institution. The last Pembroke College Dean, Rosemary Pierrel told these women that they could “be anything they wanted to be, do anything they wanted to do.” This was a message that Dr. Ment believed with all of her very determined heart.

Dr. Ment’s MD degree was conferred by Tufts University in 1973. Her training in pediatrics and neurology was completed at the Massachusetts General Hospital, an achievement tragically shadowed by the death of her first husband during their internship year. Dr. Ment’s decision to become a pediatrician involved strong consideration of becoming a neonatologist. Her pediatric internship year was the same year that the first CT scanner arrived at the MGH. This modality and another role model – Dr. Krishnamoorthy, who was instrumental in employing that modality in studying and caring for children – were decisive in directing her towards devoting herself to the study of the brains of immature infants, the care and improvement of the outcome such brains might experience.

Nathan Talbot and Ray Adams arranged for Dr. Ment’s neurological training. Dr. Adams made the additional critical suggestions to Dr. Ment that she take Pasco Rakic’s course in developmental neurobiology at Harvard and that she pursue the neonatal neurological fellowship obtained in 1973 at Hammersmith Hospital under the guidance of Dr. Pamela Davies. Dr. Davies’ interest in intellectual aspects and other outcomes found in very low birthweight infants took seed and has remained at the center of Dr. Ment’s clinical and scientific endeavors throughout her career.”

In 1979, Dr. Ment joined the medical faculty of Yale University, rising to the rank of Professor of Pediatrics and Neurology in ten years. She concentrated from the start on the neurological care and scientific investigation of the neonate, demonstrating her earnest desire to better understand these infants and thereby improve their outcome. From the start she manifested extraordinary diligence in the evaluation of the neonate, with an unusual degree of attention to detail and deftness in examination. Small notes were passed to Pediatrics residents to assure that every important detail was attended to, in exchange for which they were invited to revisit the bedside to reinforce clinical observations she was sure they “had also noticed.” Her businesslike, meticulous professionalism and intelligent approach to the solving of clinical problems exemplified characteristics that were and remain irresistibly and easily acquired by those in training under this caring individual who is also a master clinician-scientist. A particular encouragement to do so was to receive in return one of the fleeting warm smiles that signified that things had been done right and well by that resident. It is not surprising that in her third year at Yale she received the Pediatric Faculty Teaching Award – the first of what has become a sizeable list of such awards.

Dr. Ment’s career as a neuroscientist began with her careful clinical observations of sick infants at presentation and in followup. Very quickly she carried the bedside to the bench and was awarded in 1981 her first grant, which underwrote the development of her well-known Beagle Puppy Model for the study of intraventricular hemorrhage. The three-year $75,000 award has been followed by 27 additional grants for both basic science and clinical studies as PI or site PI (20), Co-PI (1), Multicenter Site PI (2), or Investigator (4). Dr. Ment’s funding for these various grants has amounted, over an uninterrupted period of funding of 32 years, to an investment in excess of $18 million. The results are expressed (to date) as 144 original clinical and basic science papers. There are in addition...
eight case reports or thoughtful observations on clinical practice standards that variously address headache, muscular or metabolic genetic conditions, and child abuse. Dr. Ment is either first or senior author of 111 of the original scientific papers (76%). Of these, 128 concern the neonate (87.7%), 66 (45%) addressing questions concerning the antecedents, genetic and gestational age aspects of vulnerability, pathophysiology, clinical manifestations, prevention, treatment, and outcome of intraventricular hemorrhage in the premature infant. These studies include well known clinical and experimental assessment of the preventive and ameliorative aspects of a variety of various times interventions, including indomethacin, corticosteroids, and mode of delivery. Factors ranging from cardiovascular stress or birth-related hemorrhage or from meningitis as well as neurosurgical entities including myelomeningocele and vascular malformations and their management are considered with regard to their impact on neonatal well-being.

Dr. Ment’s basic science studies have resulted in 19 papers reporting results based on the Beagle Puppy Model, as well as a number of more recent studies employing rat and mouse models. These animal models have been employed not only in studies of IVH, but also of stroke, asphyxia, and other forms of hypoxic-ischemic brain injury. The studies detail results obtained from a variety of methods of studying and assessing the effects of cerebral blood flow alterations, metabolic derangements, gestational age related aspects of microvascular/angiogenetic and brain cellular (neuronal and glial) development. They have examined developmental and other variations in the effectiveness of mechanisms for plasticity and repair of brain injury, particularly including the role that astroglial cell lineages play in brain development, regeneration, and repair. Recent studies have provided important evidence concerning the influence of the growth factor FGFR-1 on cellular plasticity in injured developing brain and the influence that GFAP promoter activity has on GABA interneuron development in the postnatal cerebellum.

Among the many other important observations that have been made in these studies is the early and unexpected recognition of the role that sex of the infant plays in vulnerability and type of injury as well as outcome. Dr. Ment and her colleagues observed the possible association carefully crafted program of investigations, allowing the information garnered in carefully controlled animal experiments to be placed within the context of observations made in human infants on the basis of various forms of imaging including bloodflow studies. Dr. Ment’s important and pioneering role in imaging the newborn brain has provided leadership that has been equaled by few others, Dr. Ment was first author of the 2002 practice parameter on brain imaging of the neonate. She has extended her approach to functional images employed in the study of language processing and cognitive outcome of the premature neonate. Dr. Ment and her colleagues have turned part of their multifactorial attention to the functional connectivity of the non-dominant hemisphere in language development and function in adolescents that experienced premature birth. Various forms of intracranial pressure and electroencephalographic monitoring are also considered.

The many multicenter followup studies that Dr. Ment originated and organized, or those that she has subsequently participated in as a Site PI, have proven an enormous boon to the understanding of the cerebral palsies; she has been a pre-eminent leader in such studies throughout her career. The many important contributions include not only the long-overlooked distinctions in vulnerability of boy and girl infants, but the delayed onset forms of deterioration that may occur and have also been overlooked. Regional variation in brain volume have been correlated with particular aspects of long-term cognitive outcome – her paper on this subject from 2000 is her most highly cited paper (357 times). Ninety-nine of her papers (59%) have been cited more than ten times. It has been mentioned that from the start of her career no detail was too small or seemingly insignificant enough to fail to be noted by Dr. Ment. Her most recent paper, concerning early predictors of hypertension in prematurely born adolescents demonstrates that that discerning scrutiny and her unceasing desire to achieve whatever may be achieved in improving the lives of children does not end as those children grow older. Dr. Ment’s papers have been cited more than 4300 times. She has written fifty thoughtful and stimulating chapters, presented 67 original papers at scientific meetings, and her invited presentations are too numerous to list in this space.

Dr. Ment’s own family life has been something that is of great importance to her and she has throughout her career served as a model as well as counselor for the manner in which career and family life may best be balanced – not only to women in medicine, but also to men (who may need the advice even more). It is indicative of this balance that her second husband, the distinguished neurosurgeon Charles Duncan, is among the co-authors of 58 (38%) of her papers. There is in this professional relationship some well-balanced variation as to whom is identified as senior author. Their collaboration has extended to the raising of five children. As an additional aspect of Dr. Ment’s life, she is a devoted runner. In that avocation as in all aspects of her professional and domestic life, she is true to the character of her parents: she always achieves what she sets out to do and does it well. In 1999 Dr. Ment became Chief of the Pediatric Specialty Center at Yale, and in 2006 Associate Dean of Admissions. Yale has recognized her distinction with the Leah Lowenstein Award (1988), the AMWA Award (1997), the Francis Blake Gilman Award (2001) election to the Society of Distinguished Teachers (2002) and the Yale School of Medicine Class of 2006 Teaching Award. She was the first recipient of the Raymond W. Chun, MD Visiting Professorship at the University of Wisconsin (1996). In 2002 she was awarded the 18th Annual Philip Dodge Lectureship at Washington University, St. Louis. In 1999 she was a Visiting Professor at the Taiwan University School of Medicine and in 2004 she was Visiting Professor at the University of Kentucky.
DEBORAH HIRTZ, MD  
(Presented Saturday, October 29)

A native New Yorker, Deborah Hirtz attended the University of Chicago, from which she was awarded a B.A. degree with Special Honors in Biology in 1969. She completed medical school at Hahnemann Medical College in 1973. This was followed by a full three-year residency in pediatrics and two years of training in child neurology at the Children’s Hospital National Medical Center, then a year of training in adult neurology at George Washington University Medical Center. She obtained Board Certification in Pediatrics in 1978 and in Neurology with Special Competence in Child Neurology in 1981. From 1981-2007 she served as Consultant in Child Neurology at the Montgomery County Health Department. She was appointed Consultant in Neurology at the National Children’s Medical Center, Washington, D.C. in 1979, a position she continued to hold until 2003. Between 1979 and 1984 she served as an Expert Consultant in Child Neurology at the Developmental Branch, NINDS, with promotion to Medical Officer, Child Neurology in 1984. She held this position until 1999. Between 1999 and 2007 she served with considerable distinction as Program Director, Clinical Trials, Office of Clinical Research, NINDS, NIH. From 1999 to the present she has been a member of the Medical Staff, Department of Neurology, Children’s Hospital Medical Center, Washington, D.C.

An excellent clinician and scientist, Dr. Hirtz has distinguished herself particularly as an investigator. Her mentor and colleague, Karin Nelson, has characterized her “fierce dedication” to the task of placing the practice of child neurology on as firm a scientific basis as possible. She has undertaken this objective at the NINDS with intelligence, determination and reason that have diverted increasingly rich resources to the underwriting of the studies necessary to achieve this reformation of the way child neurologists do their work. The large number of child neurologists and others that have participated not only in studies but also in workshops and task forces designed to enrich scientific understanding and improve the welfare of children with neurological diseases will be familiar with her determination. The “fierceness” is beneath the surface of an approach to others that is almost enthralingly captivating. A summons from Dr. Hirtz to participate in the tasks that she envisions has both the logic and the evident importance to make such participation seem the right, the only thing to do.

Reference to just a few of Dr. Hirtz’ endeavors and the associated publications provide evidence for the profound impact she has had on child neurology, neuroscience, and above all the welfare of children. Her most highly cited publication (232 citations) is the report concerning the NINDS workshop on perinatal and childhood stroke (Lynch, Hirtz, deVeber et al, 2002). Stroke in children remained an area of considerable uncertainty and of disappointingly little systematic knowledge. The scope of this conference included what was known about epidemiology, risk factors (maternal, prenatal, perinatal, of postnatal) for either occurrence or recurrence, pathophysiology, morbidity, mortality, and potential treatments of childhood stroke. It emphasized the lack of consensus concerning classification, approach to initial evaluation or treatment and of strategies for prevention or for the measurement of outcome with or without treatment. Amongst the attendees, it built a fire that supported the ensuing steps of the initial establishment of a childhood stroke registry to characterize the entities as a basis for ensuing efforts to fill in all the missing information. That fire continues to fuel the effort to make of childhood stroke disorders entities as preventable and treatable as some forms of adult stroke have become.

A second example may be cited from Dr. Hirtz’s evident particular interest in epilepsy. On this subject she similarly shone the bright light and availed the resources of the NINDS. Among the numerous topics of importance that she selected was the subject of the utilization of phenobarbital for the prevention of febrile seizures. The results are reported in the classic report of Farwell, Lee, Hirtz et al, 1990. The carefully designed study of 217 children demonstrated that this approach clearly depressed cognitive performance in at least a transient manner, in some instances outlasting the discontinuation of the drug for at least several months. Moreover, the study demonstrated that there was no clear efficacy in the prevention of seizure recurrence. This study had a considerable impact on practice – especially after the results appeared on the front page of the New York Times. A third example is the effort that Dr. Hirtz invested into the NICHD/NINDS trial demonstrating the efficacy of MgSO4 in reducing risk for cerebral palsy in small very premature infants (Hirtz and Nelson, 1998).

Dr. Hirtz’ list of publications contains many other examples of her dramatic impact on “the way we do business” – especially her capacity to organize studies that have established other practice parameters under the auspices not only of the NIH/NINDS, but also the Therapeutics and Quality Standards Committees of the AAN, and the practice committees of the AES and the CNS. Dr. Hirtz played an important role in supporting
and organizing the effort that led to the publication of two important reports on the efficacy and tolerability of newer antiepileptic medications published in April of 2004. These papers (each now cited more than 170 times) not only provided an evidence-based foundation for selection of drugs for the treatment of newly diagnosed epilepsy, it also identified seizure types and syndromes for which evidence for efficacy and tolerability remained uncertain. Among most important elements of the work of Dr. Hirtz – as is the case with the Karin Nelson/Jonas Ellenberg modus operandi – is the designation not only of “what is” but also “what’s next,” and how one might best go about tackling that next problem. Dr. Hirtz has made it clear that the starting point is to establish where we are – as was achieved in another study – one in which she was first author, having organized the effort to see “how common” are the “common” neurological disorders. She provided the best available data for 12 such conditions – though she pointed out that in many instances the data remains insufficient, despite the fact that millions of individuals are likely affected. This study has been cited at least 172 times since 2007.

Other highly cited answers to important questions in which Dr. Hirtz has played a major role and reported as first author include the prevalence of seizures following childhood immunizations, the natural history of febrile seizures, the risk of recurrence of nonfebrile seizures in children, sleep disturbance as a side effect of phenobarbital, and the practice parameter concerning treatment of a child with a first unprovoked seizure (Hirtz, Berg, Bettis et al, 2003). Other highly cited practice parameters investigations and practice parameters in the organization and establishment of which Dr. Hirtz played a key role include such varied topics as evaluation of global developmental delay, pharmacological treatment of childhood migraine, neuroimaging in the neonate, medical management of infantile spasms, evaluation of recurrent childhood headaches, treatment of women with epilepsy, and many others. Taken as a group, Dr. Hirtz’s 69 publications have been cited 2330 times to date, for an average of 34 citations per paper. Her most common co-authors have been Karin Nelson (27%) and Jonas Ellenberg (17%), but CNS members Steve Ashwal, Schlomo Shinnar, Tracy Glauser, and this year’s Sachs Award designee, Laura Ment, have also been frequent co-authors.

Laura Ment provides the following summary of the work of Dr. Hirtz: “She is the absolute best advocate for the developing nervous system that I know, and I can never thank her enough for her wise advice given over the past many years. Deborah has insight, extraordinary vision and the ability to translate emerging developments in pediatric neurology into the clinical realm. As a community we should be extremely grateful to her.” Alan Leviton emphasized her very effective role behind-the-scenes in “supporting investigators and helping them to achieve goals and avoid pitfalls.” It is very clear that her efforts have played an extraordinary role in organizing, guiding, and financing the substantial improvement in the quality of both the clinical and scientific enterprises of child neurology. Dr. Hirtz’s participation in the CNS has included representation to the Selection and Oversight Committee for the Public Policy Fellowship (2002-present), as well as past and present membership on the Scientific Selection, Research, Nominating and Practice Committees (of the last of which she is currently Co-Chair). She was Chair of the Child Neurology Section of the AAN from 2001-2003. She has been a member of the WHO task force on neonatal seizures since 2007. The NINDS has recognized her distinction with the two NIH Awards of Merit (1993 and 1998), the NIH Director’s Award (2005), the NIMH Director’s Group Award (2006), the NINDS Individual Merit Award (2009), and the NINDS Group Merit Awards (2009).

Dr. Hirtz is happily married to Dr. Daniel Waterman, who is an internist specializing in infectious diseases. His concern for the welfare of others is represented, among other things, by his intermittent medical educational activities in Uganda. The couple have three sons: 35-year-old Andrew and 28-year-old Charles, both of whom are computer experts.

CHILD NEUROLOGY SOCIETY
Letter from the President
continued from page two

To lead our Department of Pediatrics into the new Benioff Children’s Hospital, slated to open in 2014. With the vision of folks like Heather Fullerton, there will be a Pediatric Brain Center, front and center, as part of this new building and we promise to continue to move the frontier of disease recognition-to-cure rapidly for our children.

When Joe Volpe, a wonderful colleague and mentor from afar, was President of CNS, I boldly asked him if I could serve on the Scientific Selection Committee. He consented and my involvement in our society has continued to the present, culminating with the honor of serving as your President. It has been an interesting two years, trying to encourage our liaisons with our adult colleagues, developing new training initiatives, and struggling to figure out what is best for the Society and our future. In turning over the helm to Steve Roach, I would like to thank another Steve, former CNS President Steve Ashwal, for the generous wisdom and coaching he provided during these two years.

If you’ll indulge me one last time in a bit of soap box pedantry, I would like to strongly advise our young colleagues to “think big and think collaboratively” in all that you do. You have no idea how critically important it will prove to be to you, to your patients, to your chosen field of study and to the Society that needs your individual and collective energy and creativity to continue breaking new ground. Here’s hoping that when you come to the 70th or 80th CNS Annual Meeting you will.

Thank you.
James Dowling, MD, PhD, the 2011 recipient of the Philip R. Dodge Young Investigator Award, credits his experiences as a resident in the Pediatric Neuromuscular Clinic at the Children’s Hospital of Philadelphia for his decision to pursue the scientific and clinical study of neuromuscular disease. In that clinic he was exposed to master clinician investigators such as Richard Finkel, Gihan Tennekoon, and Carsten Bonnemman. Under their careful mentorship, Jim honed his neurological skills and learned of the need for additional clinical investigators to further the development of therapies in this area. Building on the excellence to which he was exposed at CHOP, Jim developed the Multidisciplinary Pediatric Neuromuscular Disorders Clinic at the University of Michigan. This Program now serves several hundred children with a variety of neuromuscular conditions, is recognized as one of the best in its region, and is committed to improving the lives of the children with neuromuscular disease through an active translational scientific and clinical research program.

Jim’s earliest scientific recollection is an extra credit project testing light and dark adaptation in planaria for his 10th grade science class at Central Bucks East High School in Doylestown, PA. As a Medical Scientist Training Program student at the University of Chicago, Jim studied the role of hemidesmosomal components in epidermal and neural development in the laboratory of Dr Elaine Fuchs, a well respected expert in epidermal biology. As part of this work, he generated the first gene knockout mouse model of β4 integrin and provided evidence for its role as a key regulator of epidermal basal cell survival as well as demonstrating a role for this protein in the nervous system. His doctoral thesis received the University of Chicago’s coveted Harold Lamport Award given to the single student with the most outstanding thesis. This thesis work resulted in two highly cited and important first author papers in the Journal of Cell Biology and Developmental Biology, as well as 2 co-author papers in Cell.

Jim’s current studies are focused on determining the molecular underpinnings of the genetic skeletal myopathies that affect young children and in using that knowledge to develop novel therapies. His studies take advantage of the zebrafish as a novel system for studying muscle disease. His work has been recognized as paradigm shifting in the field of congenital myopathies as it has revealed previously unknown commonalities among this broad group of muscle conditions. Since 2008, this work has resulted in five first author publications and two senior author publications.

Jim has been the recipient of numerous prizes including the Zeritsky Prize for Outstanding Research, for research performed during his residency with Dr. Jeffrey Golden, and the prestigious Young Myologist of the Year (2009) awarded by the World Muscle Society Congress in 2009.

Profile written by Howard Goodkin, MD

CNS Education Special Interest Group

THE EDUCATION SIG WILL MEET ON WEDNESDAY, OCTOBER 26 AT 8:00 PM IN ROOM 103 AT THE SAVANNAH INTERNATIONAL TRADE & CONVENTION CENTER.

During the first portion of the meeting, Steve Leber will lead an interactive workshop aimed at selecting the content of the Education section of the CNS website. What information would be most helpful for the child neurologist as educator? Participants are encouraged to bring to the meeting ideas and web links (patient education tools, examination training tips, tips for the medical educator, publicly available lectures, useful apps, etc.). Long URLs can be emailed to Steve Leber (Leber@med.umich.edu) in advance.

During the second part of the meeting, Ken Holden will discuss his experience designing and implementing an integrated 4-year neuroscience curriculum at the Medical University of South Carolina.
ASSOCIATION OF CHILD NEUROLOGY NURSES

2011 Award

Claire Chee Award for Excellence

YOLANDA HARRIS, RN, MSN, C-PNP

This year’s recipient of the Association of Child Neurology Nurses Claire Chee Award for Excellence in Child Neurology Nursing is Yolanda Harris, RN, MSN, C-PNP. Yolanda has been a Nurse Practitioner for the Center for Pediatric Onset Demyelinating Disease at the University of Alabama at Birmingham since the inception of the center in 2006. She diagnoses and treats patients with Multiple Sclerosis and other demyelinating diseases and works with a multidisciplinary team to provide optimal care for her patients. Prior to her work in child neurology, Yolanda worked as a staff nurse in the Special Care Unit at the Children’s Hospital in Birmingham, Alabama. She also received additional training in adolescent health as a Nurse Practitioner Fellow.

Yolanda is the recipient of several prestigious nursing scholarships, including the NIH Professional Nurse Traineeship in 2006, the Russell Nursing Scholarship from 2005-2006 and the JoAnn Barnett Nursing Scholarship, named for one of UAB’s first neonatal nurse practitioners. She teaches part-time in the University of Alabama School of Nursing as an adjunct pediatric clinical instructor for nurse practitioner students and enjoys her role as a preceptor for nursing students. Yolanda is involved in numerous organizations including Sigma Theta Tau International, International Organization of Multiple Sclerosis Nurses, the National Association of Pediatric Nurse Practitioners, the American Association of Neuroscience Nurses and the Association of Child Neurology Nurses.

The National Multiple Sclerosis Society has benefited, both locally and nationally, from Yolanda’s knowledge and dedication to the disease. She participates in the local chapter's program committee, staffs the medical tent for the MS150 mile bike ride held annually at the Gulf Coast, helps out with local fundraisers and is a sought-after moderator for MS patient support groups and NMSS couple retreats. Yolanda was recognized as the Health Professional of the Year in 2007 and again in 2010 for her service to the local chapter. In 2007, Yolanda became the first pediatric nurse to be awarded the NMSS John Dystel MS Nursing Fellowship and she remains one of the few pediatric nurses to become certified as a MS Nurse Specialist. She currently serves on three national NMSS boards including the Client Education Committee, the African-American Advisory Board, and the Professional Resource Work Group.

Yolanda was nominated for this award by Dr. Jayne Ness, who describes her as utilizing a “holistic approach (which) focuses on the whole child within their home and school environment; she is especially adept at identifying family dynamics that impact a child’s care. She always has an open ear for parents anxious about their child’s disease and is especially attuned to the special needs of adolescents as they learn to cope with their MS. She gives gentle encouragement to patients learning to inject their MS medications….and not-so-gentle admonishment when they stop taking their shots! She is the first person in our center that our teens turn to when they have a question or need to confide in someone (our patients always “fess up to Yolanda first if they have become lax about their medications….or become pregnant!”).

Dr. Ness notes that Yolanda involves her own family in activities for the local MS weekend retreat and has family members participating in everything from stuffing goodie bags to cooking the meals for the retreat weekend! Yolanda has also become adept at fundraising for the retreat and has managed to raise more money for the retreat than the hired fundraiser. She has an impressive list of publications and presentations, many related to her work in Multiple Sclerosis.

It is obvious from the glowing recommendation written by Dr. Ness, as well as Yolanda’s impressive CV, that she epitomizes the ideals set forth for the Association of Child Neurology Nurses Claire Chee Nursing Excellence Award. Her compassion and dedication to her patients, their families and the community is astounding. She is a superb role model for nursing and demonstrates all of the attributes others strive to achieve. It is with great honor that the Association of Child Neurology Nurses confers the 2011 Claire Chee Nursing Excellence Award on Yolanda Harris.
HONOR A FOUNDING GIANT IN Child Neurology...help find and fund new ones.

Philip R. Dodge Young Investigator Award Endowment Committee

by Darryl De Vivo, MD, Chair

Phil Dodge dedicated himself selflessly to his patients and to his trainees. He spent hours with both doing what he could to understand the neurological conditions that brought everyone together with a common purpose. He used all of his clinical talents to treat the children and to comfort the families while understanding our professional limitations and the need for new knowledge. To this extent he was a natural physician-scientist. He knew that the field must advance if we were ever going to do a better job as child neurologists.

For this to happen he believed deeply that the physician-in-training must become familiar with the science as well as the art of medicine. He encouraged his earliest trainees to move back and forth from the bedside to the bench long before there were federal and non-federal training grants to support clinical neuroscience and before such terms as translational neuroscience became commonplace.

So, it was very fitting that the CNS Young Investigator Award was renamed the “Philip R. Dodge Young Investigator Award” in 2004. Phil was very proud of this honor. Now it is our responsibility as a Society to guarantee this legacy in perpetuity by endowing the Dodge Award. Following Phil’s death in 2009, the CNS enthusiastically committed itself to this task, setting a goal of raising $1,000,000 for the endowment fund. We have made rather good progress, but there is still a way to go before we achieve this goal.

As of October 1, we have collected about 30% of the $1,000,000 goal. The contributions have been small and large ranging from $100 to $10,000 with an average gift of $1,500. About 10% of CNS members have made a donation or pledge. Individuals and groups “outside” the CNS have also. For example, the Pediatric Epilepsy Research Foundation (PERF) donated $50,000 in 2010. In 2011 PERF generously pledged another $50,000 in the form of a challenge grant: If CNS members contributed $50,000 in support of the endowment fund by December 31, 2011, it would match that amount dollar-for-dollar. The amount contributed by CNS members in 2011 stands at $35,775. It would be a great tribute to Phil’s memory, and a great testament to our commitment to the future if we could announce at the Friday evening banquet that with 150 CNS members stopping by the Dodge display to contribute $100 each, the CNS met the PERF challenge.

The Dodge Award embodies the basic educational principles espoused by Phil from the beginning. Our roles as treating physicians will remain incomplete until we can effectively relieve our patients of the burden of their neurological diseases. The path forward to achieve this success is through the laboratory. Phil knew this instinctively from the very beginning. When you read about the extraordinary accomplishments of a few past Dodge Award recipients posted on the Dodge Award display in Savannah, you will know that Phil had it right from the beginning.

Please sustain this legacy by contributing to the Dodge Endowment Fund this year.
Contributions Received (OCTOBER 2009 – OCTOBER 2011)

$50,000
Pediatric Epilepsy Foundation (PERF)

$10,000+
Darryl & Alicia De Vivo, MD
Children’s Hospital Boston–Pediatric Epilepsy
$50,000

$5000+
Pamela Follett, MD
Sidney Gospe, MD, PhD
Richard Allen, MD
Robert Greenwood, MD
Medical Neurogenetics
$1000+

$250+
Vineil Narayanan, MD
Bennett Lavenstein, MD
Gwendolyn Hogan, MD
Marvin Fishman, MD
Arthur Prensky, MD

$2000+
Donna Ferriero, MD
Richard Finkel, MD
Warren Lo, MD
Sandra Holmes, MD
Raymond Chun, MD
Elizabeth O. Chung, MD
Michael Collins, MD
Kevin Collins, MD

$500+
Nigel Bamford, MD, PhD
John Bodenstein, MD
Raymond Chum, MD
Francis Filouix, MD

$250+
Walter C. Allan, MD
Catherine Amlie-Lefond, MD
Stephen Back, MD, PhD
Harvey Bennett, MD
Alma Bicknese, MD
Daniel J. Bontius, MD, PhD
Leslie H. Boyce, MD
Kevin Chapman, MD
Amy R. Chappell, MD
Elizabeth O. Chung, MD
Michael E. Cohen, MD
Kevin Collins, MD

$100+
Jeffrey C. Allen, MD
Miya Asato, MD
Russell Bailey, MD
Tallie Baram, MD, PhD
Lawrence Brown, MD
Anne Connolly, MD
Desiree Czapansky-Bellman, MD
William De Bassio, MD
Ruthmary Deuel, MD
Leon Epstein, MD
Gerald Erenberg, MD
Paul Fisher, MD
Timothy Gershon, MD
Radha Giridharan, MD
Andrea Gropman, MD
Kenton R. Holden, MD
David Hsieh, MD
Kenneth Huff, MD
Imad Jarjour, MD
Yasmin Khakoo, MD
Suress Kogat, MD
William Landau, MD
Mia MacCollin, MD
J. Gordon Millichap, MD
Teresita Nelson, MD
Isabelle Rapin, MD
Sonia Partap, MD
Stephanie Robinette, MD
Tena Rosser, MD
Harvey Singer, MD
Steven Sparagana, MD
Kevin J. Staley, MD
Shannon Standridge, MD
Kenneth Swaiman, MD & Phyllis Sher, MD
Lynn VanAntwerpen, MD

I would like to contribute to the CNS Philip R. Dodge Young Investigator Award Endowment Fund and ensure the CNS meets the $50,000 PERF Challenge

☐ $100 ☐ $250 ☐ $500 ☐ $1,000 ☐ $5,000

Name _____________________________
Address _____________________________________________
City __________________________ State ______ Zip ____________
Tel _______________________ Fax ___________ E-mail ______________________

VISA or MasterCard # (no American Express):
______________________________________ Exp _______ Signature _______________________

Checks payable (US funds only) to Child Neurology Society PRDYIA Endowment Fund.
Ambry Genetics
Booth #45

Ambry Genetics is a full-service genetics company providing the most innovative solutions to your testing needs by offering the most advanced assays, streamlined ordering, and easy-to-read reports. Ambry exclusively offers the XLMR SuperPanel, the first application of Next-Gen Sequencing to all genes known to be associated with X-linked intellectual disability.

American Board of Psychiatry & Neurology
Booth #64

The American Board of Psychiatry and Neurology serves the public interest and the professions of psychiatry and neurology by promoting excellence in practice through its certification and maintenance of certification processes. ABPN also oversees the certification process for physicians seeking certification in child and adolescent psychiatry.

Association of Child Neurology Nurses
Booth #58

The Association of Child Neurology Nurses is an international non-profit organization of nurses and other health care professionals who promote excellence in child neurology nursing practice. The ACNN provides educational opportunities at national and regional conferences, nursing excellence awards, research support, newsletters, and online membership contacts for networking. Additional information and how to join can be found at www.acnn.org.

Athena Diagnostics, Inc
Booth #33-34

Athena Diagnostics has been providing healthcare professionals with testing that makes a difference since 1989 and has become the leader in genetic testing for pediatric neurology conditions. Athena offers comprehensive testing solutions for epilepsy, muscular dystrophy, intellectual disability and other genetic conditions. Learn more at www.AthenaDiagnostics.com.

Batten Disease Support and Research Association
Booth #57

Provides information, education, medical referrals/assistance and support for families having children and young adults with Batten disease (NCL). Also promotes, assists and funds research to develop a viable treatment for this disorder.

Baylor College of Medicine - Medical Genetics Laboratories
Booth #23

Baylor College of Medicine Medical Genetics Laboratories offer a broad range of diagnostic genetics tests including DNA diagnostics, sequencing, cytogenetics, FISH diagnostics, cancer cytogenetics, chromosomal microarray analysis, biochemical genetics, and mitochondrial DNA analysis. Please visit our booth for more information.

BioBDX
Booth #21-22

BioBDx is the developer of the Quotient® ADHD System, a tool for the objective and accurate assessment of ADHD. The Quotient® measures motion and analyzes shifts in attention state to provide an objective, clear picture of the core symptom areas of ADHD. We are dedicated to providing physicians, parents and patients with high-value information to guide personalized strategies to improve ADHD management and enhance quality of life for patients with ADHD.

Blank Children’s Hospital
Booth #48

Outstanding opportunities to practice in Iowa’s only free standing children’s hospital. A 96 bed full service tertiary care facility, ACCME Pediatric residency program, 40 specialists make up our teaching staff. Stop by our booth and visit with our representative to learn more about working and living in our affluent Midwestern city, Des Moines, Iowa.

Center for Biomedical Continuing Education (CBCE)
Booth #6

Request a Tuberous Sclerosis Complex Expert to Speak at Your Next Grand Rounds! This CME Grand Rounds Series will educate participants on the pathophysiology and clinical diagnostic features of tuberous sclerosis complex (TSC), as well as current and emerging therapeutic options for patients with this disease. Stop by Booth #6 and sign up your institution for a TSC Grand Rounds today!

Child Neurology Foundation
Booth #25

Founded in October 2000, the Child Neurology Foundation was created as the outreach and philanthropic arm of the Child Neurology Society. CNF’s mission is to advocate for children and adolescents with neurologic and developmental disorders, provide public, professional, and patient education programs, fund neurologic research of young investigators, and promote awareness of career opportunities in child neurology.

Children’s Hospitals and Clinics of MN
Booth #19

Children’s Hospitals and Clinics of Minnesota, one of the ten largest pediatric organizations in the nation, is currently recruiting for a pediatric neurologist to join our team. We offer a rewarding place to work for people who have a passion for providing quality care to all children and their families.

Children’s Tumor Foundation
Booth #15

The Children’s Tumor Foundation is the largest non-government funder of neurofibromatosis (NF) research. Through Foundation-sponsored Young Investigator Awards, Drug Discovery Initiative, NF Preclinical Consortium, Clinical Research Awards, and NF Clinic Network, our integrative research programs focus on translational research, preclinical drug screening, clinical trials, and improved clinical care.

CNS Therapeutics
Booth #46

CNS Therapeutics is dedicated to advancing intrathecal pharmaceuticals. Its lead product is an FDA-approved intrathecal baclofen treatment for severe spasticity. CNS Therapeutics focuses on meeting customer needs by providing high-quality innovative products, competitive pricing and convenient distribution. Its R&D investments are targeted to deliver innovations for spasticity, chronic pain and Parkinson’s disease.

CombiMatrix Diagnostics
Booth #36

CombiMatrix Diagnostics, an industry-leader in genomic testing, offers clinicians a broad menu of innovative microarray tests. We provide state-of-the-art Chromosomal Microarray testing, a first-tier clinical diagnostic tool for the identification of chromosomal abnormalities.
test for individuals with developmental delay/intellectual disability (DD/ID) or autism spectrum disorders (ASD). We also provide microarray testing in the areas of Prenatal & Reproductive Health and Hematology-Oncology. To learn more, visit us at www.combimatrix.com.

**Cook Children’s HealthCare System**

Booth #38

Located in Fort Worth, Texas, Cook Children’s is one of the country’s leading integrated pediatric health care delivery systems. With one of the largest, most technologically advanced pediatric Neurosciences programs in the Southwest, the department offers 3D brain mapping, the revolutionary iMRI and a pediatric-only deep brain stimulation program.

**Cyberonics, Inc**

Booth #17

Cyberonics, Inc. designs, develops and markets the VNS Therapy® (Vagus Nerve Stimulation) System, an implantable medical device approved for the treatment of refractory epilepsy since 1997 and of chronic or recurrent treatment-resistant depression since 2005. To date, more than 65,000 patients worldwide have received VNS Therapy for either epilepsy or depression.

**Digitrace-SleepMed Incorporated**

Booth #56

DigiTrace EEG Services, a division of SleepMed Incorporated and the largest provider of sleep/EEG home monitoring services in the U.S. DigiTrace EEG products and services are used by dozens of U.S. comprehensive epilepsy centers and over 40 SleepMed service locations around the country. We conduct 25,000 EEG/Video EEG test days annually.

**Dravet.org**

Booth #62

The mission of Dravet.org is to serve as the foremost global patient advocate organization giving support to families, saving the lives of our children, promoting and funding medical research to find effective treatments and cures for Dravet syndrome and Dravet Spectrum Disorders.

**Eisai, Inc.**

Booth #29-31

“Eisai Inc. is the U.S. pharmaceutical operation of Eisai Co., Ltd., a research-based human healthcare (hhc) company that discovers, develops and markets products throughout the world. Eisai’s areas of commercial focus include neurology, gastrointestinal disorders and oncology/critical care.”

**Electrical Geodesics, Inc**

Booth #39

EGI offers infant/child friendly 32, 64, 128 and 256 channel EEG Systems and Geodesic Sensor Nets made for children, with quick application, no scalp abrasion, and no paste. Every component is designed to maximize patient comfort and satisfaction, while enhancing clinical performance and productivity. http://www.egi.com

**Elsevier, Inc**

Booth #63

Publisher of Medical Books, Journals, Clinics and Electronic Products.

**Emory Genetics Laboratory**

Booth #18

Emory Genetics Laboratory (EGL) is a worldwide leader with 35+ years of experience in comprehensive genetic diagnostic testing in the areas of rare disease and molecular cytogenetics. EGL’s laboratory directors and medical geneticists, leaders in their interest areas, are always available to discuss key issues related to the conditions in EGL’s growing test menu.

**Epilepsy Phenome/Genome Project**

Booth #9

The Epilepsy Phenome/Genome Project (www.epgp.org) is an international collaboration between the NINDS and major epilepsy centers to identify genes that influence the development of epilepsy and pharmacoresponsiveness. The study is enrolling 1) 1st degree relatives with nonsymptomatic epilepsy, and 2) individuals with infantile spasms, Lennox-Gastaut Syndrome, polymicrogyria, or periventricular heterotopias.

**Foundation for Mitochondrial Medicine**

Booth #5

The Foundation for Mitochondrial Medicine, an Atlanta based 501c3, is dedicated to supporting the development of the most promising mitochondrial disease research and treatments. We’re funding a path to the cure, making connections to other related diseases and leading our stakeholders to the right information and the best answers.

**GeneDx**

Booth #32

GeneDx offers genetic testing for more than 300 rare inherited disorders. GeneDx also offers genome wide oligonucleotide microarray-based testing and sequencing-based tests for detecting developmental disorders, autism spectrum disorders, X-linked mental retardation, and mitochondrial disorders etc. Services include mutation analysis, carrier testing and prenatal diagnosis. Visit Booth 21 and www.genedx.com.

**Glut1 Deficiency Foundation**

Booth #8

The Glut1 Deficiency Foundation is a volunteer, nonprofit family organization dedicated to:

- Educating others about Glut1 Deficiency by creating a forum for sharing support, experiences, resources, and information between patients, families, and healthcare professionals.
- Increasing awareness of and advocacy for Glut1 Deficiency. Supporting and funding researchers as they work for a cure. www.g1dfoundation.org

**HRA Healthcare Research and Analysis**

Booth #7

Our team of experienced interviewers will be distributing carefully developed questionnaires. We’ll be gathering the answers to vital marketing and clinical questions-answers that can affect the introduction of new products or the continuation of existing healthcare products and services.

**Kennedy Krieger Institute**

Booth #51

Located in the Baltimore/Washington region, the Kennedy Krieger Institute is internationally recognized for improving the lives of 16,000 children and adolescents with disorders and injuries of the brain, spinal cord, and musculoskeletal system each year, through inpatient and outpatient clinics; home and community services; and school-based programs. www.kennedykrieger.org
Le Bonheur Children’s Hospital Booth #49

The Neuroscience Institute at Le Bonheur Children’s Hospital connects patients with the expertise of a comprehensive team of pediatric neuroscientists and the most advanced technology and diagnostic tools available. Located in Memphis, Tenn., Le Bonheur’s Neuroscience Institute is ranked among the top 25 pediatric neuroscience programs by U.S. News & World Report.

Lundbeck, Inc. Booth #53, 55, 59 & 60

Headquartered in Deerfield, Illinois, with a portfolio of 17 specialty therapies and a pipeline of promising central nervous system (CNS) drugs, Lundbeck Inc. is committed to providing innovative therapies that fulfill unmet medical needs of people with CNS disorders and rare diseases for which few, if any, effective treatments are available.

Medical Neurogenetics Booth #52

Medical Neurogenetics provides expert diagnostics through clinical services, complex biochemical testing and cost effective multi-gene sequencing panels. John Shoffner, M.D. and Keith Hyland, Ph.D. are always available for consultation on issues relating to neurogenetics, mitochondrial, metabolic and neurotransmitter diseases, epilepsy, cerebral folate deficiency, next generation sequencing and much more.

MEDomics, LLC Booth #42

MEDomics introduces MitoDx: Complete genome sequencing of mitochondrial DNA with deep heteroplasmacy detection using Next Generation sequencing. MEDomics is a CLIA-certified diagnostic laboratory providing Mutation Expert-based Diagnosis utilizing bioinformatics, clinical genetics, and mutation analysis to provide the ultimate in interpretation and to support the physician in delivering personalized genetic medicine.

Medtronic, Inc. Booth #20

At Medtronic, we’re committed to innovating for life by pushing the boundaries of medical technology and changing the way the world treats chronic disease. To do that, we’re thinking beyond products and beyond the status quo – to continually find more ways to help people live better, longer. Visit booth #20 to learn more about Medtronic Therapies to help patients with cerebral palsy.

National Ataxia Foundation Booth #4

The National Ataxia Foundation is dedicated to improving the lives of persons affected by ataxia. The Foundation funds ataxia research. Educational materials on childhood ataxia and information on research grants are available at the booth. We look forward to meeting you at the 40th Child Neurology Society Annual Meeting!

National Institute of Neurological Disorders & Stroke (NINDS) Booth #3

The National Institute of Neurological Disorders and Stroke provides information about available research support and funding mechanisms, as well as free publications for patients and their families on various neurological disorders. Members of the NINDS staff will be available to assist you at the meeting. Printed material is available.

Nationwide Children’s Hospital - Neurosciences Center Booth #35

The Neurosciences Center at Nationwide Children’s comprises leading clinical and research expertise in pediatric neurology, neurosurgery, neurodiagnostics, neuromuscular disorders, physical medicine and rehabilitation, and sleep medicine. Affiliated with The Ohio State University and the Research Institute at Nationwide Children’s, faculty members pursue ground-breaking research into a wide range of subjects.

Natus Medical Incorporated Booth #16

XLTEK, a division of Natus and Bio-logic, a division of Natus, design, manufacture and distribute a wide range of neurology & sleep diagnostic systems and supplies. The XLTEK & Bio-logic product lines are designed to deliver the latest innovations in EEG, Epilepsy, ICU, Ambulatory, PSG, EMG and IOM needs.

Novartis Pharmaceutical Booth #41

Novartis Oncology discovers and develops innovative therapies that help change the way patients live with cancer and blood disorders, including Gleevec® (imatinib mesylate), Tasigna® (nilotinib), Afinitor® (everolimus), Zometa® (zoledronic acid), Femara® (letrozole tablets), Sandostatin® LAR Depot (octreotide acetate for injectable suspension) and Exjade® (deferasirox). Novartis Oncology has one of the broadest and most comprehensive pipelines in the industry.

Peyton Manning Children’s Hospital at St. Vincent Booth #1

Peyton Manning Children’s Hospital at St. Vincent is seeking a third BC/BE Pediatric Neurologist to join our team. Our facility includes 46 inpatient, 13 PICU, 17 ED beds as well as an epilepsy monitoring unit. We offer Indiana’s largest Level III NICU (85 beds). Medical staff includes extraordinary general pediatricians and full complement of pediatric sub-specialists.

Questcor Pharmaceuticals, Inc. Booth #26-28

Questcor Pharmaceuticals is a biopharmaceutical company whose products help patients with serious, difficult-to-treat medical conditions. Questcor’s lead product is HP Acthar® Gel (repository corticotropin injection), a naturally-derived formulation of adrenocorticotropic hormone (ACTH) used in a variety of disorders, including monotherapy treatment of infantile spasms in infants and children under 2 years of age, and exacerbations associated with MS in adults.

Seaside Therapeutics Booth #47

Seaside Therapeutics is a biopharmaceutical company focused on creating novel medications that improve the course of autism, fragile X syndrome, and other neurodevelopmental disorders. Please visit www.seasidetherapeutics.com for more information.

Shionogi, Inc Booth #61

Shionogi Inc. is the U.S.-based group company of Shionogi & Co., Ltd., a leading Japanese pharmaceutical company. Shionogi Inc, develops and commercializes pharmaceutical products that address unmet medical needs. Together with our Japanese corporate parent, Shionogi has been providing innovative medicines essential to people’s health for over 130 years.
SimulConsult – NextGxDX
Booth #37
SimulConsult’s diagnostic decision support, used in combination with NextGxDx’s test ordering platform, makes it easier than ever to develop a robust differential, find the right genetic test, order from your preferred lab, and quickly document medical necessity. Both resources are free to individual clinician users. Register to try the combination.

SPIND Pharma, LLC
Booth #43
SPIND Pharma is a specialty pharmaceutical distribution company that assists physicians with the procurement of investigational drugs for patients with serious unmet medical needs. SPIND Pharma is active in epilepsy and expanding into other therapeutic areas.

Sturge-Weber Foundation
Booth #2
The Sturge-Weber Foundation provides education and support for families and healthcare professionals facing the challenges that accompany a Sturge-Weber syndrome diagnosis as well as other Port Wine birthmark conditions.

The Neurologist’s Program/PRMS (TNP)
Booth #40
The Neurologists’ Program (TNP) is a comprehensive medical professional liability insurance program designed specifically for neurologists. Benefits include: extensive risk management resources such as the Risk Management Consultation Service helpline, access to experienced defense attorneys and discounts including early career, part-time, loss-free and much more! Visit www.tnpinsurance.com for more information.

Tourette Syndrome Association
Booth #44
TSA is the only national non-profit organization serving individuals affected by Tourette Syndrome. TSA disseminates educational materials to professionals in fields of health care, education and government; coordinates support services; and funds research. Free educational resources on TS, including articles, CDs and DVDs for professionals, families and patients will be available.

Transgenomic, Inc
Booth #50
TRANSGENOMIC LABS offers expert clinical genetic testing for mitochondrial genome disorders, nuclear mitochondrial disorders, epilepsy and seizure-related disorders, chromosomal abnormalities and other inherited diseases. Our Clinical Genetics staff uses their expertise to provide personalized support for healthcare professionals, as well as continually improving testing and conducting collaborative research.

Wake Forest Baptist Medical Center
Booth #24
Wake Forest University Baptist Medical Center is a world renowned integrated health care system that operates 1,056 acute care, rehabilitation, long-term, and psychiatric care beds, outpatient services, and community health and information centers. primary service area is a 26-county region in northwestern North Carolina and southwestern Virginia and provides a continuum of care that includes primary care centers, outpatient rehabilitation, dialysis centers and home health care.
### Registration & Speaker Ready Room Hours

<table>
<thead>
<tr>
<th>Start Time</th>
<th>End Time</th>
<th>Event</th>
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<tr>
<td>TUESDAY, OCTOBER 25</td>
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<tr>
<td>2:00 PM</td>
<td>6:30 PM</td>
<td>Speaker Ready</td>
<td>Room 205</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>7:00 PM</td>
<td>ACNN</td>
<td>Westin (Harbor Ballroom)</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>8:00 PM</td>
<td>NDC Registration</td>
<td>Room 106</td>
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<tr>
<td>WEDNESDAY, OCTOBER 26</td>
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<tr>
<td>6:30 AM</td>
<td>6:30 PM</td>
<td>Speaker Ready</td>
<td>Room 205</td>
</tr>
<tr>
<td>6:30 AM</td>
<td>12:00 PM</td>
<td>NDC Symposium Registration</td>
<td>Room 106</td>
</tr>
<tr>
<td>2:00 PM</td>
<td>6:00 PM</td>
<td>CNS Registration</td>
<td>Georgia International Gallery</td>
</tr>
<tr>
<td>6:30 AM</td>
<td>4:30 PM</td>
<td>ACNN Registration</td>
<td>Westin (Harbor Ballroom)</td>
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<tr>
<td>THURSDAY &amp; FRIDAY, OCTOBER 27 &amp; 28</td>
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<tr>
<td>6:30 AM</td>
<td>6:30 PM</td>
<td>Speaker Ready</td>
<td>Room 205</td>
</tr>
<tr>
<td>6:30 AM</td>
<td>3:00 PM</td>
<td>CNS Registration</td>
<td>Georgia International Gallery</td>
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<tr>
<td>SATURDAY, OCTOBER 29</td>
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<tr>
<td>6:30 AM</td>
<td>10:30 AM</td>
<td>Speaker Ready</td>
<td>Room 205</td>
</tr>
<tr>
<td>6:30 AM</td>
<td>12:00 PM</td>
<td>CNS Registration</td>
<td>Georgia International Gallery</td>
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### CNS Programming – All Attendees

<table>
<thead>
<tr>
<th>Start Time</th>
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<tr>
<td>WEDNESDAY, OCTOBER 26</td>
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<tr>
<td>4:00 PM</td>
<td>9:00 PM</td>
<td>Poster Display Set-up</td>
<td>Exhibit Hall A</td>
</tr>
<tr>
<td>6:30 AM</td>
<td>7:30 AM</td>
<td>NDC Symposium Continental Breakfast</td>
<td>Room 106</td>
</tr>
<tr>
<td>7:30 AM</td>
<td>5:00 PM</td>
<td>NDC Symposium</td>
<td>Oglethorpe Auditorium</td>
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<tr>
<td>6:00 PM</td>
<td>8:00 PM</td>
<td>Opening Reception</td>
<td>Westin Hotel – Lawn</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>4:30 PM</td>
<td>ACNN</td>
<td>Westin (Harbor Ballroom)</td>
</tr>
<tr>
<td>THURSDAY, OCTOBER 27</td>
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<tr>
<td>7:00 AM</td>
<td>8:30 AM</td>
<td>Breakfast Seminar 1: Stem Cells</td>
<td>Chatham C</td>
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<tr>
<td>7:00 AM</td>
<td>8:30 AM</td>
<td>Breakfast Seminar 2: Ethics</td>
<td>Oglethorpe Auditorium</td>
</tr>
<tr>
<td>7:00 AM</td>
<td>8:30 AM</td>
<td>Breakfast Seminar 3: MRI in Epilepsy</td>
<td>Chatham AB</td>
</tr>
<tr>
<td>8:45 AM</td>
<td>12:00 PM</td>
<td>Welcome and Symposium 2</td>
<td>Chatham AB</td>
</tr>
<tr>
<td>11:30 AM</td>
<td>6:00 PM</td>
<td>Exhibits &amp; Posters</td>
<td>Exhibit Hall A</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>12:30 PM</td>
<td>CNS Business Meeting</td>
<td>Chatham AB</td>
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<tr>
<td>12:00 PM</td>
<td>1:30 PM</td>
<td>ACNN</td>
<td>Westin (Harbor Ballroom)</td>
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<tr>
<td>1:30 PM</td>
<td>4:00 PM</td>
<td>Symposium 3</td>
<td>Chatham AB</td>
</tr>
<tr>
<td>4:00 PM</td>
<td>6:00 PM</td>
<td>Child Neuro News Break (Poster Review)</td>
<td>Exhibit Hall A</td>
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<tr>
<td>6:30 PM</td>
<td>9:00 PM</td>
<td>Satellite Symposium: Infantile Spasms</td>
<td>Chatham C</td>
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<tr>
<td>FRIDAY, OCTOBER 28</td>
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<tr>
<td>7:00 AM</td>
<td>8:30 AM</td>
<td>Breakfast Seminar 4: Genetics</td>
<td>Chatham AB</td>
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<tr>
<td>7:00 AM</td>
<td>8:30 AM</td>
<td>Breakfast Seminar 5: Circadian Patterns</td>
<td>Oglethorpe Auditorium</td>
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<tr>
<td>7:00 AM</td>
<td>8:30 AM</td>
<td>Breakfast Seminar 6: Movement Disorders</td>
<td>Chatham C</td>
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<tr>
<td>8:45 AM</td>
<td>10:45 AM</td>
<td>Platform Session I</td>
<td>Chatham AB</td>
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<tr>
<td>8:45 AM</td>
<td>10:45 AM</td>
<td>Platform Session II</td>
<td>Chatham AB</td>
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<tr>
<td>11:00 AM</td>
<td>11:10 AM</td>
<td>Awards Presentations</td>
<td>Chatham AB</td>
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<tr>
<td>11:15 AM</td>
<td>11:40 AM</td>
<td>Dodge Young Investigator Award Lecture</td>
<td>Chatham AB</td>
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<tr>
<td>11:45 AM</td>
<td>12:30 PM</td>
<td>Sachs Award Lecture</td>
<td>Chatham AB</td>
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<tr>
<td>11:30 AM</td>
<td>4:00 PM</td>
<td>Exhibits, Posters, Lunch</td>
<td>Exhibit Hall A</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>1:30 PM</td>
<td>ACNN</td>
<td>Westin (Harbor Ballroom)</td>
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<tr>
<td>12:30 PM</td>
<td>2:00 PM</td>
<td>Lunch</td>
<td>Chatham AB</td>
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<tr>
<td>12:40 PM</td>
<td>2:10 PM</td>
<td>Moderated Poster Session</td>
<td>Chatham C</td>
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<tr>
<td>2:15 PM</td>
<td>4:45 PM</td>
<td>Symposium 4</td>
<td>Chatham AB</td>
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<tr>
<td>4:45 PM</td>
<td>6:00 PM</td>
<td>Junior Member Seminar</td>
<td>Oglethorpe Auditorium</td>
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<tr>
<td>6:00 PM</td>
<td>11:00 PM</td>
<td>Reception &amp; Banquet</td>
<td>Westin Hotel – Grand Ballroom</td>
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<tr>
<td>SATURDAY, OCTOBER 29</td>
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<tr>
<td>7:00 AM</td>
<td>8:30 AM</td>
<td>Breakfast Seminar 7: Non-invasive Brain Stimulation</td>
<td>Chatham C</td>
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<tr>
<td>7:00 AM</td>
<td>8:30 AM</td>
<td>Breakfast Seminar 8: Brain Tumors</td>
<td>Oglethorpe Auditorium</td>
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<td>7:00 AM</td>
<td>8:30 AM</td>
<td>Breakfast Seminar 9: Autism</td>
<td>Chatham AB</td>
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<tr>
<td>8:45 AM</td>
<td>9:30 AM</td>
<td>Hower Award</td>
<td>Chatham AB</td>
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<tr>
<td>9:45 AM</td>
<td>12:15 PM</td>
<td>Symposium 5</td>
<td>Chatham AB</td>
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### CNS Committee Meetings

<table>
<thead>
<tr>
<th>Start</th>
<th>End</th>
<th>Event</th>
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<tbody>
<tr>
<td><strong>Wednesday, October 26</strong></td>
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<tr>
<td>2:00 PM</td>
<td>5:00 PM</td>
<td>Professors of Child Neurology</td>
<td>Room 102</td>
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<tr>
<td><strong>Thursday, October 27</strong></td>
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<tr>
<td>12:30 PM</td>
<td>1:30 PM</td>
<td>Awards Committee</td>
<td>Room 101</td>
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<tr>
<td>12:30 PM</td>
<td>1:30 PM</td>
<td>Executive Committee</td>
<td>Jasper Boardroom</td>
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<tr>
<td>12:30 PM</td>
<td>1:30 PM</td>
<td>Ethics Committee</td>
<td>Room 105</td>
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<tr>
<td>12:30 PM</td>
<td>1:30 PM</td>
<td>Finance Committee</td>
<td>Room 102</td>
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<tr>
<td>12:30 PM</td>
<td>1:30 PM</td>
<td>Paddy I Steering Committee</td>
<td>Room 100</td>
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<tr>
<td>12:30 PM</td>
<td>1:30 PM</td>
<td>Practice Committee</td>
<td>Room 203</td>
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<tr>
<td>6:10 PM</td>
<td>7:10 PM</td>
<td>Research Committee</td>
<td>Room 100</td>
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<tr>
<td>6:10 PM</td>
<td>7:10 PM</td>
<td>Long Range Planning Committee</td>
<td>Room 101</td>
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<tr>
<td>6:10 PM</td>
<td>7:10 PM</td>
<td>International Affairs</td>
<td>Room 106</td>
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<tr>
<td>7:10 PM</td>
<td>8:10 PM</td>
<td>Legislative Affairs</td>
<td>Room 103</td>
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<tr>
<td>7:10 PM</td>
<td>8:10 PM</td>
<td>Electronic Communications Committee</td>
<td>Room 104</td>
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<tr>
<td><strong>Friday, October 28</strong></td>
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<tr>
<td>12:30 PM</td>
<td>2:00 PM</td>
<td>Executive Committee w/ Committee Chairs</td>
<td>Rooms 101/102</td>
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<tr>
<td>5:00 PM</td>
<td>6:00 PM</td>
<td>Membership Committee</td>
<td>Room 106</td>
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<tr>
<td>5:00 PM</td>
<td>6:00 PM</td>
<td>Scientific Selection (Miller)</td>
<td>Room 201</td>
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<tr>
<td>5:00 PM</td>
<td>6:00 PM</td>
<td>Training (Comi)</td>
<td>Room 103</td>
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### Special Interest Group & Misc Non-CNS Meetings

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<thead>
<tr>
<th>Start</th>
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<tbody>
<tr>
<td><strong>Tuesday, October 25</strong></td>
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</tr>
<tr>
<td>3:00 PM</td>
<td>6:00 PM</td>
<td>ACNN Board Meeting</td>
<td>Room 105</td>
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<td>International Pediatric Stroke (Kielstra)</td>
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<td>Autonomic Disorders SIG (Jarjour)</td>
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<td>Educational SIG (Leber)</td>
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<td>Movement Disorders SIG (Dure)</td>
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<td>Sleep SIG (Kotagal/Kothare)</td>
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<td>7:00 AM</td>
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<td>Pediatric Neurology Journal</td>
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<td>CNF Donor Luncheon</td>
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<td>Journal of Child Neurology</td>
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<td>Stroke SIG (Ichord/Armstrong-Wells)</td>
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PRACTICE UPDATES

New Guidelines for the Determination of Brain Death in Children

THE PEDIATRIC SECTION OF THE SOCIETY OF CRITICAL CARE Medicine, the Section on Critical Care of The American Academy of Pediatrics, and The Child Neurology Society have just published guidelines updating the previous 1987 guidelines on the determination of brain death in newborns, infants and children. The complete guidelines have been published in the on-line August issue of Pediatrics and in the September issue of Critical Care Medicine (Crit Care Med. 2011;39:2139-2155). An abbreviated executive summary of the guidelines will be published in the near future in the Annals of Neurology, the official journal of the Child Neurology Society. Major features of the guidelines are that the diagnosis can be made in term newborns from 37 weeks gestational age to 30 days of age as well as in infants and children from 30 days to 18 years of age. After age 18 years, the recently published guidelines by the American Academy of Neurology (Neurology 2010;74:1911-8) would apply. Highlights of the guidelines are that the diagnosis of brain death can now be made in term newborns and as in the previous guidelines, two examinations separated by an observation period and repeated apnea testing are required. An observation period of 24 hours for term newborns (37 weeks gestational age) to 30 days of age, and 12 hours for infants and children (> 30 days to 18 years) was recommended. In contrast the guidelines for adults recommend only one examination and an apnea test. Apnea testing needs to be performed twice to support the diagnosis of brain death and requires documentation of an arterial PaCO2 20mm Hg above the baseline and ≥ 60 mmHg with no respiratory effort during the testing period. If the apnea test cannot be safely completed, an ancillary study is recommended. It was also recommended that ancillary studies such as an electroencephalogram or radionuclide cerebral blood flow are not required to establish brain death in any pediatric patient and are not a substitute for the neurologic examination. Ancillary studies could be used to assist the clinician in making the diagnosis of brain death a) when components of the examination or apnea testing cannot be completed safely due to the underlying medical condition of the patient; b) if there is uncertainty about the results of the neurologic examination; c) if a medication effect may be present or d) to reduce the interexamination observation period. It also was recommended that the two examinations be done by physicians caring for the child and that they be done by different specialists (e.g. intensivist, neurologist, neurosurgeon, etc) to make sure that there was medical agreement that the child met the criteria for brain death. Finally a standardized checklist form and an algorithm were developed to assist physicians in determining and documenting brain death in children that hopefully will ensure broader acceptance and utilization of such uniform criteria. Overall, these guidelines should serve as a much needed update of the previously published guidelines.

Stephen Ashwal MD
Division of Child Neurology
Department of Pediatrics
Loma Linda University School of Medicine
Loma Linda, CA

Evidence Report for the Genetic and Metabolic Evaluation of Global Developmental Delay

THE AMERICAN SOCIETY OF NEUROLOGY AND THE CHILD Neurology Society have just published an evidence report regarding the diagnostic yield of screening genetic and metabolic testing as an update to the 2003 guideline on the evaluation of children with global developmental delay and intellectual disability (GDD/ID) (Neurology 2003 Feb 11; 60(3):367-80). The report will be published in the October 25, 2011, issue of Neurology and is supplemented by online resources provided by the AAN, including summaries for clinicians and patients, a clinical case example with guidance on coding, and a slide presentation. The authors of the report found that newer tests for screening children with unexplained GDD/ID for genetic disorders, such as comparative genomic microarrays, appear to provide higher diagnostic yields than previously studied cytogenetic tests. Pooled analysis of a number of Class III studies found an overall yield of nearly 8% for genomic microarray. Available Class II and III studies of karyotype testing and Class I, II, and III studies of subtelomeric FISH testing show overall yields of 3% to 4%. Because the literature contained few studies directly comparing testing methods for yield or cost-effectiveness, no clinical recommendations were made as to which, if any, genetic screening tests should be used. The report also summarizes the available literature regarding the diagnostic yield of testing for MECP2 mutations, fragile X syndrome, X-linked intellectual disability (XLID), and inborn errors of metabolism (IEM). Mutations in MECP2 were found in 1.5% of girls with a moderate to severe degree of GDD/ID, even when characteristic features of Rett syndrome were not observed, but were much less common in girls with milder forms of GDD/ID and in boys, according to multiple Class III studies. Testing for fragile X syndrome was found in Class II and III studies to be diagnostic in 2% of children with mild to moderate forms of GDD/ID but much less common with more severe forms of GDD/ID. XLID gene mutations were found in 42% of males from families with clear X-linked inheritance patterns for ID in one Class III study. Abnormalities indicating underlying IEMs were found in nearly 5% of patients tested in several Class III studies, with tests for disorders of creatine synthesis and transport positive in nearly 3% of patients and tests for disorders of carbohydrate glycosylation positive in nearly 1.5% of patients in some studies. The authors of the evidence report acknowledge the complexity of the decision making involved in evaluating children with GDD/ID but stress that there are numerous benefits for children and their families that derive from a specific etiologic diagnosis, including improved knowledge about the risk of recurrence in future pregnancies, better understanding of the prognosis and potential for medical complications, and reduced need for additional diagnostic testing.

David Michelson, MD
Division of Child Neurology
Department of Pediatrics
Loma Linda University School of Medicine
Loma Linda, CA
## New 2011 CNS Members

(Approved by CNS Membership Committee between October 2010 - September 2011)

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CNS PERSONNEL REGISTRY

**ARIZONA**

**PEDIATRIC NEUROLOGIST**

District Medical Group Inc. (DMG) is one of the largest multi-specialty practices (www.dmgaz.org) in Metropolitan Phoenix and in conjunction with Maricopa Integrated Health System (www.mihs.org), is seeking a second full time Board Certified/Eligible Pediatric Neurologist.

Maricopa Medical Center (MMC) is a full-service, 449-bed hospital with a Level 1 Trauma/Burn Center (Adult and Pediatrics). The hospital is committed to top notch Pediatric care as evidenced by its designation as a children’s hospital which is home to Arizona Children’s Center.

DMG is a non-profit multi-specialty physician group committed to providing clinical services to the underserved population of Maricopa County. MMC is a teaching institution which hosts 9 residency programs and multiple Fellowships for which DMG physicians are core faculty. The organizations are both affiliated with the University of Arizona Medical School and MMC serves as the medical schools primary clinical partner.

Modern neurophysiology and scanning equipment are in use. There are strong, friendly relationships with neurosurgery and radiology with in-house neuroradiology.

Call responsibilities are shared and not burdensome, allowing time for family and the ability to enjoy the vibrant life that Phoenix and Arizona offer.

Spanish language proficiency would be beneficial, but not required.

The successful candidate must enjoy direct patient care as well as teaching and supervision of both medical students and residents.

DMG offers a competitive compensation plan and comprehensive benefits package including paid vacation, CME allowance with paid time off, and paid medical malpractice insurance (includes tail). Relocation assistance is available.

**CONTACT:**
E-mail: practice@dmgaz.org
EOE

**CALIFORNIA**

The Division of Pediatric Neurology at Loma Linda University School of Medicine is seeking a full-time academic child neurologist at the instructor, assistant, or associate professor level who is BE/BC in Neurology with Special Qualification in Child Neurology.

The Division consists of 7 pediatric neurologists, including one pediatric epileptologist. We are part of the Department of Pediatrics which has approximately 125 attending physicians and 115 pediatric residents. Our Child Neurology Residency accepts 1 resident per year. There is a strong Adult Neurology department with 3 residents per year who also rotate through child neurology.

The LLU Children’s Hospital has approximately 300 beds. This includes a 16 bed Emergency Department, 25 bed Pediatric ICU, 24 bed Intermediate Care Unit, 90 bed Neonatal ICU, and 140 additional beds in 5 pediatric units (general and subspecialty pediatric medical and subspecialty patients). There are approximately 16,000 pediatric medical and surgical hospital admissions per year and approximately 4000 patients are direct admissions or receive subsequent care by the Child Neurology ward service.

Approximately 900 consultations are performed annually. The outpatient child neurology clinics annually see approximately 12,000 children both in general child neurology as well as in multiple subspecialty clinics (e.g., neuromuscular disease, epilepsy, demyelinating diseases, movement disorders, stroke, Tuberous Sclerosis, Neurofibromatosis, Tourette Syndrome, mitochondrial disorders, learning disabilities, etc).

We are seeking a child neurologist with excellent skills in general child neurology and clinical patient care to join our expanding program. Interest in developing a subspecialty focus in an area such as sleep disorders, headache, autism, or stroke is desirable.

Shared responsibilities with the other members of the Division of Child Neurology include teaching medical student and residents, attending on the child neurology inpatient service, and developing an active outpatient clinical practice. Academic research is also encouraged and supported. The appointment would be at a level commensurate with the applicant’s background and experience. Requirements include an MD or equivalent degree, eligibility for medical licensure in the State of California, and certification (or eligibility for certification) by the American Board of Psychiatry and Neurology in Neurology with Special Qualification in Child Neurology.

Loma Linda is located in Southern California, approximately 70 miles east of Los Angeles and 45 miles from Palm Springs. Loma Linda is an Equal Opportunity/Affirmative Action Employer. We offer a competitive compensation and benefits package including paid malpractice and a generous relocation package. We will consider J-1 and H1-B candidates.

**CONTACT:**
Stephen Ashwal, MD
Chief, Division of Pediatric Neurology
Department of Pediatrics
Loma Linda University School of Medicine
Loma Linda, CA 92350
E-mail: sashwal@llu.edu

**Department of Neurology, UCSF School of Medicine**

**HS Assistant/Associate Clinical Professor**

A full-time faculty position is available for a Neurologist in the area of Child Neurology. The position will provide clinical patient care in the UCSF Child Neurology outpatient clinics, and teach and supervise medical students and residents. Although our goal is to hire a full time clinical provider, there may be opportunities for education, interdisciplinary clinical work, clinical research and/or quality improvement efforts. All applicants must have outstanding credentials in teaching, research, and clinical care and possess Board Eligibility/Certification in Child Neurology. Interested candidates should send a statement of interest, curriculum vitae and the names and contact information for three references to:

William A. Weiss, M.D., Ph.D.
c/o Melissa Zumwalt
UCSF, Box 0114
San Francisco, CA 94143-0114
E-mail: zumwaltm@neurology.ucsf.edu
(Electronic submission only)

UCSF seeks candidates whose experience, teaching, research, or community service has prepared them to contribute to our commitment to diversity and excellence. UCSF is an Affirmative Action/Equal Opportunity Employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for covered veterans.

California continned on next page
The Yale Comprehensive Epilepsy Center is expanding, and is now seeking academic pediatric epileptologists to join its level IV tertiary care epilepsy program. The Yale CEC is a combined adult and pediatric center comprising all aspects of surgical and non-surgical clinical care of patients with epilepsy as well as basic, clinical and translational research related to epilepsy. There are currently 11 clinical epilepsy/EEG attendings in the center, 2 epilepsy neurosurgeons, adult and pediatric epilepsy monitoring units, a critical care EEG service serving all ICUs including neonatal and pediatric, and 3-5 epilepsy/EEG fellows each year. Active investigations in epilepsy include those on intracranial EEG analysis at many levels, seizure-related brain metabolism, 7T MR spectroscopy, functional MRI, brain mapping, implanted brain stimulation devices, antiepileptic drugs, sudden death in epilepsy, animal models, neurogenetics, critical care EEG, PET/SPECT and consciousness/awareness during seizures. Epilepsy Center faculty include Dennis Spencer and Lawrence Hirsch (Co-directors of the center), Richard Mattson, Hal Blumenfeld, and Julie Pan. The adult and pediatric neurology departments are in the midst of a major expansion of programs, including epilepsy. Opportunities available at any level of experience. Appointment would be in pediatric neurology as well as epilepsy.

Yale University is an Affirmative Action, Equal Opportunity Employer.

CONTACT:
Larry Hirsch, MD
Chief of Epilepsy/EEG
E-mail: lawrence.hirsch@yale.edu

CNS PERSONNEL REGISTRY
DELWARE

Nemours is seeking a Pediatric Neurologist to join our team in Delaware. You will provide medical care to children with neurological disorders. Board Certified or Board Eligible in Neurology with Special Qualification in Child Neurology required.

Nemours is dedicated to achieving higher standards in children’s health. We begin by caring for every child as if they were our own. For more than 70 years, this has been the Nemours Way.

Nemours began with the vision of Alfred I. duPont to improve the lives of children. Our team of 4,200 dedicated Associates, including more than 420 pediatric physicians, has cared for millions of kids. But it’s the special way we care that’s made Nemours a trusted choice for families across the country.

We’re more than a children’s hospital. As one of the nation’s leading pediatric health care systems, Nemours is unique in the way we deliver care. We’ve made a promise to do whatever it takes to prevent and treat even the most disabling childhood conditions. It’s a promise that extends beyond our nationally recognized clinical care programs to our integrated spectrum of research, advocacy, education and prevention services for all families in the communities we serve.

The Nemours/Alfred I. duPont Hospital for Children – Wilmington, DE:

Our 200-bed hospital offers intensive and acute inpatient and outpatient services covering more than 30 disciplines. Our internationally recognized magnet programs include blood and bone marrow transplantation, cardiology, oncology, orthopedics and solid organ transplantation. The Nemours/Alfred I. duPont Hospital for Children serves thousands of children in the Delaware Valley, across the country and around the world.

To meet the needs of even more children, the duPont Hospital for Children will be expanding our pediatric intensive care unit with state-of-the-art technology. In 2011, we will also be breaking ground on a new inpatient pavilion that will include all private patient rooms, an expanded Emergency Department and patient family amenities.

BENEFITS:

In addition to feeling good about what you do and where you work, Nemours Associates enjoy our comprehensive Total Rewards package. Here are just a few examples of the Total Rewards available to our full-time employees:

• Unique to Nemours: premium-free medical and prescription drug coverage to eligible dependents of full-time Associates.
• Excellent retirement plan options.
• Generous continuing education (CME) program.
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Apply online at www.Nemours.org

CNS PERSONNEL REGISTRY
FLORIDA

The Department of Neurology at Miami Children’s Hospital seeks a pediatric neurologist specializing in movement disorders. The Department includes twenty-one pediatric neurologists, six pediatric nurse practitioners and three Physician Assistants. The candidate must be board certified or board eligible in Neurology. This is a full-time clinical position that includes outpatient clinics, attending on the inpatient pediatric neurology service, and teaching responsibilities. There are opportunities for research and clinical trials.

CONTACT:
Send CV and a brief description of relevant experience, current interests and career goals to:
Trevor J. Resnick, M.D.
3200 SW 60 Ct., Suite 302, Miami Fl, 33155.
Tel: 305/662-8330
Fax: 305/662-8312
E-mail: trevor.resnick@mch.com and Ana Bermudez at abermudez@nnpmcd.com
St. Petersburg/Tampa – We are offering an excellent opportunity for a qualified, BC/BE Pediatric Neurologist. We are a long-term successful hospital based (All Children’s Hospital) private practice in St. Petersburg, FL. Our facilities include a state-of-the-art Epilepsy Monitoring Unit and a modern Neurophysiology laboratory.

We offer a very complete and competitive compensation package, including a 401K plan, plus a productivity bonus. PARTNERSHIP, TEACHING AND RESEARCH opportunities are also available.

Interested candidates, please send or e-mail your current CV to:
E-mail: mcpedneuro@yahoo.com
Joseph A. Casadonte, M.D., Medical Director
Pediatric Neurology Associates
625 6th Avenue South, Ste 405
St. Petersburg, FL 33701
Tel: 727/498-8994; Fax: 727/498-8982

CNS PERSONNEL REGISTRY
ILLINOIS

Site Medical Director, Pediatric Epilepsy Monitoring Unit
Alexian Brothers Pediatric Specialty Group
The Alexian Pediatric Specialty Group is recruiting a third pediatric neurologist to join an expanding pediatric neurosciences program. Candidates must be BC/CE in Pediatric Neurology/Epileptology by the American Board of Psychiatry and Neurology. This is an excellent opportunity for a pediatric epileptologist interested in expanding the depth of our Epilepsy Monitoring Unit.

Our epilepsy program is in partnership with a leading Chicagoland Academic Medical Center and the Epilepsy Foundation. We have recently received the National Association of Epilepsy Centers Level III Designation. Our dynamic team includes neuropsychology, developmental pediatrics, and pediatric neurosurgery. The Alexian Brothers Hospital Network can help you build an exciting career as a key physician in our new free standing children’s hospital (PICU, level III NICU, state of the art neuroimaging that includes a 3T MRI, MEG and Gamma Knife technology) in the beautiful Northwest suburbs of Chicago. The Chicago land area speaks for itself to those interested in great communities, a rewarding lifestyle, and access to varied cultural and recreational activities. We offer very competitive compensation, a comprehensive benefits package and collegial work environment. This is NOT a J-1 waiver position.

CONTACT:
Marcy Traxler
Alexian Brothers Hospital Network
Tel: 847/755-8798
E-mail: marcy.traxler@alexian.net

CNS PERSONNEL REGISTRY
KENTUCKY

Excellent opportunity to join a thriving Child Neurology Division with five faculty members and four nurse practitioners. We are looking to expand our division with addition of up to four neurologists. Subspecialty interests in neuromuscular, pediatric epilepsy, neuromodulation preferable but not required. We cater to a large area in Kentucky and Southern Indiana and have a busy practice. We have a child neurology residency program and a very active teaching service to include medical students, residents and fellows. University of Louisville offers excellent benefits and salary is competitive and commensurate with experience. Louisville has a low cost of living, inexpensive housing and excellent public and private schools. University of Louisville Neurology department is a diverse and competitive academic department with several clinical trials underway with excellent support staff dedicated to pediatric neurology research. The position includes responsibilities for patient care, teaching, and research.

Interested candidates should contact Vinay Puri MBBS, FAAN Chief of Child Neurology Kosair Children’s Hospital and University of Louisville. Professor in Neurology and Pediatrics University of Louisville.
Dr Vinay Puri
601 S Floyd Street Ste 500
Louisville, KY 40202
Tel: 502/589-8033
Fax: 502/589-8233

CNS PERSONNEL REGISTRY
MASSACHUSETTS

Baystate Children’s Hospital, located in Springfield MA, is seeking a 5th Child Neurologist to join a well-established academic practice. You will enjoy opportunities to practice general pediatric neurology in a setting that has a 55-bed NICU, 10-bed PICU and extensive clinical and academic practice. Training in epilepsy and EEG/ECOG monitoring is desirable and interest in clinical research is preferred. This position includes a faculty appointment with Tufts University School of Medicine.

For more information please contact:
Melissa Hale, CMSR, Physician Recruiter
Tel: 413/794-2624
E-mail: Melissa.Hale@BaystateHealth.org. Additional information is also available at: www.choosebaystathelth.org/PedsNeuro/CNS

CNS PERSONNEL REGISTRY
MINNESOTA

CHILDREN’S HOSPITALS AND CLINICS OF MINNESOTA is looking to add a third neurologist to our growing hospital employed neurology clinical practice of two neurologists and one pediatric nurse practitioner.

Our Neurology Department provides both inpatient and outpatient general pediatric neurology coverage along with specialized care in epilepsy, movement disorders and headaches. This position will be primarily focused on a clinical practice. Opportunities to grow subspecialty interests exist as well as some opportunities for clinical research. Additionally, this position will be providing some outreach coverage to a partner hospital in St. Cloud.

Children’s is one of the top ten largest children’s hospitals in North America and our Pediatric Epilepsy Unit is the largest in the United States. The practice draws from a 5 state referral region and a hospital professional staff of 1600.
To find out more about this exciting opportunity, please submit a CV and Cover Letter to Judy Brown.

**CONTACT:**
Judy Brown, Administrator of Physician Recruitment
Children’s Hospitals & Clinics of Minnesota
Tel: 612/207-0443
E-mail: judy.brown@childrensmn.org

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**NEW HAMPSHIRE**

See ad below.

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**NEW JERSEY**

**Excellent Career Opportunity**

For a board certified or board eligible **PEDIATRIC NEUROLOGIST**

Goryeb Children’s Hospital – Morristown, NJ

The Division of Pediatric Neurology is seeking a 4th full time clinical pediatric neurologist. The division currently has 2 pediatric epileptologists and a division director sub-boarded in neurodevelopmental disabilities, a nurse practitioner, registered nurse, a coordinator, and an administrative staff. We are seeking someone with sub-speciality interest in neuro muscular , neuro oncology, neonatal, or headaches. In 2010 the practice saw greater than 6,000 outpatient visits, and greater than 300 inpatient consultations. Goryeb Children’s hospital, an 85,000 square foot children’s hospital within a hospital (Morristown Medical Center) and part of Atlantic Health, is located northwest New Jersey and also includes Overlook Medical Center in Summit, New Jersey.

A thriving medical center, Goryeb Children’s Hospital/Morristown Medical Center is a regional perinatal center with 250 pediatricians and over 100 pediatric subspecialists including pediatric surgery, pediatric neuro surgery, and pediatric radiology. An independent pediatric residency training program exists with 38 residents and patient and family centered care is an integral part of our practice. An academic affiliation with Mount Sinai School of Medicine exists with students participating on regular rotation at our center.

About an hour from NYC or the mountains, and less than 90 minutes from the shore, this beautiful and ideally situated locale with excellent schools, make it highly desirable for family life. Interested candidates should email or fax their curriculum vitae and cover letter in confidence to:

Dr. Bennett will be attending the CNS Conference in Savannah, GA

**CONTACT:**
Harvey Bennett, MD
Director of Child Neurology and Developmental Medicine
100 Madison Ave.
Morristown, NJ 07962
Tel: 973/971-5704; Fax: 973-290-7417
E-mail: Harvey.Bennett@atlantichealth.org
www.atlantichealth.org/Goryeb

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**NEW YORK**

The Division of Pediatric Neurology at the Steven and Alexandra Cohen Children’s Medical Center of New York (formerly Schneider Children’s Hospital) is recruiting for a board eligible/board certified **Pediatric Neurologist** at the rank of Assistant/Associate Professor with strong clinical skills in general Pediatric Neurology.

Candidates with expertise in Clinical Neurophysiology and Epilepsy are particularly encouraged to apply.

The Steven and Alexandra Cohen Children’s Medical Center is the tertiary pediatric medical center of the North Shore – Long Island Jewish Health System in New Hyde Park, New York. The Division is comprised of six Pediatric Neurologists, is an ACGME-approved fellowship training program in Pediatric Neurology, and participates in the GME curriculum of the General Pediatric Residency Training Program. The Hofstra North Shore – Long Island Jewish Health System Medical School will be admitting its first class in the Fall of 2011. The faculty of the Division of Pediatric Neurology will be active participants in the medical school curriculum.

In addition to the tertiary clinical resources of Cohen Children’s Medical Center at its New Hyde Park and Manhasset campuses, as well as offsite ambulatory centers, our faculty enjoys access to the scholastic and research resources of the Feinstein Institute for Medical Research including national and international leaders in basic science medical research. The Division of Pediatric Neurology and the Cohen Children’s Medical Center of New York offer robust clinical and scholastic experience with competitive salary and benefits in a family centered region of New York.

**CONTACT:**
Joseph Maytal, MD
Chief, Pediatric Neurology
410 Lakeville Road, Suite 105
New Hyde Park, NY 11042
Tel: 516/465-5341; Fax: 718/347-2240
E-mail: maytal@lij.edu

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**CNS PERSONNEL REGISTRY**

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Wanted three to four child neurologists with subspecialty interests, for a Brooklyn NY based children’s hospital. Faculty appointment commensurate with experience from assistant to full professor. An epileptologist interested in leading an expansion of an existing epilepsy program is desired as part of this recruitment.

CONTACT:
Julia Holtmann MD
E-mail: jholtmann@maimonidesmed.org
or
Steven Pavlakis MD
E-mail: spavlakis@maimonidesmed.org
Tel: 718/283-8669
Maimonides Infants and Childrens Hospital
Brooklyn NY 11219

Carolina Pediatric Neurology Care, affiliated with Jeff Gordon Children’s Hospital is located in Concord, North Carolina. The group is currently recruiting for additional Board Certified/Board Eligible Pediatric Neurologists, in the areas of Epilepsy, Sleep and General Neurology to their Team. JGCH employs the regions only Pediatric Epileptologist, currently staffing a four-bed Epilepsy Monitoring Unit at Jeff Gordon Children’s Hospital, as well as, a two-bed Epilepsy Monitoring Unit at Levine Children’s Hospital.

Jeff Gordon Children's Hospital offers more comprehensive pediatric care in one outpatient setting than anywhere else in a 31-county region by combining multiple pediatric subspecialties in one facility. These subspecialties include cardiology, endocrinology, gastroenterology, hematologic/oncology, surgery, pulmonology and urology. CMC-North East is proud to offer coordinated care for pediatric patients who need multiple specialist visits.

Jeff Gordon Children's Hospital is proudly affiliated with Levine Children’s Hospital in Charlotte, the largest and most comprehensive children’s hospital between Atlanta and Washington, D.C.

CONTACT:
Donna Talbert, Recruitment Coordinator
Carolina Medical Center - NorthEast
Concord, NC
Tel: 704/403-1561
E-mail: donna.talbert@carolinashealthcare.org

Sanford Health is currently seeking a BC/BE Child Neurologist to join staff at the Sanford Neuroscience Center in Fargo, North Dakota. Sanford Neuroscience Center offers the widest range of neurological services in the region with a team that includes pediatric neurology, adult neurology, neuroradiology, neuropsychology (adult and pediatric) and neurosurgery. Children with neurological disorders and brain injuries benefit from the multi-disciplinary expertise available at Sanford’s Children's Pediatrics Brain Injury and the Coordinated Treatment Center. Sanford Children’s Hospital is a 63-bed facility located within the Sanford Medical Center Fargo.

Sanford offers a competitive salary, comprehensive benefits, paid malpractice and a generous relocation allowance.

Fargo, ND is a progressive, metropolitan community of nearly 200,000, offering three universities, excellent school districts, safe neighborhoods, convenient shopping and a wide range of recreational, entertainment and cultural activities. These are just a few reasons why we attract physicians from all over the country.

CONTACT:
Kathie Lee, Director
Sanford Health Physician Placement
P O Box 2010
Fargo, ND 58122-0385
Tel: 701/280-4887
Fax: 701/280-4236
E-mail: kathie.lee@sanfordhealth.org

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CONTACT:
Kathie Lee, Director
Sanford Health Physician Placement
P O Box 2010
Fargo, ND 58122-0385
Tel: 701/280-4887
Fax: 701/280-4236
E-mail: kathie.lee@sanfordhealth.org
Applicants should be Board Certified in Pediatrics, in Neurology with special competence in Child Neurology and in Neurophysiology. Salary is commensurate with experience.

The Department of Pediatrics, the Children’s Hospital of Pittsburgh and the University of Pittsburgh are in the first rank of American medicine. The hospital and university are very supportive of programs of clinical or research excellence. Children’s Hospital of Pittsburgh is the only dedicated pediatric hospital in Western Pennsylvania serving a population of 3 million. The city of Pittsburgh has wonderful cultural and recreational opportunities and is an outstanding place to raise a family.

CONTACT:
Interested applicants should send or email a CV and two letters of reference to:

Ira Bergman, MD, PhD
Chief, Division of Child Neurology
Interim Chief, Child Development Unit
Children’s Hospital of Pittsburgh
4401 Penn Ave.
Pittsburgh, PA 15224
Email: ira.bergman@chp.edu.
Tel: 412-692-7113

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THE MEDICAL UNIVERSITY OF SOUTH CAROLINA
Children’s Hospital is ranked one of the highest among the outstanding pediatric facilities in the nation and is located in Charleston, SC, a city noted for its historical, cultural and recreational attractions. It is the only full service tertiary care Children’s Hospital in SC. The MUSC Comprehensive Epilepsy Center is designated as a “Level 4 Epilepsy Center” (National Association of Epilepsy Centers.) The Department and University offer expansive potential for collaboration in such diverse disciplines as neuro-imaging, epidemiology, and behavioral medicine. Applicants with a track record and interest in research will be given highest consideration. Interested candidates may submit curriculum vitae to: Jonathan Edwards, MD, Interim Chief of Neurology, Medical University of South Carolina, Suite 301 CSB, Charleston SC 29425 or via email edwardjc@musc.edu

Dr. Sunil Patel, Professor and Clinical Chairman of the Neurosciences Department and Dr. Jonathan Edwards will be at the Child Neurology Society conference on October 28 to conduct interviews at the Westin in the Riverscape Room between 9:00 AM and 3:00 PM, please call 843-792-3224 to schedule your appointment.

CONTACT:
Jonathan Edwards, MD,
Interim Chief of Neurology
Medical University of South Carolina
Suite 301 CSB
Charleston SC 29425
E-mail: edwardjc@musc.edu

SANFORD CHILDREN’S SPECIALTY CLINIC
Sanford Children’s Specialty Clinic, a multispecialty pediatric clinic, is seeking a BC/BE Pediatric Neurologist for a Full-Time staff position. Qualified candidates would join two other pediatric neurologists and a well-established, full range pediatric subspecialty practice. Sanford Children’s Specialty Clinic serves a population base of over one million people throughout South Dakota, NW Iowa, SW Minnesota and N Nebraska. This opportunity is best suited for strong clinicians who want to maintain an academic interest and aid in the development of comprehensive regional clinical pediatric neurology services. Our Sanford Pediatric Residency Program started in July 2011 with its inaugural class of six. Sanford Children’s is a group of 40 pediatric sub-specialists with most all pediatric subspecialists represented. For additional information please visit sanfordchildrens.org.
Sanford Children’s Hospital, a free standing 146 bed facility dedicated to caring for children, opened in March 2009. Sanford Children’s Hospital is the flagship pediatric provider for Sanford Health, which recently received a gift of $400 million dollars from well-known philanthropist, T. Denny Sanford. A significant portion of these funds are earmarked for pediatric program development to enhance Sanford’s mission of clinical service, education, and research.

COMPENSATION:

COMMUNITY:
The City of Sioux Falls is one of the fastest growing areas in the Midwest, currently totaling over 180,000 in the greater Sioux Falls area. Sioux Falls, the largest city in the state, balances an excellent quality of life, a strong economy, and a safe, clean living environment. The cost of living is competitive with other leading cities in the region and South Dakota has no state income tax. Sioux Falls offers all the amenities of a community twice its size with traditional Midwestern values.

INFORMATIONAL WEBSITES:
Sanford Health www.sanfordhealth.org
Sioux Falls Newspaper www.argusleader.com
Sioux Falls Chamber of Commerce www.siouxfalls.com
Sioux Falls Public Schools www.sf.k12.sd.us
Washington Pavilion of Arts and Science www.washingtonpavilion.org

For More Information Please Contact:
H. Eugene Hoyme, MD
Chief, Division of Child Neurology
7703 Floyd Curl Drive, MC 7814
UT Health Science Center at San Antonio
San Antonio, Texas 78229-3900
E-mail: atkinsons3@uthscsa.edu
Tel: 210/562-5844

To apply please contact:
Mary Jo Burkman
Physician Placement, Sanford Health
Tel: 605/328-6996
Toll-free: 866/312-3907
E-mail: Mary.Jo.Burkman@sanfordhealth.org

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Sioux Falls Newspaper www.argusleader.com
Sioux Falls Chamber of Commerce www.siouxfalls.com
Sioux Falls Public Schools www.sf.k12.sd.us
Washington Pavilion of Arts and Science www.washingtonpavilion.org

For More Information Please Contact:
H. Eugene Hoyme, MD
Chief, Division of Child Neurology
7703 Floyd Curl Drive, MC 7814
UT Health Science Center at San Antonio
San Antonio, Texas 78229-3900
E-mail: atkinsons3@uthscsa.edu
Tel: 210/562-5844

To apply please contact:
Mary Jo Burkman
Physician Placement, Sanford Health
Tel: 605/328-6996
Toll-free: 866/312-3907
E-mail: Mary.Jo.Burkman@sanfordhealth.org

The Department of Pediatrics and Neurology at the University of Texas Health Science Center at San Antonio and the CHRISTUS Santa Rosa Children’s Hospital seek a second board certified/board eligible Child Neurologist with fellowship training in Neurophysiology and/or Epilepsy. Position offers a faculty appointment at the Assistant or Associate Professor level based upon experience. The selected individual will join a division of child neurology consisting of five faculty; full-time, part-time and adjunct faculty members. CHRISTUS Santa Rosa Children’s Hospital is a 200+bed facility providing care to more than 150,000 children each year.

The UTHSCSA has a comprehensive epilepsy surgery program and monitored beds in both the PICU and NICU. Adding to neurosciences infrastructure is the University’s Research Imaging Institute (RII), which has as its mission to perform basic, clinical and translational research using noninvasive, biomedical imaging methods for measuring the structure and function of living organisms. At the RII Neuroscience research is given highest priority. The position offers an attractive academic salary and a full and comprehensive benefits package. The University of Texas Health Science Center at San Antonio is an equal employment opportunity/affirmative action employer. All faculty appointments are designated as security sensitive positions.

CONTACT:
Sid W. Atkinson, MD
Chief, Division of Child Neurology
UT Health Science Center at San Antonio
7703 Floyd Curl Drive, MC 7814
San Antonio, Texas 78229-3900
E-mail: atkinsons3@uthscsa.edu
Tel: 210/562-5844

Position available to join a well-established pediatric neurology practice. 1 in 4 call.

CONTACT:
Send CV to Debbie Scroggins
Tel: 972/566-8601
E-mail: dpnaneurology@aol.com

FELLOWSHIP
MASSACHUSETTS

The Department of Neurology at Children’s Hospital Boston is seeking a Clinical Research Fellow in Neonatal Neurology. The fellow would take part in clinical neonatal neurology training and research projects. Clinical training will include participation in the outpatient Neonatal Neurology Clinic, and the inpatient Neurocritical Care Consultation service that provides consults to three Newborn Intensive Care Units and a Cardiac ICU with many newborn patients, and attendance at relevant clinical conferences. The fellow would be expected to play a key role in an ongoing Phase I/II trial of a novel anticonvulsant to treat neonatal seizures.

This is a multicenter trial taking place in the Newborn Intensive Care Units of Children’s Hospital, Massachusetts General Hospital, and Brigham and Women’s Hospital, all in Boston. The fellow will participate in subject enrollment and monitoring at all sites, including EEG data monitoring and analysis. The fellow will be primary investigator responsible for subject enrollment on weekdays, and will share weekend call for the study with other fellows and study investigators.

The ideal candidate should have a pediatric neurology or neonatology background and a desire to pursue a career in clinical research in neonatal neurology. The start date for this position is July 1, 2012.

CONTACT:
Janet Soul, MD
Children’s Hospital Boston
Department of Neurology
300 Longwood Ave.
Boston, MA 02115
E-mail: janet.soul@childrens.harvard.edu

CNS PERSONNEL REGISTRY
TEXAS

The Departments of Pediatrics and Neurology at the University of Texas Health Science Center at San Antonio and the CHRISTUS Santa Rosa Children’s Hospital seek a second board certified/board eligible Child Neurologist with fellowship training in Neurophysiology and/or Epilepsy. Position offers a faculty appointment at the Assistant or Associate Professor level based upon experience. The selected individual will join a division of child neurology consisting of five faculty; full-time, part-time and adjunct faculty members. CHRISTUS Santa Rosa Children’s Hospital is a 200+bed facility providing care to more than 150,000 children each year.

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7703 Floyd Curl Drive, MC 7814
San Antonio, Texas 78229-3900
E-mail: atkinsons3@uthscsa.edu
Tel: 210/562-5844

Position available to join a well-established pediatric neurology practice. 1 in 4 call.

CONTACT:
Send CV to Debbie Scroggins
Tel: 972/566-8601
E-mail: dpnaneurology@aol.com

Text ads may be placed in the CNS Newsletter for $125 (max 4 column inches; $25 per additional inch). Graphic ads begin at $450 for 1/4 page (email/call for rates). Ads placed in newsletter may also be placed on CNS Website for $75 ($125 for non-members). Deadline for placement in the winter issue is December 7. Email ads to Roger Larson at nationaloffice@childneurologysociety.org.
Child Neurology Platform Presentations: 40 Years of “Hits” that Keep on Comin’

Over the past 40 years, nearly 1200 papers have been presented from the front of the meeting hall to the child neurologists gathered for CNS annual meetings. The structure of the scientific programs and the selection criteria have changed over the years. In its first 15 years scientific sessions consisting of 30-40 platform presentations of work submitted for peer review and selection by the program committee made up the balance of the CNS scientific program. Over time, the scientific program evolved with the balance shifting from scientific sessions comprised of papers submitted by members for committee review to specialty symposia with invited speakers. The number of specialty symposia grew from one per year, to two, then three. The original two-day meeting grew into the present 3-1/2 day meeting, with the number of sessions expanding to what has come to be the accepted norm (with minor variations year-to-year): nine breakfast seminars, five scientific symposia, a poster session featuring 120-160 posters, and two platform sessions featuring eight presentations each.

While the actual number of abstracts selected for platform presentation has varied over the years – from the 30-50 accepted in its first decade to the 16 selected annually in the past decade – what has remained constant is the selection criteria that makes it possible to state that these papers represented “the best of the best” that year based on scores submitted by the members of the Scientific Selection Committee, a committee that varied in size from three in 1972 to twenty-six in 2011. The “Hit Charts” (to the right) list the Top 40 all-time authors based on the number of abstracts accepted for platform presentation (the number of authors tied with 5 swelled the actual number to 49) as well as the Top 10 for each decade.

NOTE: These lists should not be taken as an absolute index of the “best-of-the-best,” but are, rather, a very close approximation of the “Top 40” and/or “Top 10.” Authors of top-ranked abstracts have, on rare occasion, requested to present their work in poster format. Program chairs have in some cases chosen marginally lower-ranked abstracts above higher-ranked abstracts with an eye toward program thematic coherence.