

Epigraph International Epilepsy Congress

Dear Friends and Colleagues,

Welcome to the 31st International Epilepsy Congress (IEC) in Istanbul. This congress is organized by the International League Against Epilepsy (ILAE) and the International Bureau for Epilepsy (IBE).

The International Epilepsy Congress is a major biennial event and is recognized as a landmark in the calendar of epilepsy specialists worldwide. The congress gives delegates from all over the world the chance to come together and network with fellow researchers, clinicians and healthcare practitioners.

The scientific program of the 31st IEC promises to be innovative and engaging, with a wide range of main and parallel sessions, as well as teaching and video sessions.

Istanbul is a bridge connecting the East and the West. It is the world's only city that spans two continents (Europe and Asia), and it has been a crossroads of trade, culture, learning and art for over 3, 000 years. The congress will take place in the award-winning and environmentally-friendly Istanbul Convention and Exhibition Center (ICEC).

We hope that you and your colleagues will join us in this beautiful city for such an exciting event.

Istanbul has a rich culture spanning back to the days of the Roman and Byzantine Empires. Its location has meant that, apart from bridging the two continents, Istanbul has represented a gateway from one to the other throughout its history allowing a mixing and mingling of cultures and traditions. From the rich Byzantine culture to Ottoman Turk Imperial grandeur, all have been preserved and protected to allow visitors a rich overview of the background for modern Turkey.

We are very pleased to welcome you to this congress and to this historic and culturally significant city.

With warm regards,

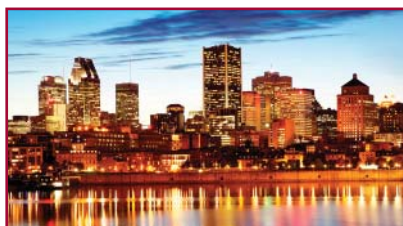


Emilio Perucca



Athanasios Covanis

Co-Chairs, 31st IEC Scientific and Organizing Committee



From the Presidents

ILAE and IBE were established in 1909 and 1961 respectively, and have a long history of productive collaboration that is unique among international health-oriented organizations. We are working closely together to achieve a common mission, which includes improving public awareness about epilepsy, education of professionals and governments about the needs of people with epilepsy, and access to adequate epilepsy care across the world, preventing epilepsy where possible, and increasing investment into research to find better treatments. By working to meet these objectives, we will eventually be able to control seizures and comorbidities, and eliminate the prejudice, stigma and discrimination that can drive people with epilepsy to isolation, depression, and even suicide. The global burden of epilepsy is significantly higher in low-income and low-middle income countries, where our primary focus should be.

When we took office in 2013 in Montreal, it was clear that the collaboration between our organizations was going to continue to thrive. A first important decision taken by ILAE and IBE in 2013 was to start advocating with national governments for a concerted action against epilepsy on a global scale, through mobilization of our Chapters and Associations. This work was beautifully coordinated by our joint Task Force for Global Outreach, chaired by Alla Guekht and Mary Secco, and by our Joint Task Force for Global Research Advocacy, led by Shichuo Li. Largely thanks to the excellent collaboration between the China Association Against Epilepsy (CAA) and the Chinese Health Authorities,



Emilio Perucca
ILAE President



Athanasios Covanis
IBE President

facilitated by the very successful outcome of the Global Campaign Against Epilepsy in China, in the fall of 2014, the People's Republic of China made a formal request to WHO to have epilepsy included in the agenda of the WHO Executive Board meeting earlier this year. A Resolution on the "Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications" was drafted by the Chinese government and co-sponsored by the Russian Federation and the Maldives was approved at the WHO Executive Board Meeting on February 2, 2015. On that occasion, we presented statements of support on behalf of ILAE and IBE.

The Resolution was subsequently presented at the 68th World Health Assembly (WHA) and approved unanimously on May 26, 2015. Altogether, delegates from 43 countries, including the five most populous nations of the world (the People's Republic of China, India, the United States of America, Indonesia, and Brazil) stood up and made statements expressing their support for the Resolution. In addition to the ILAE and IBE, other non-governmental organizations accredited by the WHO, such as the World Federation of Neurology and Health Action International, also expressed their strong appreciation. Rarely has a WHA Resolution enjoyed such a level of support, and this achievement reflects not only the importance of epilepsy, but also the outstanding advocacy effort that our community has made in so many countries. We are humbled by the magnitude of your support, and we thank you all for the extraordinary work that led to such a successful outcome.

The Resolution (<http://www.ilae.org/Visitors/News/documents/WHO-Epilepsy-2015.pdf>) urges Member States to implement specific actions to promote epilepsy awareness, improve epilepsy care, and support epilepsy research. It also calls for WHO to guide and assist national governments in achieving these objectives. The Resolution also requests Member States to partner with civil society and other organizations, including ILAE and IBE, in

promoting actions to address the medical and social burdens of epilepsy. This landmark document provides our Chapters and Associations with a powerful tool to engage national governments into concrete initiatives to improve the lives of people with epilepsy and to invest into epilepsy research.

The burden of epilepsy affects disproportionately individuals in low- and middle-low income countries where the treatment gap is very high, stigma is more pervasive, and religious and spiritual beliefs often interfere negatively on perceptions about epilepsy. Addressing the treatment gap in these countries is a priority and in early 2014, IBE and ILAE, together with WHO, started an initiative to improve global access to antiepileptic drugs. The seeds were planted at a workshop which took place in Troina, Sicily, in May 2014 and involved our Global Outreach Task Force and representatives from WHO and other non-governmental organizations. We are confident that the approval of the WHA Resolution will facilitate this development.

In the last few years, ILAE and IBE have worked successfully with Epilepsy Advocacy Europe, a group of Members of the European Parliament (MEPs) who are committed to address the many burdens of epilepsy. This collaboration played an important role in promoting the approval of the 2011 Written Declaration on Epilepsy by the European Parliament, and the subsequent allocation by the European Commission of over EUR 50 million for epilepsy research. With support from our regional representation, ILAE-IBE collaboration in Europe has now been strengthened through the creation of Epilepsy Alliance Europe Ltd, a registered joint ILAE-IBE legal entity which can participate as a formal partner in research projects funded by the European Union. An effort is currently being made to promote similar research advocacy initiatives in other areas of the world. To this end, we have consulted our community worldwide to establish widely agreed global priorities for epilepsy research, and to promote dialogue and collaboration among major funding institutions worldwide to facilitate attainment of a critical mass of resources and funding for high priority projects.

For all these initiatives to be successful, the visibility of epilepsy as a major health priority needs be raised on planetary scale. After years of discussion, IBE and ILAE have introduced one more important joint initiative: International Epilepsy Day, celebrated on the second Monday of February. The launch of International Epilepsy Day in February 2015 was a great success and another step forward in promoting awareness and improving lives of people with epilepsy, who are the most powerful advocates for our mission in all societies. We also strengthened our collaboration with other professional

(Continued on page 2)

IN THIS ISSUE

From the Presidents	1
Secretary General's Report	2
Treasurer's Message	3
Vice President's Message	3
2013-2017 ILAE Executive Committee Members	4
Global Outreach	5
Regional Commission Reports	6
Come Look at the New Epileptic Disorders	10
The ILAE Website	11
2015 Awards	12
An Introduction to ILAE	15
ILAE Chapters	16
VIREPA	17
Meetings of Interest	18

organizations. Following the approval of the WHA Resolution, the World Federation of Neurology (WFN) took the welcome decision to dedicate this year's World Brain Day (July 22, 2015) to epilepsy, and to invite us to work together in the communication campaign for this event. We are privileged to join forces with WFN in this effort. Brochures, posters and press releases were prepared and joint communications were forwarded to all neurological and epilepsy societies worldwide. ILAE and IBE have also agreed to participate together in an Epilepsy Awareness Day in Disneyland in November 2015, with International Epilepsy Day as a main theme.

We all remember the time when in the late 90s we started to engage together in the "Epilepsy Out of the Shadow" campaign. After almost 20 years of tireless work by all of you, epilepsy is indeed coming out of the shadow. Much remains to be done, but opportunities for concrete actions to improve the life of people with epilepsy have never

Emilio Perucca

Athanasios Covanis

Secretary-General Report

J. Helen Cross, Secretary-General

It has been a relatively busy year for many of our epilepsy community. Definitive acceptance of a further two chapters will be submitted to the vote of the ILAE General Assembly, the next to take place during the 31st International Epilepsy Congress in Istanbul in September. Formal acceptance will increase the number of League chapters to 115. Some other countries are going through the process so we expect this to increase further over the next two years.



J Helen Cross

Following the regional elections for the current term of office, it was recognized that rules for elections required a degree of harmonization across regions. A task force was consequently set up and chaired by me, with membership including all regional commission chairs and Tatsuya Tanaka. A process that applies to all regions has been agreed upon, and the Bylaws changed accordingly. We also took the opportunity to update the sections of the Bylaws relevant to publishing, as *Epileptic Disorders* is now the education journal of the League. The revised agreed Bylaws can now be found in full on the ILAE website (http://www.ilae.org/Visitors/About_ILAE/documents/Bylaws.pdf).

We have also written and agreed Guidelines for the Management of International and Regional Epilepsy Congresses. These are Guidelines for specific areas within the overall framework of the organization and management of the International Epilepsy Congresses and regional congresses: European Congress on Epileptology (ECE), Asian & Oceanian Epilepsy Congress (AOEC), Latin American Congress on Epilepsy (LACE), African Epilepsy Congress (AEC), East Mediterranean Epilepsy Congress (EMEC), and European Conference on Epilepsy & Society (ECES). These can be found at http://www.ilae.org/Visitors/About_ILAE/documents/GuidelinesMgtEpilepsyCongresses-03_2015.pdf.

Having formulated new guidelines for paper approval as either ILAE position papers, or as papers written by constituents of the League as Commission or Task Force members (<http://www.ilae.org/visitors/Documents/>

[Guideline-PublPolicy-2013Aug.pdf](#)) a total of 16 papers have been approved over this term, 11 over the past twelve months. Some of those approved and published over the past twelve months are listed below, along with where they can be found, either as a publication or on the website.

Summary of recommendations for the management of infantile seizures: Task Force Report for the ILAE Commission of Pediatrics.

Epilepsia Article first published online: 30 JUN 2015 | DOI: 10.1111/epi.13057

Research priorities in epilepsy for the Asia-Oceanian Region. *Epilepsia* 2015;56, 667–673

Epilepsy Research Priorities in Europe: A Report of the ILAE-IBE Epilepsy Advocacy Europe Task Force. *Epilepsia* in press

Listening for a change: Medical and social needs of people with epilepsy and intellectual disability: a joint report of the International League Against Epilepsy Task Force on Intellectual Disabilities and the International Bureau for Epilepsy <http://www.ilae.org/Visitors/documents/ListeningForChange-2013.pdf>

ICD coding for epilepsy – past, present and future. *Epilepsia* 2015;56:348–355

What are the core requirements for a new ketogenic diet service? Recommendations from the International League Against Epilepsy Task Force for Dietary Therapy. *Epilepsia*: Article first published online: 29 MAY 2015

Indications and expectations for neuropsychological assessment in routine epilepsy care: Report of the ILAE Neuropsychology Task Force, Diagnostic Methods Commission, 2013–2017. *Epilepsia* 2015;56: 674–681

Valproate in the treatment of epilepsy in women and girls. Recommendations from a joint Task Force of ILAE-Commission on European Affairs* and European Academy of Neurology (EAN).** *Epilepsia* 2015;56:1006-1019

Two of the papers published have been position papers from the European Joint Advocacy Task Force and the Asian and Oceanian Commission on research priorities in their respective regions. NIH have also published benchmarks for epilepsy research, <http://www.ninds.nih.gov/research/>

epilepsyweb/2014benchmarks.htm. Recognizing that priorities may differ dependent on resources and region of the world, and different regions may share research priorities, we have sought your key priorities for research; specifically with relevance to the more global community. We aim to collect this from as wide a community as possible, and therefore have asked for ideas to be forwarded to research@epilepsycongress.org. These will be reviewed, for assimilation by the Global Research Priorities and Advocacy Task Force when they meet in Istanbul, which we envisage will result in a report and subsequent publication.

The ILAE is often approached about funding opportunities, both from outside funders who wish to share on projects and from individuals with ideas that would require funding. However this is often on an ad hoc basis, neither of which may coincide. There has also been concern at times about possible conflicts of interest. Recognizing the need to capitalize on any opportunity, the Management Committee felt it would be a good way forward to draw up a list of projects that are in concordance with our overall strategy. We are therefore seeking ideas from the community with regard to possible projects that would be suitable for such an endeavor.

Such projects could involve any aspect of epilepsy, but should focus on improving care and service delivery to individuals with epilepsy. This may be educational or service provision and could include models of care to reduce the treatment gap, distance learning, training of juniors or health care workers, technology development or telemedicine, although this list is of course not exhaustive. At this stage it may only be an idea-maybe with this call we could draw individuals together who can develop project ideas to the full. Ultimately projects will need to be measurable in their impact, but may have several linked components. Funding of course is not guaranteed, but without such ideas we cannot be open when other organizations or individuals approach us. We are therefore forwarding this request to all regional and topical commissions to ask for proposals – a brief outline (up to one page) detailing objectives, methodology and deliverables is sufficient. Any suggestions should be forwarded to myself, h.cross@ucl.ac.uk.

As we move toward the International Epilepsy Congress in Istanbul, may I wish you a successful congress, and look forward to having the opportunity to meet with many of you.

Message from the Treasurer

Samuel Weibe, Treasurer

To meet its many goals and obligations, the League is obliged to remain financially sound. Historically, the primary sources of our revenues have been our journals and our congresses. However, the traditional world of publishing and congress have changed almost overnight. In more recent years, because of careful management by ILAE leadership, we have developed an endowment, the proceeds of which will become, as time goes on, a major source of support for League activities.



Samuel Weibe

However, it is also true that the ILAE is not immune to the world's financial hardships. Our limitations in revenues and downturn of the financial markets continue to impact adversely the financial state of the ILAE. In recent years management has been exploring financial strategies that will provide the best return on investments, while maintaining a prudent and responsible risk profile in our portfolio. To help us we have created a Finance Advisory Committee whose guidance has been invaluable. This Committee is composed of a group of highly experienced

financiers from around the world, who generously donate their time and skills to ILAE. Thanks to their outstanding counsel, and to the concerted effort of all of our committees and task forces, we have made impressive gains.

First, it is important to point out that difficult times like these have demonstrated the wisdom of past Executive Committees for developing an endowment that can sustain the activities of the League. Through careful planning and with guidance from our Finance Advisory we have implemented a strategy to continue using our resources without placing undue strain on our endowment.

We are also looking for ways to achieve our mission while being good stewards of our financial resources. On the education front, we are exploring efficient ways to implement low-cost educational activities that will reach the maximum number of people worldwide. For example, we are creating professionally developed, self-paced, distant-learning courses with CME accreditation that will be accessible at minimum or no cost to anyone in the world that satisfies basic requirements. We are also embarking on a potential collaboration with Wikipedia to publish high quality, authoritative entries in all aspects of epilepsy. The penetrance of the material posted in Wikipedia is unequalled worldwide, and we believe this will be of great importance for our mission, achieved at low financial cost. Concurrently, we are also fine-tuning our offerings in distance learning through VIREPA, to make them as cost-effective as possible.

For the foreseeable future our two main sources of revenue will remain our congresses and our journal *Epilepsia*. Revenues from congresses, as described in my previous reports, have been stagnant, and there is no indication this will improve in the foreseeable future. On the other hand, we are making significant gains in our journals.

The Impact Factor of *Epilepsia* places at the top of the epilepsy journals, and some of the articles published recently have been downloaded and cited in record numbers. This demonstrates the high quality and high relevance of the material, some of which is produced by the ILAE's task forces. This bodes well for the journal from the academic and the financial perspective. With the incorporation of *Epileptic Disorders* into our family we will be able to expand the reach of our educational publications, also in a cost-effective manner.

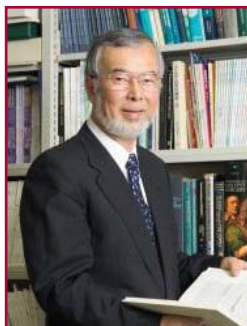
Finally, despite financial difficulties, the ILAE directly allocated over \$600,000 to various educational activities, in addition to nearly \$1.2 million to support the activities of its Commissions and Task Forces.

In summary, the ILAE has responded to the financial challenges by becoming a more nimble organization, and by increasing its support to mission-critical areas. This has required the understanding and flexibility of all of our members, to whom we owe a debt of gratitude. The situation has also helped us focus on activities that truly further our goal of a world in which no one's life is affected by epilepsy.

Welcome Message from the Vice President

Tatsuya Tanaka, Vice President

Dear Friends,
As Vice President of the International League against Epilepsy (ILAE), it is my pleasure to welcome you to the 31st International Congress (IEC) in historical and beautiful Istanbul. It is the first time that the Congress has been convened in Turkey. As an Asian, it is especially a pleasure to have the meeting in Turkey which is where East meets West. Istanbul is a truly historic city that is well known for its blending of cultures, politics and trade between



Tatsuya Tanaka

European and Oriental countries, extending back to the Roman Empire and before. Coming from Japan, I appreciate the close relation that my country has had with Turkey since the 19th Century.

In thinking about my trip to Turkey, I recalled a tragic event that involved our two countries of which I learned during elementary school. Japan is the oldest friend of Turkey in East Asia. The first substantial contact between the two countries was the visit of Prince Komatsu, the nephew of Emperor Meiji and Princess Komatsu in 1886 during their trip to Europe. Using the visit of the Prince as an occasion to rekindle relations with Japan, Sultan Abdul Hamid II wanted to form closer relations with Meiji Japan. The Ottoman Government decided to send the imperial frigate *Ertugrul*, named after the father of Osman I, the founder of the Ottoman Empire, under the command of Commodore Osman Pasha and his crew of 609 men to Japan.

The ship and her crew sailed out in July 1889 with the objective of paying a goodwill visit to the Asian Muslim Countries with the final destination being the Emperor of Japan in return for the visit of Prince Komatsu. After sailing almost one year, the *Ertugrul* finally arrived in Japan in June 1890. During their three-month stay in Japan, Osman Pasha and his crew completed a successful visit with the Japanese authorities and the imperial family. On the return voyage from Yokohama, the *Ertugrul* was caught in a typhoon, and strong winds pushed the *Ertugrul* onto the rocks off the beach of Kushimoto in Wakayama Prefecture, on Sept. 16, 1890. The accident killed more than 500

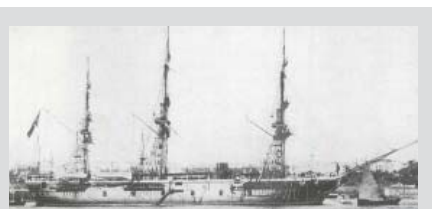


The memorial at Kushimoto, Japan commemorating the lost Turkish sailors from the shipwrecked *Ertugrul* "Kushimoto-toruko-ireihi1" by the original uploader was Los688 at Japanese Wikipedia - Transferred from ja.wikipedia to Commons.Licensed under CC BY-SA 3.0 via Wikimedia Commons - <https://commons.wikimedia.org/wiki/File:Kushimoto-toruko-ireihi1.jpg#/media/File:Kushimoto-toruko-ireihi1.jpg>

of those on board including Commodore Osman Pasha. Kushimoto was a very small village of fisherman in a rural area, however, the local residents managed to rescue 69 of the ship's sailors and officers with their great efforts. The local inhabitants all lived in poverty, nevertheless, they offered everything they had to those who survived the wreck of *Ertugrul*, a ship from an entirely unfamiliar country, Turkey.

When the news reached Tokyo, Emperor Meiji sent medical help to the village and on the 20th of September,

(Continued on page 4)



"Ottoman frigate *Ertugrul*" by Ottoman Empire imageshack. Licensed under Public Domain via Wikimedia Commons - https://commons.wikimedia.org/wiki/File:Ottoman_frigate_Ertugrul.jpg#/media/File:Ottoman_frigate_Ertugrul.jpg

the survivors were sent to a hospital in Kobe for their final recovery. On the 5th of October, by Imperial order, the Japanese Government sent these survivors back to Istanbul with two Japanese frigates, together with the condolences of the Meiji Emperor and the Japanese Government. The memorial monument was constructed in Kushimoto and Meiji Emperor visited there to commemorate the victims. A Turkish museum has been established at the site, and a regular commemoration of the tragedy continues to bring together Turkish and Japanese officials. Thus, this tragic

accident became a solemn symbol of intimate friendship between Turkey and Japan that continues uninterrupted. Consequently, it will be my great pleasure to rekindle our long lasting friendship with the Turkish people in Istanbul.

The program of 31st IEC is very exciting with many new topics, teaching sessions and video sessions that are rich and varied, with the goal of meeting the many needs and desires of our diverse membership. I am sure that the 31st IEC will also bring together many young epileptologists and an international set of well-known mentors and

people belonging to epilepsy communities from the East and West as well as from the North. Of course, one of the great benefits of the Congress is that it will also provide an excellent opportunity for renewing old friendships and making new friends.

I look forward to meeting you all at this Congress, and I hope you take away great memories, not only of the meeting itself but also of this historic city and country.

2013 - 2017 ILAE Executive Committee Members



Emilio Perucca
President



Tatsuya Tanaka
Vice President



Helen Cross
Secretary-General



Sam Wiebe
Treasurer



Solomon Moshé
Past President



A Gallo Diop
Commission on
African Affairs



Byung-In Lee
Commission on Asian
and Oceanic Affairs



Hassan Hosny
Commission on
Mediterranean Affairs



Meir Bialer
Commission on
European Affairs



Marco Medina
Commission on Latin
American Affairs



Sheryl Haut
Commission on North
American Affairs



Gary Mathern
Epilepsia
Editor-in-Chief



Astrid Nehlig
Epilepsia
Editor-in-Chief



Athanasios Covanis
IBE President



Sari Tervonen
IBE Secretary-General



Robert Cole
IBE Treasurer

Invitees



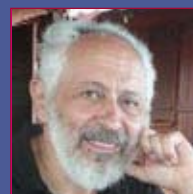
Alexis Arzimanoglou
Epileptic Disorders
Editor-in-Chief



Edward Bertrum
Information
Officer



Jaime Carrizosa
Education
Commission



Jean Gotman
Director of
Interactive Media



Torbjörn Tomson
Strategic Plan
Committee

Global Outreach Task Force: Coordinated Action Leads to WHO Resolution on Epilepsy

The coordinated action of thousands of epilepsy stakeholders across the globe came together with the passing of an epilepsy Resolution at the 68th World Health Assembly this May. The actions were coordinated by the ILAE and IBE Presidents, Emilio Perucca and Thanos Covanis. The task force acknowledges the contributions of the WHO, current and past ILAE and IBE executives, national chapters and associations who have all contributed to this Resolution and who continue to work to improve the lives of people with epilepsy.



*Alla Guekht
Co-Chairs, Global Outreach Task Force*



The goal was to have our stakeholders meet with their health authorities to encourage them to write a letter in support of the Resolution. A success was that the Russian Federation chose to co-sponsor the Resolution adding significant leverage to our request.

In step three, the Global Outreach Task Force attended the Executive Board Meeting to have face to face conversations with Member States and answer questions about the Resolution. There were formal and informal meetings to revise the wording of the Resolution. On 2 February 2015, the 136th Executive Board unanimously recommended that the Resolution be approved by the 68th World Health Assembly. The Maldives, Argentina, the Islamic Republic of Iran, Japan and Panama announced that they too would co-sponsor the Resolution.

We next developed template letters for our ILAE and IBE members to use in contacting their health authorities to promote the Resolution prior to the May meeting of the 68th World Health Assembly. We targeted countries that had spoken in support at the Executive Board meeting asking them to become co-sponsors of the Resolution.

Our success was driven by the direct mobilization of epilepsy stakeholders from every region of the world. As a result 43 countries made strong statements in favor of the Resolution with commitments to stepup actions against epilepsy.

Nineteen countries requested to be named as co-sponsors.

This effort provided the WHO the leverage needed to keep epilepsy on its agenda. A significant component of the Resolution is about the role that the World Health Assembly assigns to the WHO. Although we have been collaborating with the WHO since 1997, this is the first time that the WHO has been given a specific mandate to guide Member States in the design and implementation of action plans against epilepsy and to provide support to these actions. This is particularly important in low- and middle-income countries.

Health Action International endorsed the Resolution and spoke about the importance of reducing the treatment gap in epilepsy by monitoring and maintaining adequate supplies of medication in lower- and middle-income countries. In addition, the World Federation of Neurology which spoke in favor of the Resolution featured epilepsy in its World Brain Day campaign on 22 July 2015.

This Resolution provides the epilepsy community with a powerful tool to engage governments to improve epilepsy care, promote public awareness and to allocate the needed resources for care and research. The Resolution also sends a strong message that epilepsy as a major health priority across the globe.

To bring the Resolution to practical use the Task Force is drafting a tool kit that will include guidance to our members in moving from advocacy to action.

The WHO will complete a review of past epilepsy-related activities to identify the best practices and models to address effectively the burden of epilepsy, and will make such documentation available to its partners and Member States. Further, the WHO, WFN, ILAE and IBE will work to produce technical recommendations to guide Member States in developing and implementing national and regional epilepsy action plans.

Core Recommendations made by the 68th World Health Assembly Resolution on the Global Burden of Epilepsy:

1. Strengthen effective leadership and governance to address the specific needs of people with epilepsy, and make resources available to implement evidence-based plans and actions;
2. Introduce and implement national healthcare plans for epilepsy management to overcome inequities in medical, social and other related services;
3. Integrate epilepsy management into primary health care to reduce the treatment gap, by training non-specialist health care providers and by empowering people with epilepsy and their caregivers to use self- and home-care programs;
4. Improve access to affordable, safe, effective and quality antiepileptic medicines;



From left to right, Athanasios Covanis (IBE President), Shekhar Saxena (Director, Department of Mental Health and Substance Abuse, WHO), Shichuo Li (Chair, ILAE-IBE Joint Task Force on Global Research Advocacy), Tarun Dua (Medical Officer, Department of Mental Health and Substance Abuse, WHO), Emilio Perucca (ILAE President), Brooke Short (Fellow, Epilepsy Program, WHO), Alla Guekht (Co-chair, ILAE-IBE Joint Global Outreach Task Force), Ann Little (IBE Executive Director), Mary Secco (Co-chair, ILAE-IBE Joint Global Outreach Task Force).

The Road to the Resolution

The first step in this remarkable achievement was getting the Resolution on the agenda of the World Health Assembly. One of the 34 Executive Board members must formally request that it be added. In the fall of 2014, The People's Republic of China drafted a Resolution to address the global burden of epilepsy through coordinated action at the country level to address its medical, social and public knowledge implications. The item was added to the January 2015 Executive Board meeting agenda.

The next step was to engage with the 34 members of the Executive Board to get their endorsement of this Resolution. The task force prepared background documents and distributed them to national chapters and associations to provide them with information about the Resolution, including template letters. The associations and chapters were encouraged to personalize the letters by adding statistics that would be relevant for their country. The



Participants at the Young Adult Summit, Washington, D.C.

(Continued on page 6)

5. Ensure awareness and education about epilepsy, in primary and secondary schools to reduce the misconceptions, stigmatization and discrimination against people with epilepsy and their families;
6. Promote actions to prevent epilepsy, using evidence-based interventions;
7. Invest in epilepsy research and increase research capacity; and
8. Engage with civil society and other partners in these actions.

Other Task Force Activities

June 2014 – Meeting with WHO to develop strategies to improve access to AEDs in Low- and Middle-Income Countries

July 2014 – Twenty young adults between the ages of 21 and 29 were invited to a Summit in Washington, D.C. The goal was to identify a project that the group could spearhead that would improve the lives of young adults living with epilepsy around the world.

April 2015 – Meeting in Moscow with the Russian Minister of Health Veronika Skvortsova on the improvement of epilepsy care in Russia and in the Eastern European region. Workshop in Astana with participation of the leading Healthcare authorities of Kazakhstan to target the treatment gap in the European Central Asia Region.

Epilepsy in Africa: Progress, Challenges and Hope

Amadou Gallo Diop, Chair, ILAE Commission on African Affairs

Since the early 90's, a progressive and dramatic evolution is noted in the management and the quality of epilepsy care in Africa. Some initiatives were taken in a few African countries by general practitioners, psychiatrists, nurses and some of the very rare neurologists. It wasn't until November 2010 that the ILAE's regional commission in Africa was formally established in a formal ceremony in Dakar, Senegal. Since then, there has been a greater effort to create the means for organizing activities on the continent, especially for training sessions to improve epilepsy treatment and for enhancing international collaboration. It has been pointed out that improving the care of people with epilepsy and training young doctors for a better management and treatment of the disease is directly tied to the general economic environment. League President Emilio Perucca noted in a presentation that Africa may be on the edge of a significant improvement in epilepsy care because in the last 15 years Africa has been one of the fastest growing regions of the world.



Amadou Gallo Diop

neurologists and the supporting technology in recent years. These data are a sign of hope for a region that still has extremely limited medical resources.

From Tunisia, Senegal and Europe (mainly France), almost 60 epileptologists have been trained. And this is the key for the future. The World Federation of Neurology (WFN) understands this need for training and has put professional development as a high priority. Within its 'Africa Initiative' program, the WFN has decided to set up four major regional training centers in Africa and accompany them with bursaries for selected trainees. They will be entirely trained on site, in Africa, for specialization in general neurology: Rabat (Morocco; started in September 2014), Cairo (Egypt; which will start September 2015), and two candidate cities: Dakar (Senegal) and Cape Town (South Africa) which will be visited and evaluated. In addition to that program, a short-term program is on-going, in collaboration with national societies and international institutions. These efforts consist of regional teaching courses and one to two months training trips in clinical neurosciences supported by the European Academy of Neurology, Turkey, and soon Norway. Other training sites are under discussion.

For specific epilepsy teaching courses, many activities have been organized in these last years in several countries at either a national level or as regional teaching courses by the Education branch of the Commission on African Affairs, in collaboration with many partners such as International Child neurology Association (ICNA), World Federation of Neurology (WFN), International Brain Research Organization (IBRO), Society of Neuroscientists of Africa (SONA), Pan-African Association of Neurological Sciences (PAANS), European Academy of Neurology (EAN), American Academy of Neurology (AAN), Pan-Arab Union of Neurological Societies (PAUNS), as well as neuro subspecialty societies. Different sessions have been organized in Cape Town (2012), Kampala (2012), Nairobi (2012), Dakar (2013), Accra (2014), Kinshasa (2014) and Durban (March 2015). For the Dakar Regional francophone teaching course, three speakers came from the North American Commission of the ILAE. This course was originally planned for Bamako, Mali. However due to logistical reasons it was shifted to Dakar, Senegal.

It greatly improved a sense of belonging to the international epilepsy community when the CAA has given the opportunity to present our international colleagues with the realities of epilepsy care in Africa during many international events, including the Congresses and Regional Meetings. We were especially proud of the very first African Epilepsy Congresses that were organized in Nairobi (2012) and Cape Town (2014).

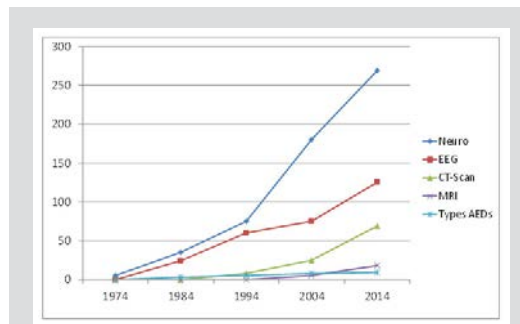


Fig. 2: Evolution of the number of Neurologists and facilities in Sub-Saharan African (from A. Gallo Diop)]

For improving communication within the region, we have created an African epilepsy newsletter (*EpilepsyAfrica*. For an example visit <http://www.ilae.org/Commission/CAA/documents/EPILEPSYAFRICA-nov2011.pdf>). For those who would like to receive a copy and be placed on the newsletter's mailing list please contact the Commission's Communication Officer, Dr. Birinus Ezeala-Adikaibe (birinusadikaibe@gmail.com).

Another big accomplishment will be, 10 years after the first, the publication of the second version of ILAE-IBE-WHO epilepsy policy, strategies and awareness raising document *Epilepsy in the African Region: Bridging the Gap*. Two Consultants have been recruited to update it. The aim is to sensitize each African health ministry through the WHO to focus on epilepsy regarding the diagnosis, treatment and social implications of the disease including stigmatization and discrimination. The updated document will contain data from each country relative to population, medical personnel and facilities and socio-cultural and economic situation. The document is in the final stages of editing before publication by WHO and its African branch, WHO-AFRO. It is fortunate this updated African advocacy tool comes out in the same period of time with the

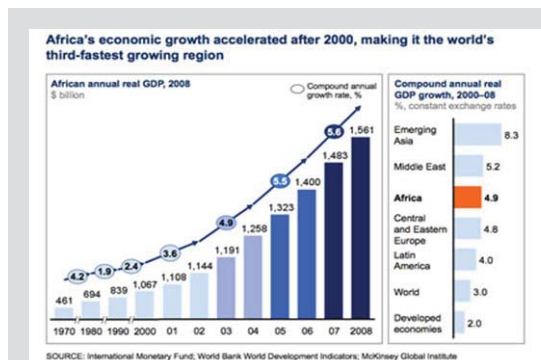


Fig. 1: Evolution of Gross Domestic Product in Africa (from E. Perucca)

(Continued on page 7)

adoption of the WHO Resolution on epilepsy during the World Health Assembly in May 2015 in Geneva. Delegates endorsed a resolution urging “Member States to strengthen their ongoing efforts in providing care for people with epilepsy, to formulate, strengthen and implement national policies and legislation to promote and protect the rights of people with epilepsy”. It also stresses the importance of training of non-specialist health-care providers as key to reducing the epilepsy treatment gap. In this resolution, countries are also “encouraged to undertake public awareness activities to reduce misconceptions about epilepsy and encourage more people to seek treatment”.

The ILAE’s Commission on African Affairs has three new Chapters: the Democratic Republic of Congo,

Cote d’Ivoire and Rwanda. Burkina Faso which was suspended for years is back after internal reorganization. Facilitating the integration of other African countries into the ILAE is a major goal for all of us. Seven new African States have sent their applications to become a member: Angola, Ethiopia, Malawi, Mozambique, Sierra Leone, Sudan and Zambia.

The ILAE and IBE by promoting international solidarity and partnership in epilepsy care across the globe will be crucial for the improvement of epilepsy management and reduction of the treatment gap in developing regions such as Africa.

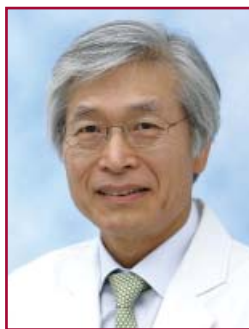


Courtesy from Pr Riad Gouider, Tunisia

Commission on Asian and Oceanian Affairs (CAOA) Report

Byung-In Lee, Chair, ILAE Commission on Asian and Oceanian Affairs

The Asian and Oceanian region has the largest population and the greatest cultural diversity of any of the regions of the ILAE. These factors together with the great distances mandate close communications to foster a sense of community among chapters and members to achieve the League’s goals. A major step was the creation of the, CAOAs website which was linked to League and Chapters websites to improve communications among our members. Prof D Chan (Singapore) is working with Prof S Kaneko (Japan) to improve the function of the CAOAs website.



Byung-In Lee

From the beginning education and training of general practitioners and neurologists have been the focus of CAOAs through the efforts of ASEPA (Asian Epilepsy Academy), the educational arm of CAOAs. ASEPA develops and coordinates teaching courses and workshops, the Asian EEG certification examination, epilepsy fellowship program, and the publication of CAOAs congress proceedings. ASEPA conducts more than 10 educational courses and workshops annually in resource-poor areas of our region. We have developed a program of visiting professorships tied to the teaching courses. A course speaker stays in the town for a few days after the course to help reinforce course material with local physicians who attended the course. Because of the clear benefits of the visiting professorship we are going to expand the program further.

The ASEPA-EEG-certification program consists of EEG-teaching courses, followed by Part-I and Part-II examinations. It was started in 2005 in collaboration with ASEAN Neurological Association (ASNA) to improve the standard of electroencephalography practice in Asia. At the end of 2014, a total of 339 physicians passed the Part-I examination (pass rate of 61.9%) and 228 physicians passed Part-II exam (pass rate of 73.3%). The program has been widely accepted throughout the region with ever increasing numbers of exam applicants. Recently,

Australian epileptologists including Prof. E Somerville and Dr. A Bleasel have provided more interactive EEG teaching by using the computerized educational format of the EEG-teaching program.

To increase the number of epileptologists in the Region, ASEPA-Epilepsy Fellowship program has been providing two 6-month fellowship programs to young neurologists from the region, which was funded by ILAE. In addition, the Japanese Epilepsy Society has been offering two to four fellowships per year for neurologists from developing countries, and Epilepsy Society of Australia has been offering 1 to 2 short-term (3 months) fellowships every year, which was extremely helpful for promoting epileptology in our region. The process of selecting candidates for these fellowships has been conducted by Prof C.T. Tan (Malaysia) who was the previous Chair of CAOAs and who is the editor of *Neurology Asia*. Recently, the CAOAs offered one more fellowship program to physicians from Laos through Prof. Tan and the Neurological Society of Laos.

Prof. J Dunne (Australia) is serving as the Chair of ASEPA for the next four-year term following the very successful term of Prof. SH Lim (Singapore), who made tremendous contributions to the promotion of Epileptology in our region. We all expect that ASEPA action will continue to grow under the new leadership.

CAOAs has encouraged translational research. Prof P Kwan (Australia), the past Chair of the CAOAs-Research Task Force wrote the Research Priority document for the region. The priorities were published in *Epilepsia*. Prof. CT Tan and Prof. A Ikeda (Japan), current Co-Chairs of the RTF are conducting multi-chapter research projects to deal with clinically important questions related epilepsy based on these priorities which include relationships between public attitude and stigma, women’s issues in epilepsy care, and traditional treatments..

“Treatment Gap of Epilepsy” has been a major issue for the global health organizations. The joint Global Campaign against Epilepsy (GCAE), was launched in 1997. The Chinese demonstration project was the most successful and became a model of community actions against epilepsy. CAOAs established GCAE-TF in 2010 under the leadership of Prof. E Somerville (Australia). The programs have been linked together for formulation of more effective

models of actions against epilepsy in our region. In 2013, CAOAs had a GCAE-symposium at Yangon, Myanmar, to discuss the feasibility of starting a demonstration project in collaboration with neurologists in Yangon, but these efforts were not fruitful. This trial was replaced by a different independent project by WHO. Thereafter, CAOAs has been working with neurologists in Mandalay, Myanmar to conduct a collaboration project with them.

In 2013, the CAOAs established a Pediatric TF under the leadership of Prof HD Kim (Korea) to promote childhood epilepsy care in our region. The Pediatric TF is essential to improve the conduct of ILAE-pediatric commission activities to our region, and a pediatric expert’s meeting was held in Singapore on Aug 8, 2014, to set-up action plans.

The CAOAs has also been actively pursuing more collaborations with other epilepsy-related organizations. In 2014, the CAOAs had an EEG workshop in collaboration with the Hong Kong chapter. The CAOAs provided support to the Indian Epilepsy School, which was held on Sept. 10-14, 2014, in Hyderabad, India. CAOAs is also planning to have a joint conference with the 9th AESC (Asian Epilepsy surgery congress) on October 23, 2015, in Udaipur, India. The 10th AOEC in Singapore had 1,307 registrations from 49 countries and the Epilepsy & Society symposium saw 150 attendees from Singapore and across the region. The Tadokoro Prize was awarded to the two best poster and platform presentations.

At the opening ceremony, the 3rd Asian and Oceanian Outstanding Achievement Awards were handed out to four recipients: Dr Maria Felicidad Soto (Philippines), Dr Ming-Shung Su (Taiwan), Dr John Dunne (Australia), and Dr Qifu Tan (China). It was a really wonderful occasion to congratulate those outstanding epileptologists for their contributions to our region.

CAOAs is working to harmonize diverse and very heterogeneous epilepsy communities throughout the region. Closer communications and extensive networking among our chapters and members is especially critical for the young epileptologists in our region. Another important issue for the CAOAs in 2016 is the “Global Epilepsy Agenda (GEA),” which was adopted by WHO in last May. Properly and aggressively conducted, the GEA will have a huge impact on our fight against epilepsy, with a significant reduction of the treatment gap in our region.

Commission on East Mediterranean Affairs (CEMA)

Commission Members: T Alsaadi (UAE) Raidah Al Baradie (KSA), M Shehab (Jordan), A Beydoun (Lebanon), A Gargouri (Tunisia) A Khalifa (Syria) G AlJandil (Iraq).

As of October 2014, CEMA has 12 chapters in the East Mediterranean region which extends from the Strait of Gibraltar to the Persian Gulf. The Commission

includes Egypt, Tunisia, Morocco, Syria, Lebanon, Jordan, Iraq, Saudi Arabia, Kuwait, Qatar United Arab Emirates and Palestine. The Commission was formed in 2004 and held its first regional congress in Luxor, Egypt, which was well attended by over 400 delegates many of whom came



Hassan Hosny (Egypt), Chair

from other League regions. The second congress was held in Dubai in March 2010. Since then, progress in the region has been slowed significantly due to the well known difficulties. As a consequence, the regional congress was postponed until early 2016 when the 3rd congress will be held in Dubai.

Despite the circumstances, the region is still making progress through the extraordinary efforts of the local chapters. During this time each national chapter without exception held its annual meetings with an average attendance of over 250 for each one. Sometimes the meetings were held in neighboring countries. Alexandria, Dubai, Riyadh, Amman, Muscat and Istanbul hosted the annual meetings almost on a monthly basis. During this time the chair of the Commission as

well as the Commission members drafted the epilepsy courses to be delivered across the region. The general outline included tutorials courses and practical sessions.

Epileptic syndromes, semiology, pharmacology and EEG were the main themes.

To encourage the development of the next generation of epileptologists, the Commission members decided to create a CEMA School of Epilepsy.



Emirates, 2015

Their design followed that of the original Summer School of San Servolo in Venice, Italy which for many years has been attracting young people from around the world and leading them to discover, guided by renowned epileptologists, the many issues we encounter daily when we are face to face with a person with epilepsy. The first school will be held late 2016. CEMA is dedicated to the goals of the League to improve the lives of people with epilepsy and is working hard not to let the current circumstances prevent us from achieving that goal.



Purple Day 2015, Cairo

Commission on European Affairs (CEA)

The International League against Epilepsy Commission on European Affairs (ILAE-CEA) was established in 1993. The current (2013-2017) CEA members and their roles are as follows: Sándor Beniczky (Denmark) – Communication Liaison; Meir Bialer (Israel) – Chair and Liaison for Education; Emilio Perucca (Italy) – ILAE President and Ex Officio Member; Torbjörn Tomson (Sweden); Eugen Trinka (Austria) – Treasurer and Liaison for Regulatory Affairs and EAN (European Academy of Neurology); Annamaria Vezzani (Italy) – Liaison for Basic Science (Neurobiology); Matthew Walker (UK) – Secretary.

In 2009 a set of aims was established in accordance with the ILAE strategic plan. These have been continued by the current CEA, which has accomplished the following within this framework:

Aim 1 - Articulate internationally applicable guidelines for diagnosis and treatment of patients with epilepsy in Europe

To meet this goal the CEA has encouraged the dissemination of ILAE guidelines through educational courses and worked together with the European Academy of Neurology (EAN) to establish guidelines on valproic acid (valproate) in the treatment of epilepsy in women and girls.



Meir Bialer¹, CEA Chair



Matthew Walker², CEA Secretary

Aim 2 - Stimulate & enhance education on the prevention, diagnosis & treatment of epilepsy

Over the years the CEA has had as a core mission the development of an educational agenda with procedures for applications for CEA support for courses and symposia. In addition the Commission has supported educational courses including the core courses in Clinical Epileptology, Pharmacology and Surgery as well as the CEA-sponsored activities such as the San Servolo courses in Basic & Translational Science, Pediatrics, the Lyon Stereo-EEG course and the Regional Summer Schools.

Aim 3 - Stimulate and enhance basic and clinical research in epilepsy in Europe

Together with Epilepsy Advocacy Europe (EAE) the community has succeeded in giving epilepsy research priority in EU funding and worked to develop the research agenda in Europe through a number of CEA-EU symposia and conferences. To disseminate knowledge about the contributions of laboratory research to epilepsy treatment, the CEA has also supported scientific conferences with European added value that publish post-conference proceedings.

Aim 4 - Prompt and facilitate initiatives that improve standards of comprehensive care (diagnosis, treatment and social care). Reduce the treatment gap throughout Europe

There has been a joint task force with the Commission on North America Affairs on regulatory issues of new AEDs and this task force met with the EMA and the FDA to discuss regulatory issues in Paris in 2011. There will be forthcoming White Papers to the FDA about using add-on therapy for a combined monotherapy / add-on therapy indication and about extrapolation of adult partial onset seizure data to children. There will also be a paper on using time to event analysis for pivotal trials.

(Continued on page 9)

Aim 5 - To help ensure that ILAE's organizational structure is efficiently and effectively dedicated to fulfilling ILAE mission

There is a continuous update of European chapters' chairs and secretaries and European Chapter Conventions in every ECE. The CEA is working to establish ILAE chapters in the remaining European countries. The CEA is updating election rules in accordance with the ILAE constitutional amendment, which will be applied to the 2016 - CEA election as well as the rules of the European Congresses on Epileptology (ECE).

To further the cause of epilepsy in the region the CEA has promoted Epilepsy Advocacy & Research in Europe (EAE) through a joint ILAE-IBE Task Force (JTF), in partnership with European ILAE chapters and IBE associations. The Commission has also established, together with the ILAE and IBE, a new Joint ILAE / IBE European legal entity in Ireland to enable the EAE to apply for EU grants. There is also now a new collaboration with the European Academy of Neurology (EAN). A joint CEA-EAN-WG was formed to substantiate this collaboration.

Aim 6 - The Eleventh European Congress on Epileptology (ECE)

The Eleventh European Congress on Epileptology (ECE) took place in Stockholm, Sweden on 29 June -3 July 2014. Much progress has been made since the first ECE in 1994. The ECE has now become one of the major international congresses in epileptology. It was attended by 2,300 people, who actively engaged in the wide-ranging congress' sessions including the ECE-Forums, Teaching Sessions and a "What not to do in epilepsiology" course.

The ECE has established a number of European awards to celebrate excellence within our community. The recipients were selected by the CEA-Award Committee from nominations by the European chapters and individuals. The immensely high standard of the nominees pays tribute to the quality of clinical and experimental epilepsy throughout Europe. The awards were presented at the Stockholm ECE.

Foremost amongst the awards is the European Epileptology Award, initiated by the CEA in 2002. This award is for lifetime contribution to epilepsy. The recipients of the 2014-CEA European Epileptology Award were Prof Carlo Alberto Tassinari, Italy, and Prof Wolfgang Löscher, Germany. Prof Tassinari is recognized world-wide for his work in clinical epileptology, not least for his characterization of childhood epilepsy syndromes, including the eponymous Tassinari Syndrome (electrical status

Epilepticus during sleep). Prof Löscher is a leading scientist in basic and translational research in epilepsy including the pharmacology of antiepileptic drugs, animal epilepsy models, the development of acquired epilepsy and the mechanisms underlying therapy-resistant epilepsies.

The CEA European Education Award was presented to Prof Ivan Rektor of the Czech Republic in recognition of his major contributions to Epilepsy Education throughout Europe including running pre-surgical educational international courses (EPODES) for young neurologists.

The CEA Young Investigator Awards (for people under 45 years old) were presented to Dr Teresa Ravizza of Italy and Dr Serge Vulliemoz from Switzerland.

The CEA European Service Award was presented to Ms Verina Hezser-v Wehrs from Germany, who is the ILAE-VIREPA coordinator and was previously the Office Manager of European Epilepsy Academy (EUREPA: 1997-2010).

The next CEA awards will be presented at the 12th ECE in Prague, Czech Republic (11-15 September 2016).

1 Institute for Drug Research, School of Pharmacy, The Hebrew University of Jerusalem, Israel.

2 Institute of Neurology, University College London, UK

Commission on North American Affairs

Sheryl Haut, Chair, Commission on North American Affairs

The North American Regional Commission (NAC) of the ILAE has continued to work towards its mission of improving the lives of persons with epilepsy across North America and the Caribbean, through education, advocacy, leadership and research. During the past term, the NAC has maintained previously successful programs in the region and has embarked on a multi-national leadership training program for rising stars in the field of epilepsy.



Sheryl Haut

Epilepsy Education across North America:

The NAC has partnered with the American Epilepsy Society (AES) as well as the Latin American Commission to expand epilepsy education across the region. The NAC and AES have jointly produced a comprehensive teaching slide set of epilepsy for the non-specialist. This material is geared towards general practitioners, general neurologists and pediatric neurologists, nurses, and other healthcare extenders. It is currently being translated into Spanish by the Latin American Commission (LAC) for use in the Pan American Health Organization (PAHO) epilepsy initiative, and is soon to be launched as a webtool.

In a related collaboration, the NAC and LAC continue to work together closely on other PAHO related activities, and

primarily the Partnering Epilepsy Centers in the America's (PECA) program. Through this program, more than 40 partnering visits have taken place between faculty and centers of North America, Caribbean and Latin America. This year, led by Dr Jose Cavazos who is the current Chair of the PECA Task Force, 5 programs have been established or continued in Costa Rica, Panama, Peru, Ecuador and Mexico. Some of these programs had more than one visit this past year (e.g. Peru) with matching funds obtained from another source.

Epilepsy Society of the Caribbean and the Hispaniola Task Force

The NAC has focused significant attention on the Caribbean, Haiti and the Dominican Republic. After years of planning, the Epilepsy Society of the Caribbean was ratified as a separate ILAE Chapter in 2014, joining AES and the Canadian League Against Epilepsy as the third Chapter of the North American Commission. This effort was led by Drs Amza Ali and Dr Dave Clark, whose vision towards this goal has been unwavering. Progress in epilepsy care in the Caribbean has been rapid, ranging from a highly successful and expanding biannual regional congress (NARCEE) to significant progress towards an epilepsy surgery program for the region, based in Jamaica. Strong efforts in advocacy have included lobbying regional governments for new AEDs, and a social driving initiative created in collaboration with the International Foundation of Applied Disability. Finally, the NAC Caribbean Task Force succeeded in obtaining an EEG machine (donated from Global Diagnostics) for St. Lucia.

The NAC has also devoted considerable energies towards developing an epilepsy program in Haiti, under the vision and persistent dedication of Dr Lionel Carmant. In 2014, a second regional epilepsy center was added in Haiti. With the addition of this second clinic, more than 5000 people living with epilepsy in Haiti have received care at these sites. The clinics have been so successful that they are now



3rd NARCEE

facing treatment gaps issues because they do not have sufficient AEDs for everyone.

The other main NAC supported activity in the region is an ongoing study examining the prevalence of neurocysticercosis in patients with epilepsy.

Stigma Task Force

The Stigma Task Force developed by Dr Jette during the previous NAC term was so successful that it was established

(Continued on page 10)

as a full ILAE task force in the current term. This task force has continued its important work on synthesizing the worldwide evidence on stigma in epilepsy. This past year

interventions to address stigma. The work has continued, and a third manuscript is anticipated which will examine the frequency of stigma and factors associated with it.

ILAE Leadership Training Program

Perhaps the most exciting new program developed by the North American Commission during the past year is the Leadership Training Program. The NAC is committed to the vision of training the next generation of leaders in epilepsy, and particularly in training leaders who will be internationally active in epilepsy organizations and advocacy. Toward that end, the NAC has established a task force co-chaired by Jaideep Kapur and Sheryl Haut, joined by an international steering committee and Tina Budnitz, a leadership consultant. The task force has developed a curriculum for a two-day leadership program to take place during

the ILAE International Congress in Istanbul in September 2015. Applications for the program were reviewed from all over the world, and 19 young leaders were selected, representing countries from each of the 6 regional commissions. A follow up program is anticipated for 2017.



Epilepsy clinic in Haiti

the members worked on data abstraction (in duplicate) of approximately 300 manuscripts. Two manuscripts are in process, including a summary of validated scales to measure stigma, and a summary of the evidence on

international steering committee and Tina Budnitz, a leadership consultant. The task force has developed a curriculum for a two-day leadership program to take place during



Epilepsy Course "From the laboratory to the Clinic" in Mexico City. The audience consisted of almost 200 Medical students, Residents, Neurologists and Investigators from Mexico with faculty that included leading researchers from Mexico and the United States.

Come look at the new Epileptic Disorders

Alexis Arzimanoglou, Editor-in-Chief, *Epileptic Disorders*

The mission of the ILAE's educational journal, *Epileptic Disorders*, is to provide epilepsy care providers with content they can use on a daily basis. Many of the articles are designed to help epilepsy professionals better diagnose and treat their patients.



Alexis Arzimanoglou

To make it easier to achieve our goals we have added a number of new features to the journal's website, <http://www.jle.com/en/revues/epd/revue.phtml>.

1. *Epileptic Disorders* has a collection of over 400 videos of well categorized seizures that are available for review and instruction, but finding the right video has sometimes been difficult. To make it easier to find a video recording the publisher, John Libbey Eurotext Limited, has created a practical research tool, based on four major key word categories (Etiology; Phenomenology; Localization; Syndrome) which will give direct access to over 400 videos already published in the journal. These videos can be used for teaching purposes as well as for individual training in better describing simple or complex paroxysmal events and their accompanying EEGs.
2. For many epilepsy professionals around the world access to needed up to date literature is difficult because of copyright restrictions. To remedy this significant limitation, the publisher, as a service to ILAE members and the general medical community, **all manuscripts published in the journal become open access 12 months from their publication.** Fourteen years of archives are already available. In addition, papers that are considered to be primarily educational are open access from the very first day.
3. **The EpiCentre** is a new section of the website that provides rapid access to educational material as well as to new categories of manuscripts.
 - a. One such category is *Electroclinical Reasoning Reports*. These papers are aimed

- at providing the reader with a comprehensive approach for diagnostic or presurgical evaluations as well as epilepsy surgery strategies. The format of the reports includes an introduction and hypotheses regarding an epilepsy syndrome or epileptogenic zone(s), justification of the investigations chosen to support the hypotheses, and the conclusions based on the many test results. The final therapeutic actions or confirmed diagnosis are provided and discussed. Authors are encouraged to provide comments, critical remarks, and suggestions for discussion, and to include supplementary video material and figures. In addition, readers are encouraged to submit relevant comments via the online submission system as a Letter to the Editor with reference to the article in question.
- b. Another type of article is the **Seminars in Epileptology**. These papers are peer-reviewed-educational manuscripts. The content is expected to be highly relevant to general neurologists and child neurologists and focus on general knowledge or everyday clinical practice and care.
- c. In contrast to the Seminar manuscripts, **Review Articles** published in *Epileptic Disorders* are expected to have an educational value targeting an audience of specialists in epileptology. Topics are directly relevant to the understanding, prevention, and treatment of the epilepsies.
- d. **Clinical Commentaries** with or without video-sequences and / or supplemental neuroimaging material provide a unique opportunity for the publication of short reports

(Continued on page 11)

www.epilepticdisorders.com

The Essential Meeting Place for the Worldwide Epilepsy Community

WHAT'S NEW ON YOUR JOURNAL'S WEBSITE?

- Multimedia Teaching Material
- EpiCentre include contents and tests for educational purpose
- Rebuilt advanced search tool for videos and imaging
- ILAE news, education, chapters pages
- Your own articles database and bank of references to build

COMPLETE PRACTICAL EDUCATIONAL

TOTALLY REDESIGNED

EASILY ACCESSIBLE ANYWHERE, ANYTIME...

With your login and password or by IP recognition

- Over 400 videos
- Online version of your Epileptic Disorders
- Ahead of print articles
- 14 years of archives
- Editor's choice' comments
- Reference bookstore in epilepsiology

John Libbey EUROTEXT

of case studies that reflect truly novel findings. Because “epilepsy” is a highly “personal” disease, both in its clinical expression and treatment approach, these Clinical Commentaries have a major role in furthering epilepsy practices.

4. **TEST YOURSELF:** Starting with the September issue of 2014, nearly all manuscripts accepted for publication in *Epileptic Disorder* end with a list of “Test Yourself” questions. Both the questions and the most appropriate answers are provided by the authors, peer reviewed and published both in the paper version of the journal as well as on the

website. The reader can easily find a list of all articles in the EpiCentre that included “Test yourself” questions, thus allowing individual training per topic of interest either for teaching or for individual educational purposes.

Another new feature of the *Epileptic Disorders* website is **Multimedia Teaching Material**. Under the guidance of the Associate Editors of the journal specific web-based sections are created or under creation. They include short educational videos on specific aspects of semiology of epileptic seizures and electroclinical features of epilepsy syndromes; a library of neuroimaging (structural and / or functional); a library of neuropathology slides coupled to

MRIs; a library of EEG and MEG patterns. The journal also invited neurosurgeons to publish short videos or images of neurosurgical techniques conceived for educational purposes.

Forging an educational identity for a scientific journal is a challenging task, but to date it has been rewarding for all involved. We encourage League members as well as epilepsy professionals everywhere to contribute with new approaches and novel ideas as well as to make use of the extensive educational material.

Visit the newly designed website of the ILAE educational journal, www.epilepticdisorders.com.

The ILAE Website

Jean Gotman, Director of Interactive Media

The ILAE website is a major window to the world, reflecting the diversity of the activities of ILAE. We have continued toward our goal of providing useful information about epilepsy to the diverse groups accessing the website. We primarily target two types of visitors: those who know about ILAE and who



Jean Gotman

come to the website searching for information related to ILAE activities, and those who find the ILAE site while searching the web for information about epilepsy. The survey we performed in 2013 indicated that the latter group is the larger one. It is a challenge, however, to present information to such a diverse group.

In 2014, recognizing that English is not the primary language for many of our visitors, we began to present as much information as possible in languages other than English. We do not plan to translate what is currently on the website, but rather, to find information that is available in other languages, and post it or place links to it. We have already many documents in languages other than English and we ask you to contact us if you know of non-English documents that could be useful to the community.

Using information obtained from national chapters, we highlight a new chapter each month in the home page feature, “Chapter Spotlight,” and we announce the featured chapter each month in the e-Newsletter. Thus far, we have highlighted Bangladesh, Canada, Cote D'Ivoire, Cuba, Cyprus, Denmark, Georgia, India, Nigeria, Portugal, Switzerland, Taiwan, Turkey, and the United Arab Emirates.



We have recently reorganized the website to make the information more easily accessible, placing emphasis on the most commonly accessed documents regarding the definition and classification of epilepsy, as well as all the guidelines generated by ILAE.

We would like to hear from you if you have suggestions on how to make the website more useful to the community and easier to use.

Jean Gotman, Director of Interactive Media,
jean.gotman@mcgill.ca

Deb Flower, Webmaster, dflower@ilae.org

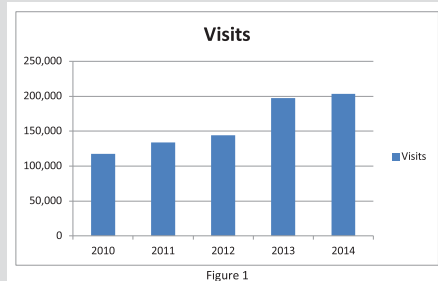
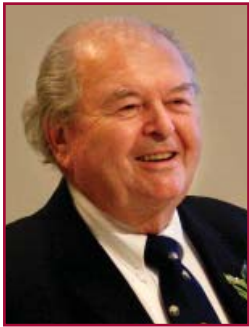


Figure 1
The number of visits to the ILAE web site has increased continuously in the last 5 years from 118,000 in 2010 to 203,000

Awards Presented at the 31st International Epilepsy Congress

2015 Lifetime Achievement Award



Frederick Andermann

The Lifetime Achievement Award is given every two years by the Joint Executive Committee of the International Bureau for Epilepsy and the International League Against Epilepsy to honor those truly exceptional persons with a record of achievement in work against epilepsy. It is the highest honour presented by IBE and ILAE, and exceeds even that of those who have been awarded the Ambassador for Epilepsy Award or the Award for Social Accomplishment.

The winner will be presented with two silver candlesticks, engraved with the logos of IBE and ILAE, the name of the Award and the name of the recipient

Fred Andermann's scientific activities, dedicated to advance epilepsy knowledge, and his dedication as a clinician to the care of people with epilepsy, span a period of almost 60 years. He has shown an extraordinary ability to identify epilepsy syndromes and to assemble and motivate multidisciplinary teams of researchers to conduct further clinical investigations.

The results of his studies in such areas as cortical dysplasias, progressive myoclonic epilepsies, epilepsy surgery and genetically determined disorders have been published in six books and over 400 peer-reviewed articles in top journals. His monographs on alternating hemiplegia, Rasmussen's Syndrome and migraine-epilepsy syndrome have contributed significantly to the understanding of these disorders and have led to further research in these areas.

He has inspired and trained dozens of epileptologists from all over the world who became leaders in their own country. He has also been very actively engaged in ILAE activities, including his service as ILAE Vice President.

Social Accomplishment Award

Every two years, the International Bureau for Epilepsy and the International League Against Epilepsy recognize one individual who has carried out outstanding activities aimed at the social benefit of people with epilepsy. Those honoured receive a scroll and a check for USD \$1,000.



Shung-Lon Lai

Soon after the start of his medical career, Shung-Lon observed the huge impact of stigma in epilepsy and was encouraged by his teacher, Dr Marshall Hsieh, to help people with epilepsy deal with the social issues they encountered. He has raised funds and established employment projects, including a bakery and a second-hand shop. A cycle race in 2007 with 3,000 participants gained huge media publicity.

As IBE Vice President for the Western Pacific region (2005-2013) he helped establish strong ties with new members and potential future members and visited

China, Mongolia, Viet Nam, Laos, and the Philippines to hold conferences or provide training, often at his own expense. Shung-Lon has continued to work with the Taiwan Epilepsy Association to promote the care for persons with epilepsy in the city and country for more than 20 years.

He has devoted his academic life to research in epilepsy and caring for people with epilepsy and was chief of the epilepsy section at the Department of Neurology of Kaohsiung Chang-Gung Memorial Hospital, Taiwan.

For more than 30 years, Shung-Lon Lai has made great progress in the epilepsy movement. He has encouraged more young persons to participate in research, clinical practice and social activities. His dream is that people living with epilepsy will not suffer from the disease as they have in the past.

2015 Michael Prize Winner



Jeanne Paz

This prize, presented biannually, was originally set up to stimulate epilepsy research among young scientists (under 45 years of age) in Germany. It is now an international award for the best scientific and clinical research promoting the further development in epileptology. The prize consists of €20,000 and is awarded biannually during the International Epilepsy Congress following the election.

The Michael Prize 2015 acknowledges Dr Jeanne Paz's pioneering analysis of circuit mechanisms causing epilepsy after brain injury and her discovery that closed-loop optogenetic approaches can be used to prevent seizure activity from spreading across brain regions.

Jeanne Paz earned her undergraduate and graduate degrees from the University Pierre et Marie Curie in Paris. As a graduate student (2003-2007), she studied the role of basal ganglia in regulating absence epilepsy and received an award for the best neuroscience PhD thesis in France in 2007. Dr Paz also taught Biology and Neuroscience at the University Pierre et Marie Curie as a lecturer (Attaché Temporaire d'Enseignement et de Recherche). After receiving a doctorate in Neuroscience, Dr. Paz completed a postdoctoral fellowship at Stanford in California (2007-2012), where she identified seizure control points in the brain.

Dr Paz's work was the first to reveal that seizures can be instantaneously aborted in real-time with closed-loop optogenetic control of a specific cell type. Her work has been awarded with the prestigious K99/R00 Pathway to Independence award from the National Institute of Health and National Institute of Neurological Disorders and Stroke (NIH / NINDS) (2012) as well as the Challenge Award from the Citizens United for Research in Epilepsy (CURE) (2013) and the Epilepsy Foundation postdoctoral fellowship (2009).

As an assistant investigator at the Gladstone Institute of Neurological Disease, Dr Paz continues her work in epilepsy by developing a multidisciplinary research program combining engineering, physiology and signal processing to develop approaches that allow us to study in real-time how specific cell types contribute to seizures. Dr Paz also studies epileptogenesis, the process by which a normal brain develops epilepsy. Dr Paz is exploring new strategies that block the pathogenic loops that can emerge between the cortical and subcortical brain regions in epileptic models to prevent, control and cure epilepsy. She is also an Assistant Professor of Neurology and a faculty member of the Neuroscience and Biomedical Sciences graduate programs at the University of California, San Francisco.



2015 Epilepsia Prize



Matthew Diamond

The Epilepsia Prize is an annual ILAE award given in recognition of an outstanding research paper published in *Epilepsia* the previous year on any field of epilepsy research, either clinical or basic. Initially established through the generosity of Christopher and Sandra Morris-Cooles, the prize is now supported by the ILAE, with the intention of stimulating excellence in epilepsy research as well as rewarding young researchers for outstanding contributions to the field. Recipients receive US \$5,000 and an insignia pin and present the Morris-Cooles Epilepsia lecture at the Awards Symposium during the International Epilepsy Congress.

Epilepsia is pleased to announce the winner of the 2014 *Epilepsia Prize* is Matthew Diamond for his article, "IL-1 β Associations with Post-traumatic

Epilepsy Development: A Genetics and Biomarker Cohort Study" (Matthew L. Diamond, Anne C. Ritter, Michelle D. Failla, Jennifer A. Boles, Yvette P. Conley, Patrick M. Kochanek and Amy K. Wagner). *Epilepsia* 55(7):1109-1119, 2014. Article first published online 22 April 2014 DOI: 10.1111/epi.12628).

Matthew graduated in April 2014 from the University of Pittsburgh with a BPhil in Neuroscience and a BA in History. Throughout his undergraduate studies he worked in the lab of Dr Amy Wagner, investigating biomarkers that represent pathophysiologic mechanisms that contribute to secondary injury and complications following severe traumatic brain injury (TBI). During this time he developed a strong interest in understanding how the inflammatory response following a TBI contributes to the onset of multiple secondary complications, particularly posttraumatic epilepsy (PTE).

2015 Epileptic Disorders Educational Prize



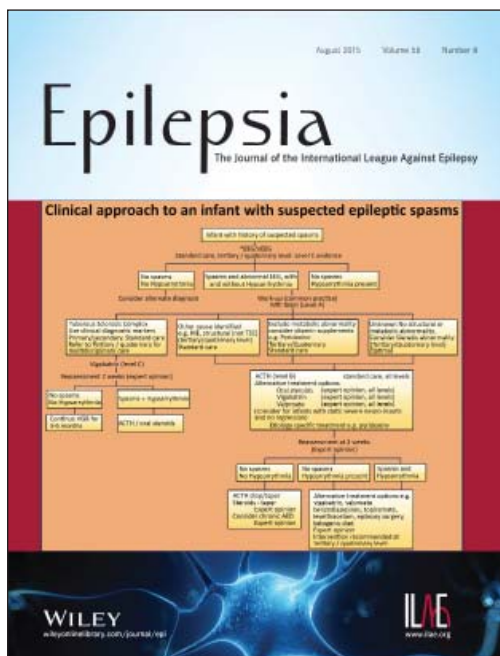
Alexandra Liava

Epileptic Disorders and the ILAE identify and honor the paper which has made the most significant contribution to the educational mission of *Epileptic Disorders*, published the previous year in our journal. Papers are nominated by our Associate Editors and members of our Editorial Board, and the final selection is made by the Editor-in-Chief along with the ILAE President.

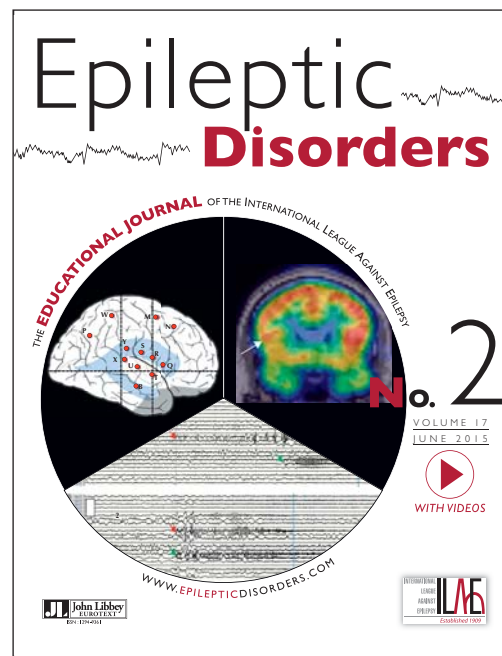
Dr Alexandra Liava is awarded the first *Epileptic Disorders* Educational Prize for her paper: **Paediatric epilepsy surgery in the posterior cortex: a study of 62 cases** by Liava A, Mai R, Tassi L, Cassu M, Sartori I, Nobili L, Lo Russo G, Francione S. *Epileptic Disord.* 2014;16(2):141-64. The award will be presented to the first author at the International Epilepsy Congress, where she will present their findings.

Dr Alexandra Liava was born in Greece. She obtained her Doctor in Medicine degree at the University of Milan, Italy and then specialized in Child Neurology and Psychiatry. She completed her training at the G.B Rossi University Hospital in Verona, under the direction of Professor Bernardo Dalla Bernardina. Competent in neurodevelopmental disorders, pediatric neurophysiology and movement disorders, Dr Liava also worked with other teams in Italy and abroad before joining the Neurosciences Department; University of Milano-Bicocca PhD program. She also collaborates with the Claudio Munari Epilepsy Surgery Centre of Niguarda Hospital. Her fields of interest are the surgical treatment as well as neuroimaging and neuropsychology of childhood epilepsies.

Research



Education



For subscription information, visit www.ilae.org

2015 Ambassador for Epilepsy Award

The Ambassador for Epilepsy Award is given in recognition of outstanding international contributions to activities advancing the cause of epilepsy, either internationally or with international impact. The Award is given biannually at the International Epilepsy Congress.



*Edward Bertram, USA
Professor of Neurology,
University of Virginia*



*Ingmar Blümcke,
Germany, Director,
Neuropathology Department,
University Hospital Erlangen and
Professor at Friedrich-Alexander
University School of Medicine*



*Roberto Caraballo, Argentina
Professor of Neuropediatrics,
University of Buenos Aires*



*Denise Chapman, Australia
Chair of the IBE
Western Pacific Region*



*Aristeia Galanopoulou, USA
Professor of Neurology and Assoc
Professor of Neuroscience, Albert
Einstein College of Medicine*



*Jean Gotman, Canada Professor,
Departments of Neurology and Neurosurgery,
McGill University; Director,
Computer Laboratory,
EEG Department, Montréal
Neurological Hospital*



*Michael Kerr, United Kingdom
Professor of Learning Disability
Psychiatry and Honorary
Consultant in Neuropsychiatry*



*Philippe Ryvlin, Switzerland
Professor of Neurology, Head of the Department
of Clinical Neurosciences, CHUV, Lausanne,
Switzerland; Affiliated Professor Department of
Clinical Medicine, Faculty of Health and Medical
Sciences, Copenhagen, Denmark; Director of the
Epilepsy Institute (IDEE), Lyon, France*



*Dennis Spencer, USA
Professor of Neurosurgery,
Yale School of Medicine. Director,
Epilepsy Surgery Program and
Director, Pituitary Tumor Program*



*Frank Vajda, Australia
Professorial Fellow, University of
Melbourne, Department of Medicine and
Neuroscience, Royal Melbourne Hospital*



*Steven White, USA
Professor, Pharmacology and Toxicology,
Director of Anticonvulsant Drug Development
Program, University of Utah; Research
Director, Citizens United for Research
in Epilepsy (CURE)*



*Elza Yacubian, Brazil
Neurologist, Child Neurologist, and
Neurophysiologist, Associate Professor,
Neurology Department,
ã Universidade Federal de São Paulo*

An Introduction to ILAE

The ILAE is constituted as an international nonprofit organization and is registered in the United States.

The ILAE is the premiere international professional association of physicians and other health professionals in the field of epilepsy. It was founded in 1909 and has grown greatly in size and influence in recent years. From its earliest years, it has been organized in the form of a federation of national Chapters. Currently there are 114 National Chapters and over ten thousand members worldwide. The mission of the ILAE is to work towards a world where no person's life is limited by epilepsy. Its mission is to provide the highest quality of care and well-being for those afflicted with the condition and other related seizure disorders. For more details, readers can consult the ILAE website at www.ilae.org.

Executive Committee

The ILAE is overseen by an Executive Committee, currently of 16 persons (current members in brackets). The President (E Perucca) is elected by a ballot of national Chapters for a four-year term. The Secretary-General (H Cross), Treasurer (S Wiebe), and the Chair of each recognized ILAE Region are also elected by a ballot of national Chapters for a four-year term. The Editors-in-Chief of *Epilepsia* (Gary Mathern, Astrid Nehlig and Michael Sperling) and *Epileptic Disorders* (Alexis Arzimanoglou) are appointed by the President and the Executive Committee. The Past President (S Moshé) serves for a four-year term. The President (Athanasios Covanis), the Secretary-General (Sari Tervonen) and the Treasurer (Robert Cole) of the sister organization, the International Bureau of Epilepsy (IBE), are Ex-Officio members of the Executive Committee.

Constitution and Bylaws

The ILAE is governed by a written Constitution and Bylaws which are posted on the ILAE website. The Constitution has fifteen articles, and the Bylaws have thirteen sections, and these cover the objectives, membership, governance and the range of the ILAE activities and its structure. The Constitution can be amended at the General Assembly of the ILAE. There is a standing Constitutional and Elections Task Force to oversee changes in the Constitution. The Constitution was updated in 2011. The Bylaws were updated in 2015.

Chapters

Each national Chapter has its own Constitution and Bylaws and its own President and officers, elected by individual members of each Chapter. The constitutional and leadership arrangements vary from Chapter to Chapter, within stipulations defined in the ILAE Constitution, as do the details of membership eligibility. However, generally speaking, membership is open to any doctor and health professional interested in epilepsy.

There are currently 114 Chapters in the ILAE, which is the greatest number in history. National Chapters range in size from 3,000 to just seven voting members. The role of the national Chapters is generally to establish and maintain good communication between persons active in the field of epilepsy, assist in the care of epilepsy and maintain standards of this care in their own countries, promote publications in the field of epilepsy, organize or sponsor national meetings, appoint Commissions or individuals for

specific problems, and develop or apply other methods for the furtherance of the objectives of the ILAE.

Regional Bodies

ILAE is also divided into six Regions (North America, Latin America, Europe, Eastern Mediterranean, Asia and Oceania, and Africa). Each Region is made up of a grouping of national Chapters — the largest is Europe with 46 Chapters and the smallest is North America with three national Chapters. Fully developed Regions each have a Regional Commission and a Regional Council, and regional scientific conferences are held every two years. Active Regions also conduct research and education and have a role in influencing public policy in epilepsy at a regional level. The currently constituted Regional Commissions are: African Commission (Chair — A Diop), European Commission (Chair — M Bialer), Asian and Oceanian Commission (Chair — B Lee), North American Commission (Chair — S Haut), Latin American Commission (Chair — M Medina), Eastern Mediterranean Commission (Chair — H Hosny).

Commissions and Task Forces

In every four-year term, the President and the Executive Committee appoint Topic-Oriented Commissions and Task Forces to carry out work for the ILAE. These bodies involve individual members transnationally. Currently, the following Topic-Oriented Commissions are: Classification and Terminology (Chair — S Zuberi), Diagnostic Methods (Chair — I Blüemcke), Education (Chair — J Carrizosa), Epidemiology (Chair — D Thurman), Genetics (Chair — D Lowenstein), Medical Therapies (Chair — P Kwan), Neurobiology (Chair — M de Curtis), Neuropsychiatry (Chair — K Kanemoto), Pediatrics (Chair — J Wilmshurst), Surgical Therapies (Chair — B Rydenhag).

Task Forces include Classification Roadmap, Communications, Elections Commission, Epilepsy Education, Finance Committee/Financial Advisory Sub Committee/Budget Review Committee, Global Outreach, Guidelines, Past President Advisory Commission, Publications, Research Advocacy and Research Priorities, Stigma, Seizures and Epilepsy in the Tropics, Sports and Epilepsy and Strategic Planning Committee.

Staff

ILAE Headquarters is located in Hartford, CT (USA). Headquarters staff performs services related to leadership support, financial and website management, and publications coordination. The League provides services to its 114 Chapters from the IDM Office located in Dublin, Ireland. The following individuals serve on the staff of the ILAE: Priscilla Shisler, MEd, Administrative Director; Donna Cunard, MBA, Financial Manager; Deborah Flower, Web Content Administrator. Gus Egan, Chapter Services Coordinator and Verena Hézsér-v.Wehrs, MA, VIREPA Coordinator.

IDM Office

ILAE holds a global scientific conference once every two years (International Epilepsy Congress). Each Region holds a regional scientific conference every two years, in the years when there is no global Conference, and every national

Chapter holds a national scientific conference every year. At the national Conferences, the Chapters hold their Annual General Meetings, and at the International Congresses, the ILAE holds the General Assembly of all its national Chapters. The regional and international Conferences of the ILAE are organized by its own conference organizer (R Holmes, International Director of Meetings) and his office.

Global Outreach

This is a joint ILAE, IBE and WHO initiative, launched in 1997. The first phase of the Global Campaign Against Epilepsy was devoted primarily to increasing public and professional awareness of epilepsy as a universal treatable brain disorder, and raising epilepsy to a new plane of acceptability in the public domain. The second phase of the Global Campaign Against Epilepsy was launched in 2001 and was devoted primarily to activities that promote public and professional education about epilepsy, identify the needs of people with epilepsy on a national and regional basis, and encourage governments and departments of health to address the needs of people with epilepsy. The third phase was launched in 2005 and is focused on special projects in different parts of the world and on assisting healthcare authorities worldwide in the field of epilepsy.

Epilepsia

Epilepsia is the scientific journal of the ILAE and the leading journal in the field of epilepsy. It is published by WileyBlackwell and edited by Editors-in-Chief (G Mathern, A Nehlig and Michael Sperling) who also appoint an editorial board and Associate Editors (current: A Arzimanoglou; H Beck, R Caplan, F Cendes, J French, W Gaillard, A Goldman, A Hartman, D Hesdorffer, A Ikeda, N Jette, D Ioring, P Patsolos, A Poduri, H Patschko, D Schmidt, P Siddarth, R Tuchman, and J Wilmshurst).

Epileptic Disorders

Epileptic Disorders has been designated as the League's educational journal. It publishes articles concerned with the clinical manifestations of epilepsy, but with all aspects of the diagnosis, natural history and management of seizure disorders including neurophysiological, imaging and other ancillary techniques. It is published by John Libbey Eurotext Limited and edited by an Editor-in-Chief, (A Arzimanoglou) who also appoints an editorial board and Associate Editors (currently: I Blüemcke, F Dubeau, M Duchowny, A Galanopoulou, A Hammers, Y Inoue, P Kahane, M Kerr, S Kochen, C Marini, D Nordli, G Sills, P Thomas, T Tomson and S Wilson).

Epigraph and the Website

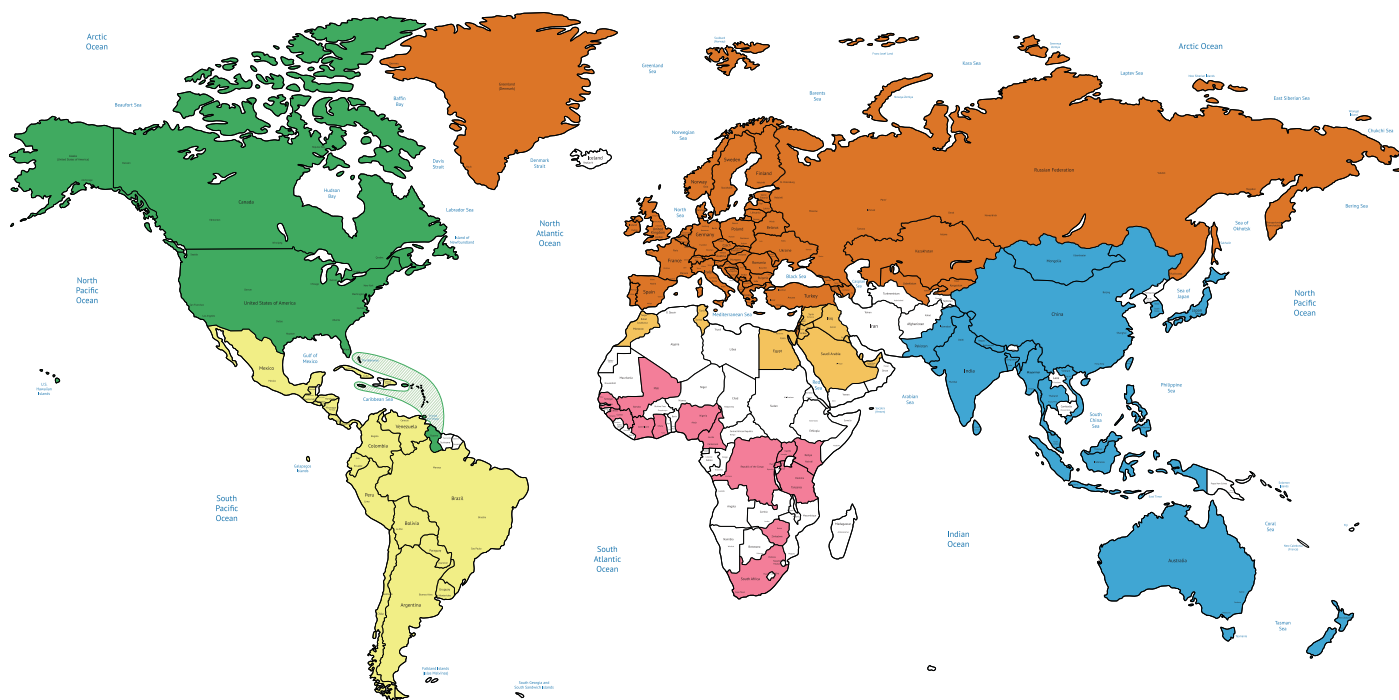
In 1994, the ILAE launched its own newsletter *Epigraph*, to be sent individually to all members. The online version premiered in 2006. The newsletter is designed to facilitate communication of ILAE news from the central bodies to individual members in each country. ILAE also has a website at www.ilae.org. This has grown in size and complexity and in 2014 there were over 200,000 visits. *Epigraph* and the website are overseen by Information Officer, Ed Bertram, and Director of Interactive Media, Jean Gotman, respectively.

(Continued on page 16)

ILAE Chapters

Albania	Dominican Republic	Italy	Pakistan	Taiwan
Argentina	Democratic Republic of Congo	Ivory Coast	Palestina	Tanzania
Armenia	Ecuador	Japan	Panama	Thailand
Australia	Egypt	Jordan	Paraguay	The Netherlands
Austria	El Salvador	Kazakhstan	Peru	Tunisia
Azerbaijan	Emirates	Kenya	Philippines	Turkey
Bangladesh	Estonia	Kyrgyzstan	Poland	Uganda
Belarus**	Finland	Kosovo	Portugal	UK
Belgium	France	Kuwait	Qatar	Ukraine
Bolivia	FYR Macedonia	Latvia	Romania	Uruguay
Bosnia Herzegovina	Georgia	Lebanon	Russia	USA
Brazil	Germany	Lithuania	Rwanda	Uzbekistan
Bulgaria	Ghana	Malaysia	Saudi Arabia	Venezuela
Cameroon	Greece	Mali	Senegal	Vietnam
Canada	Guatemala	Malta	Serbia and Montenegro	Zimbabwe
Caribbean*	Guinea	Mexico	Singapore	
Chile	Honduras	Moldova	Slovakia	
China	Hong Kong	Mongolia	Slovenia	
Colombia	Hungary	Morocco	South Africa	
Costa Rica	India	Myanmar**	South Korea	
Croatia	Indonesia	Nepal	Spain	
Cuba	Iraq	New Zeland	SriLanka	
Cyprus	Ireland	Nicaragua	Sweden	
Czech Republic	Israel	Nigeria	Switzerland	
Denmark		Norway	Syria	

*Antiqua, Bahamas, Barbados, Guyana, Jamaica, Martenique, St. Kitts, St. Lucia, Trinidad and Tobago, US Virgin Islands
 **New



Commission on North American Affairs	Commission on Latin American Affairs	Commission on European Affairs	Commission on African Affairs	Commission on Eastern Mediterranean Affairs	Commission on Asian and Oceanian Affairs
--------------------------------------	--------------------------------------	--------------------------------	-------------------------------	---	--

An Introduction to ILAE
 Continued from page 15

Finances

With the assistance of the Headquarters Office, ILAE finances are overseen by the Treasurer, who reports to the Executive Committee on all financial and budgetary matters. Membership of the Executive Committee, Regional and Topical Commissions and Task Forces is

honorary and members are not paid for their work. The editorships of *Epilepsia*, *Epileptic Disorders* and *Epigraph* are also unpaid. Salaried staff is located in three administrative offices: Headquarters Office located in Hartford, Connecticut, USA; Chapter Services Office located in Dublin, Ireland; and the Meeting Planning Office located in Dublin, Ireland. Income is derived from national chapter

dues, sponsorship, *Epilepsia* royalties, international and regional Congresses, and investment income. The annual dues of each chapter to ILAE are a minimum of \$10 per year per chapter, except for countries with low GDPs (World Bank categories low and lower middle) for whom membership may be supported by a solidarity fund.

VIREPA course format

All courses are internet-based, e-moderated courses with downloadable learning material. To earn credits in each learning unit, tasks are successfully completed through active communication among all participants, guided by the experts. The tasks strengthen the theoretical knowledge and enable the participant to transfer this knowledge to his/her clinical practice.

Entry criteria

Three years of training in neurology, neuropsychiatry, clinical neurophysiology, psychiatry or neurosurgery or combinations of these. See specific entry criteria for each course at www.ilae.org.

Application

Applications are received from May to August each year. Courses start in October / November.

<p>EEG in the Diagnosis & Management of Epilepsy</p> <p>I. Basic Course (2015) (12th edition)</p> <p>II. Advanced Course (2015) (2nd edition)</p>	<p>The Basic course will cover the basic elements of the practice of EEG in the diagnostic work up and management of persons with suspected or already established epilepsy. The Advanced course will focus on more specific aspects of EEG in epilepsy, including long-term monitoring, seizure documentation and computer-assisted signal analysis.</p> <p>Basic Course Directors: Walter van Emde Boas, Sándor Beniczky Advanced Course Directors: Sándor Beniczky, Michalis Koutroumanidis</p> <p>Duration: Basic: 7 learning units of 3 weeks each and 10 days for final task. Advanced: 8 learning units and 10 days for final task.</p> <p>Course fee: Each course, US \$1080 for self payment, US \$270 for approved bursaries.</p>
<p>EEG in the Diagnosis & Management of Epilepsy in Neonates & Children (5th edition)</p>	<p>The course will cover the basic elements of the practice of EEG in the diagnostic workup and the management of children with suspected or already established epilepsy.</p> <p>Course Directors: Perrine Plouin, Monika Eisermann</p> <p>Duration: 8 learning units of 3 weeks each and 10 days for final task.</p> <p>Course fee: US \$1210 for self payment; US \$300 for approved bursaries.</p>
<p>Epilepsy & Sleep (2nd edition)</p> <p>I. Basic Part (2015)</p> <p>II. Clinical Part (2016)</p>	<p>The courses will cover the interaction between epilepsy and sleep in adults and children. In the basic course, basic aspects and registration techniques will be the subject. Clinical aspects are the focus in the second course. Participation in the basic course is required to participate in the clinical course.</p> <p>Course Directors: Al de Weerd, Lino Nobili</p> <p>Duration: 5 learning units of 3 weeks each and 10 days for final task.</p> <p>Course fee: US \$810 each course. Self payment for approved bursaries will be US \$200.</p>
<p>Medical Treatment of Epilepsy</p> <p>I. Introductory Course (2016)</p> <p>II. Advanced Course (2015) (7th edition)</p>	<p>The courses will cover the clinical pharmacology of currently available antiepileptic drugs and the principles governing their use in people with epilepsy.</p> <p>Introductory Course Directors: Janet Mifsud, William Theodore Advanced Course Directors: Steve White, John Pollard</p> <p>Duration: Introductory - 6 learning units of 3 weeks each and 10 days for final task. Advanced - 7 learning units of 3 weeks each and 10 days for final task.</p> <p>Course fee: Introductory: US \$945 for self payment; US \$235 for approved bursaries. Advanced: US \$1080 for self payment; US \$270 for approved bursaries.</p>

Important for bursary applicants:

Bursary applicants must submit a letter of recommendation from your current working place or the leadership from the local ILAE chapter or the regional commission stating the expected benefit from this specific VIREPA course for the bursary candidate in the epilepsy care and development in your community OR, if such a letter cannot be submitted, bursary applicants must submit a personal letter of motivation outlining the benefit the bursary candidate expects from attending this specific course for his / her daily practice and professional career.

This requirement (letter of recommendation OR personal letter of motivation) is mandatory and is an important part of the decision-making process for the granting of any bursary. Please note that dropping out of a course or having limited participation in one, may impact future bursary eligibility.

Only one ILAE bursary per year per person is possible. Bursaries are partial bursaries involving partial payment. Partial bursaries will only be available for participants living in countries designated by the World Bank as low and lower middle income.

For information and application • www.ilae.org • e-mail: courses@ilae.org

Meetings of Interest

25-26 September 2015

International Symposium on
Benign Infantile Seizures (ISBIS)
Chiyoda-ku, Tokyo, Japan
<http://isbis2015.info/>

30 September-4 October 2015

15th European Congress on Clinical Neurophysiology
Brno, Czech Republic
<http://www.eccn2015.eu/>

12-16 October 2015

6th Eilat International Educational Course on the
Pharmacological Treatment of Epilepsy (6th Eilat Edu)
Jerusalem, Israel
Presented by ILAE-CEA, Israeli League Against Epilepsy,
and CURE
<http://www.eilatedu2015.com/>

15-17 October 2015

21st Annual Meeting of the German-Austrian-Swiss
Epilepsy Working Group
Clinical epileptology and EEG update intensive course
Prien am Chiemsee
<http://www.dach2015.de/>

22 October 2015

4:00 pm - 8:00 pm
Conference for parents and patients interested in
diets for epilepsy
Livingston, NJ, USA
St Barnabas Ambulatory Care Center

29 October-1 November 2015

6th China Association Against Epilepsy (CAAE)
International Epilepsy Forum
Shanghai, China
caae2008@sina.com

31 October-5 November 2015

XXII World Congress of Neurology (WCN 2015)
Santiago, Chile
<http://www.wcn-neurology.com/>

11-13 November 2015

American College of Nutrition Annual Meeting:
Diets and Brain Health
<http://www.americancollegeofnutrition.org/conference>

18-20 November 2015

5th International Congress on Neurology &
Epidemiology (ICNE 2015)
Griffith University, Gold Coast, Australia
Abstract submission deadline – 30 June
<http://www.icne2015.com/en/>

4-8 December 2015

American Epilepsy Society 69th Annual Meeting
Pennsylvania Convention Center, Philadelphia, PA
https://www.aesnet.org/meetings_events/annual_meeting/general_info
2016 Congresses

11-15 January 2016

6th Course on Epilepsy Surgery (EPODES): Advanced I
Brno, Czech Republic
<http://www.ta-service.cz/epodes2016/>

2-5 March 2016

53rd Annual Congress of the German League Against
Epilepsy
Jena, Germany
<http://www.epilepsie2016.de/>

10-12 March 2016

2nd International Workshop on High Frequency Oscillations
in Epilepsy
Freiburg im Breisgau, Germany
<http://www.hfo2016.de/>

7-20 March 2016

10th World Congress on Controversies in Neurology (CONy)
Lisbon, Portugal
<http://www.comtecmed.com/cony>

6-8 April 2016

6th London-Innsbruck Colloquium on Status Epilepticus
and Acute Seizures
Salzburg, Austria
<http://www.statusepilepticus.eu/>



For information, email hongkong@epilepsycongress.org

9-11 June 2016

Brazilian Epilepsy Congress
Recife, Brazil
26 - 29 June 2016
13th Eilat Conference on
New Antiepileptic Drugs (EILAT XIII)
Madrid, Spain
<http://www.eilat-aeds.com/> |
E-mail eilatxiii@target-conferences.com

1-3 July 2016

18th Annual Meeting of
Infantile Seizure Society
International Symposium on Acute Encephalopathy in
Infancy and Its Related Disorders (ISAE)
Chiyodaku, Tokyo, Japan
<http://square.umin.ac.jp/isae2016/>



<http://www.epilepsyprague2016.org/>

How to Apply for Chapter Membership

The ILAE is a federation of 114 Chapters and a person can join the ILAE by becoming a member of their Chapter.

Benefits of Chapter membership include:

- Full participation in national and international activities of ILAE
- Chapter conferences and other benefits of individual Chapters
- Complimentary copy of *Epigraph*
- Heavily discounted subscription rates to *Epilepsia*, *Epileptic Disorders* and other epilepsy journals
- Eligibility for membership of ILAE Commission / Task Forces
- Access to the website features.

Individual Chapters vary in exact criteria for membership, but generally speaking, any doctor or health professional with an interest in epilepsy is eligible for membership. To join, write to the Secretary of your Chapter. You can find the contact addresses on the ILAE website at www.ilae.org.

Your membership in the International League Against Epilepsy is vital. Of greatest importance is the fact that membership strengthens the authority of ILAE in its mission to influence and improve epilepsy care worldwide. Your membership counts; become part of the League!



is coordinated by Edward Bertram with the assistance of staff in the Headquarters office.

All communications should be directed to epigraph@ilae.org or fax to 860.201.1111.