

Editorial



One of the greatest challenges in any large organization is developing goals and establishing a coordinated effort to meet those goals. The challenge is made greater when the organization

stretches across the globe, and has goals that involve regions where the organization doesn't really exist or exists in only the most rudimentary of forms. In this issue you will find a series of articles on the efforts of the League and our partner organization, the International Bureau for Epilepsy (IBE) to develop basic epilepsy services in countries where resources, especially epilepsy resources, are quite limited. These efforts are currently being directed towards Africa. The process of creating an infrastructure for the treatment of epilepsy is a long and complex process of developing a supply of medications, training health care practitioners to recognize epilepsy and to provide the appropriate treatment and giving them continuing support so that patients can begin to believe in a seizure-free life. As Peter Wolf and Emilio Perucca point out we are in the early stages with much work to be done. The Global Campaign Against Epilepsy, a combined effort of the ILAE, the IBE and the World

(continued on page 2)

IN THIS ISSUE

ILAE Centenary	1
Editorial	1
President's Message	2
An Introduction to ILAE	3
ILAE Chapters	4
How to Join the ILAE	4
Secretary-General's Report	5
2005-2009 Executive Committee	5
Asian Epilepsy Academy	6
Finance Update	7
Governance Restructuring	7
New Focus on ILAE Initiatives in Africa ..	8
ILAE Web Site	9
A Special Partnership	10
The Michael Prize	11
The Morris-Coole Prize	11
European Epilepsy Academy	11
Centenary Activities	12

ILAE Centenary

As many of you will know, the ILAE celebrates its centenary at the Budapest International Epilepsy Congress in 2009. ILAE was founded in Budapest on 30 August 1909, during the XVIth International Medical Conference, and I believe it is true to say that there are no other epilepsy or neurological societies which have such a long history.

The centenary is indeed an extraordinary achievement for ILAE, and is a tribute to the enormous contribution of the ILAE to epilepsy. Exact details of the celebrations to be held in Budapest are not completely finalized, but current plans include a rather sensational centenary reception, the striking of a centenary medal, an historical exhibit and multimedia show, a film festival (100 years of epilepsy in film) and competition, and possibly an art exhibition.



The Budapest International Congress is likely to be the biggest, or one of the largest, in the 100 years history of the ILAE, and I urge all members to note the dates (28 June - 2 July 2009) and to plan to attend. At the same time, ILAE is publishing a centenary book which will be a detailed history of the development of the ILAE and epilepsy since 1909. We are planning to offer discounted advanced subscriptions for the book to all ILAE members later this year. A

small working group has been established to organize the centenary celebration and if any member has any suggestions for other events, we would be happy to hear these (s.shorvon@ion.ucl.ac.uk).

Simon Shorvon
Centenary Celebration Organizing Committee



Medal issued at the meeting in Budapest at which the League was founded.



President's Message

Dear Friends,
Whereas in the first half of our term of office the Executive's primary focus has been on education where many new initiatives have been implemented and continue, the second half will be primarily devoted to the development of epilepsy care world-wide. This message will therefore mostly deal with initiatives addressing the developing world.



Peter Wolf
President, ILAE

For the past several years we have been active in the development of underserved regions, and particular thanks are due to our regional Commissions for Asia/Oceania and Europe. Our Asian colleagues have been very successful with a series of educational seminars in well-chosen locations, through the establishment of fellowships and exchange programs, and through the development of EEG education with regional certification. These efforts significantly increase the level of epilepsy care on the primary, secondary and tertiary level in large parts of the region. Several new active and dynamic ILAE chapters have come into existence and others are expected to materialize soon.

Asia has also been the scene for the most consequential demonstration project of the Global Campaign Against Epilepsy which we conduct with IBE and WHO. In cooperation with the Chinese health authorities this project fundamentally improved the structure and efficiency of epilepsy care in a rural district. The experience gained through the project is now being used for the benefit of a much larger area in China, the country which also now has one of the newest and at the same time largest ILAE chapters that is very active.

The European Commission has been able to rapidly develop epileptology in some problem areas of the former Soviet Union. Important instruments were the invitation of key persons to our train-the-trainer courses, formulation of standards of adequate care across Europe and bursaries for participation in our regional congresses, residential courses and distance education programs. This Commission, in addition, has given generous support to educational activities in French-speaking West Africa and to

joint initiatives of Portugal and Brazil for the benefit of Portuguese-speaking Africa.

More recently, Latin America has, with capable regional leadership, taken a big step forward by the Latin American Summer Schools on

epilepsy, by the establishment of the Latin American Epilepsy Academy, and by a new subcommission that addresses the development of high-quality epilepsy surgery throughout this continent. In 2007, exciting joint programs of the North American and Latin American Commissions have been started with educational exchange programs and partnerships of North and Latin American institutions. As a result of a brainstorming meeting during the Latin American Congress of 2006 in Guatemala, with special thanks to the commitment of our Canadian colleagues, particular attention is now being given to improving epilepsy care in the Caribbean, with an ambitious project for the eradication of neurocysticercosis as the most common cause of epilepsy on the island of Hispaniola (Dominican Republic and Haiti).

The North American Commission has now also agreed, together with our UK Chapter, to supplement the existing Francophone and Lusophone African

programs with new educational activities addressing Anglophone sub-Saharan Africa.

Africa is still the most problematic region for epilepsy care, and we must help her overcome her problems more efficiently. The various educational initiatives and several Global Campaign projects are important contributions. In addition, new ILAE chapters have been formed or are under development, and other local actions exist, some in cooperation with the IBE. Unfortunately, the continent lacks a more comprehensive development plan. So much needs to be done that it makes sense to join forces with other organizations. Thus IBRO, the International Brain Research Organization, has become our partner in some educational courses, and a new collaboration is taking shape with the organization BasicNeeds. Our 1st Vice President Emilio Perucca has now taken charge of African developments. For more detailed information, please read his contribution to this issue of *Epigraph*.

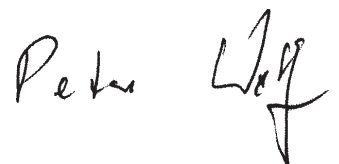
Education and targeted health care projects are paramount to any development but our Constitution, with good reason, supports the development of research concerning the epilepsies as a separate point in our objectives. Research is pivotal to ensure the establishment and sustainability of high quality epilepsy care, and this is, of course, also true for the developing world.

I have great expectations in a new initiative which I'm co-organizing at the Asian / Oceanian Congress in Xiamen, i.e.

the pre-congress educational course on translational research. It is targeted primarily at postgraduates of the region, has the attention of the Chinese Minister of Health and will provide a forum for the establishment of research networks within the developing world as well as between centers in developing and developed countries. Here again, partnership is envisaged with another organization, i.e., the Academy of Science of the Developing World (TWAS).

Elections

Let me conclude my message with a few words about the coming elections. Please help to make sure that your national Chapter makes use of its right to vote so the new Executive Committee will be based on a broad participation. At the moment when this message is written, I don't know the list of candidates for Presidency nor their letters of intent in which they present their plans for the next period of office, but I am sure there will be good candidates. In the coming issue, they will present themselves and their visions for the ILAE's further development. Please take your time to read these carefully and make sure that your Chapter votes for the candidate whom on the basis of his performance you trust most to keep the momentum which our organization has gained over the last years, and to stimulate it further with innovative action.



Editorial

(continued from page 1)

Health Organization, has demonstrated in, among other countries, China, how often the problem goes unrecognized and untreated. This recognition has led to improved treatment, in part because patients learned that there might be a medical solution for their problems. These results are encouragement for our efforts in other countries and remind us that often great gains can be made with relatively simple solutions.

This evolution of the League and its partner organizations to a greater emphasis on and international effort towards delivering improved epilepsy treatment on a global scale is a validation of the goals that were established almost

100 years ago in Budapest by a small number of people from ten countries in the Hotel Bristol. Simon Shorvon is leading the effort to commemorate the League's centenary at the Budapest meeting in 2009. In this edition of *Epigraph* he describes some of the special activities that will be tied to next year's international congress. He is also making requests for contributions to a film festival centered on the theme of epilepsy as well as for contributions for an updated history of the League. Because key points in the history of the League are locked away in unknown archives or in peoples' memories, we very much need contributions from anyone who has information about the

development of the League and the people who helped shape it into what it is today. From ten countries in a meeting room in a Budapest hotel, to an organization of over 10,000 members in more than 95 countries, from a meeting that was part of a larger congress to three freestanding regional meetings this year and the international congress next year, the League has come a long way. To appreciate how far we've come, it is essential to see where we came from. Please help.

Edward Bertram
Information Officer

An Introduction to ILAE

The ILAE is constituted as an international nonprofit organization and is registered in the United States. 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 chapters in over 95 countries 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.

Over the years, ILAE has grown in complexity and size, and now seems a good time, briefly, to lay out its structure and component parts. For more details, readers can consult the ILAE Web site at www.ilae.org.

Executive Committee

The ILAE is overseen by an Executive Committee, currently of 12 persons (current members in brackets). The President (P. Wolf) is elected by a ballot of national chapters for a four-year term. The Secretary General (S. Moshé), Treasurer (M. Brodie) and three Vice Presidents (E. Perucca, F. Andermann and C.T. Tan) are also elected by a ballot of national chapters for a four-year term. The Information Officer (E. Bertram) and the Editors-in-Chief of *Epilepsia* (P. Schwartzkroin, S. Shorvon) are appointed by the President and the Executive Committee. The Past President (G. Avanzini) serves for a four-year term. There is also a Regional Representative from the Asian region (C.T. Tan). The President (S. Lund), Secretary General (E. Hargis) and Treasurer (M. Glynn) of the sister organization, the International Bureau for Epilepsy (IBE), are ex-officio members of the Executive Committee.

Constitution and Bylaws

The ILAE is governed by a written constitution and bylaws, and these are posted on the ILAE Web site. The constitution has sixteen articles, and the bylaws have fourteen 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. Proposed changes to the constitution are explained elsewhere in this publication.

National Chapters

Each national chapter has its own constitution on 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 over 95 chapters in the ILAE, which is the greatest number in its history. National chapters range in size from almost 2,000 to 7 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, 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: European Commission (Chair — M. Baulac), Asian and Oceanian Commission (Chair — S.H. Lim), North American Commission (Chair — S. Wiebe), Latin American Commission (Chair —

M. Medina), Eastern Mediterranean Commission (Chair — A. Beydoun).

ILAE Commissions and Task Forces

In every four-year term, the President and the Executive Committee appoint Commissions and Task Forces, to carry out work for the ILAE. These bodies involve individual members transnationally. Currently, the following topic-related commissions and task forces are constituted: Web Site Task Force (Chair — E. Bertram), Faculty of One Thousand Task Force (Chair — E. Perucca), Investment Policies Task Force (Chair — P. Wolf), Classification and Terminology Commission (Chair — A. Berg), Education Commission (Chair — E. Yacubian), Epilepsy Care Commission (Chairs — P. Lee, G. Avanzini), Neurobiology Commission (Chair — A. Vezzani), Genetics of Epilepsy Commission (Chair — R. Ottman), Diagnostic Methods Commission (Chair — W. Galliard), Pediatrics Commission (Chair — H. Cross), Therapeutics Strategy Commission (Chairs — J. French, G. Mathern), Neuropsychiatry (Chair — E. Krishnamoorthy).

Administrative Offices

The ILAE has two administrative offices. The Financial Office is in Hartford and the ILAE Headquarters is in Brussels. The Hartford office oversees the administration and is led by Mr. Peter Berry. There are five staff employed in the service of ILAE at these two offices: Peter Berry (Chief Staff Officer), Nele Devolder (Assistant Administrative Director), Sofie Peeters (Membership Services), Donna Cunard (Finance Director), and Cheryl-Ann Tubby (Web Site Project Manager).

ILAE Conferences and the Office of the IDM

ILAE holds a global scientific conference once every two years (Epilepsy International 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 also hold their Annual General Meetings, and at the International Congresses, the ILAE also holds its 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 Campaign

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 health care 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 Wiley-Blackwell and edited by an Editor-in-Chief, (or, as currently, two Editors-in-Chief; P. Schwartzkroin, S. Shorvon) who also appoint an editorial board and Associate Editors (currently: A. Berg, E. Behgi, E. Bertram, A. Brooks-Kayal, M. Cook, M. Duchowney, R. Guerrini, B. Hermann, P. Patsalos, M. Sperling, A. Vezzani, and M. Walker). *Epilepsia* was started in 1909, and currently is published monthly. It has an annual profit of \$757,000, a subscription base of over 11,000 (consortia, individual and institutional), and, in 2005, 750,000 articles were downloaded from its online hosts.

Epigraph and the ILAE Web Site

In 1994, the ILAE launched its own newsletter *Epigraph*, to be sent individually to all members. This was initially sent out two to three times a year. Since 2006, four issues a year have

(continued on page 4)

ILAE Chapters●

Albania
Algeria
Argentina
Armenia
Australia
Austria
Azerbaijan
Bangladesh
Belgium
Brazil
Bulgaria
Burkina Faso
Canada
Chile
China
Colombia
Congo
Costa Rica
Croatia
Cuba
Cyprus
Czech Republic
Denmark
Dominican Republic
Ecuador
Egypt
Emirates

Estonia
Finland
France
Georgia
Germany
Greece
Guatemala
Honduras
Hong Kong
Hungary
India
Indonesia
Iraq
Ireland
Israel
Italy
Jamaica
Japan
Jordan
Kazakhstan
Kenya
Kyrgyzstan
Latvia
Lebanon
Lithuania
Macedonia



Malaysia
Malta
Mexico
Moldova
Mongolia
Morocco
Nepal
New Zealand
Nicaragua
Norway
Pakistan
Panama

Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Romania
Russia
Saudi Arabia
Senegal
Singapore

Slovakia
Slovenia
South Africa
South Korea
Spain
Sweden
Switzerland
Syria
Taiwan
Tanzania
Thailand

The Netherlands
Tunisia
Turkey
Uganda
UK
Ukraine
Uruguay
USA
Venezuela
Yugoslavia
Zimbabwe

An Introduction to ILAE

(continued from page 3)

been published — three online and one (the current issue) in print. The first online edition in 2006 was mailed to 10,587 persons. The newsletter is designed to facilitate communication of ILAE news from the central bodies to individual members in each country. ILAE also has a Web site www.ilae.org. This has grown in size and complexity and in 2007 there were over 460,000 visits. *Epigraph* and the Web site are overseen by the ILAE Information Officer and Web Site Task Force.

ILAE Finances

With the assistance of the Financial Office, ILAE finances are overseen by Martin J. Brodie, Treasurer, who reports to the Executive Committee on all financial matters. The current Executive Committee has adopted a policy committing 3% of the investment portfolio to underwriting new projects and programs emphasizing education, epilepsy care and translational research.

Membership of the Executive Committee, regional bodies, commissions and task forces is honorary and members are not paid for their work. The editorships of *Epilepsia* and *Epigraph* are also unpaid. Salaried staff is located in three administrative offices: Headquarters Office located in Brussels, Belgium; Finance Office in Hartford, Connecticut, USA; 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 is supported by a solidarity fund.

How to Join the International League Against Epilepsy

The ILAE is a federation of over 95 national chapters and a person can join the ILAE by becoming a member of their national chapter.

Benefits of membership of a national chapter include:

- Full participation in national and international activities of ILAE
- National chapter conferences and other benefits of individual national chapters
- Complimentary copy of *Epigraph*
- Heavily discounted subscription rates to *Epilepsia* and other epilepsy journals
- Eligibility for membership of ILAE Commission/Task Forces
- Access to the Web site 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 national chapter. You can find the contact addresses on the ILAE Web site 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!

Secretary-General's Report

The Executive Committee has made the commitment to increase the geographic representation within the leadership and to identify and mentor new leaders from around the world. To promote self-sustaining regions the Executive Committee is also



S. Moshé

working with regional commissions to enhance educational opportunities, augment clinical care, and promote translational research. To achieve these goals, the Executive Committee initiated a series of changes in governance and policies listed below.

A. Enhancement of geographic representation:

1. Constitution and Bylaws amendment: This amendment aims at ensuring participation of all geographic regions in the governance of the League. The Executive Committee is actively seeking feedback from all Chapters to the proposed amendments included in this issue of

Epigraph (page 7) and on our Web site at (http://www.ilae.org/Visitors/About_ILAE/ProposedChanges.cfm). The proposals will be discussed at the Chapter Conventions at this year's Regional Congresses, and the amendment will be voted on at the General

Assembly held during the 28th International Epilepsy Congress in Budapest, Hungary in 2009.

2. Policy and Procedures Regarding ILAE Commissions and Task Forces: After much effort by the Executive Committee and the current Commission Chairs we have developed new policies that require appropriate geographic representation of Commission members. It also provides a means of communication between different Commissions to enhance synergy and cooperation as these groups pursue their missions. A copy of this document can be downloaded at http://www.ilae.org/Visitors/About_ILAE/Resource.cfm.

3. Organization of Regional Commissions: Based on an initiative of the Commission on European Affairs, we are working to provide a new framework to identify and mentor appropriately the upcoming leaders of our League within each region with input from the local Chapters. Although designed for the European region we hope this plan can serve as a blueprint for all Regional Commissions. If the proposed changes in the constitution and bylaws, noted above, are approved by the General Assembly in Budapest in 2009, the Regional Commission document will be modified to reflect these changes.

4. Leadership Conflict of Interest Disclosure Policy: It is important to ensure that no conflicts arise from our interactions with government and industry. Together with the Chairs of the Commissions, the Executive Committee is drafting a policy that elected and appointed leaders disclose to the League significant financial interests or management positions that could be a conflict of interest and prevent the leader from acting solely in the interests of the League. The current version of this policy can be downloaded

at the bottom of the following page, http://www.ilae-epilepsy.org/Visitors/About_ILAE/ExecutiveCommittee.cfm.

B. Education and Translational Research:

The recent educational successes of the League have been eloquently described by President Peter Wolf in his previous report in *Epigraph* (<http://www.ilae.org/Visitors/Publications/Winter2008.cfm>). Many have contributed to this successful process. In addition, the Executive Committee has been involved with other educational and research endeavors that are reported below.

Seizures in the very young. The League, in collaboration with the World Health Organization, OASI Institute for Research and Mental Retardation and Brain Aging, and the WHO Collaborating Center for Training and Research in Neuroscience and IBE, formed a committee to develop guidelines for the diagnosis and treatment of neonatal seizures and epilepsy in infancy. This committee's ultimate intent is to create a comprehensive document that will be useful to providers of epilepsy care to young children throughout the world.

(continued on page 12)

2005-2009 ILAE Executive Committee



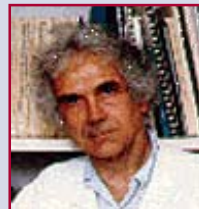
*President
Peter Wolf*



*Secretary-General
Solomon Moshé*



*Treasurer
Martin Brodie*



*Past President
Guiliano Avanzini*



*1st Vice President
Emilio Perucca*



*2nd Vice President
Fred Andermann*



*Regional
Vice President
Chong Tin Tan*



*Epilepsia
Editor-in-Chief
Phil Schwartzkroin*



*Epilepsia
Editor-in-Chief
Simon Shorvon*



*Information Officer
Edward Bertram*



*IBE President
Susanne Lund*



*IBE
Secretary- General
Eric Hargis*



*IBE Treasurer
Mike Glynn*

Asian Epilepsy Academy (ASEPA)

The Asian Epilepsy Academy (ASEPA) is the brainchild of the late Dr. Masakazu Seino, who also served as its Founding Chairman. Education has always been an important agenda of the Commission on Asian & Oceanian Affairs (CAOA) of the ILAE. Dr.

Seino proposed the formation of ASEPA, as a sub-commission under CAO, to further promote epilepsy education in the region. He served as its chairman from 2004 to 2007. ASEPA is now chaired by CT Tan (Malaysia). The other members are Andrew Bleasel (Australia), Gouri Devi (India), Yushi Inoue (Japan), Weiping Liao (China), Byung In Lee (Korea), Peter Wolf (EUREPA), and Shih Hui Lim (CAOA).

Organizing one- to three-day teaching courses is one of the key activities of ASEPA. This started with a general epileptology course, as an outreach program in areas where epilepsy care is not well developed. The aims of the



Dr. C.T. Tan

workshop are to provide updates in epileptology, raise the profile of epilepsy, stimulate young neurologists/pediatricians to specialize in epilepsy, and to stimulate the formation of local epilepsy groups. The first workshop was held in Hanoi (Vietnam) in

2001. Since then, twelve similar workshops have been held in Indonesia, Myanmar, Mongolia, Nepal, Bangladesh, Lao, and various provinces in China.

An EEG teaching course was the next to be organized, started in Bandung, Indonesia in 2003. Six similar courses have since been held in China, Singapore, Bangladesh, Malaysia, and Thailand. Other teaching courses that have been organized were: Drug Treatment, Neurobiology, Neuroimaging, Pediatric Epilepsy, Psychosocial Issues, Syndromes, and Surgery. A total of eight to eleven courses are now organized in different parts of the region, usually in collaboration with partner organizations

such as the local epilepsy chapter or neurological associations. The attendance varied from 50 to 400. For 2008, eleven courses are being planned.

Six- to twelve-month epilepsy fellowships for young physicians from countries with limited resources for epilepsy training are another important activity of ASEPA. The successful candidates have been placed in Australia, India, Japan, Malaysia and Singapore. Six to eight fellowships have been awarded yearly by ASEPA and other partner organizations. ASEPA has helped select the successful candidates since 2003. The partner organizations are: Epilepsy Research Foundation of Japan, Japan Epilepsy Society, Epilepsy Society of Australia, and UCB (Asia). The selection criteria are age and other personal factors, recommendations by local epilepsy leadership, and potential impact of the candidate in his country upon completion of training. The ASEPA belief is that there is no substitute for an extended period of hands-on exposure in good centers.

In many parts of Asia, enhancement of EEG reading skills is a high priority. ASEPA believes that an EEG certification

process will complement other teaching efforts to raise the standard of EEG reading. Thus, in conjunction with the ASEAN Neurological Association (ASNA), ASEPA launched a two-part examination modeled after the American EEG Board. The first Part I Examination was held in July 2005 in Jakarta. To date, Part I has been held thrice with 20 out of 33 candidates successful (60% passing rate). The Part 2 Examination was first conducted in Malaysia in 2006. The next Part I and Part 2 examinations will be held in Xiamen during the 7th Asian & Oceanian Epilepsy Congress.

ASEPA has published the proceedings of the 5th and 6th Asian & Oceanian Epilepsy Congresses and the Epilepsy Surgery Workshop in Shizuoka as supplements of *Neurology Asia*. It is the ASEPA belief that the publication of these proceedings will enhance the educational value of the meetings.

Dr. C.T. Tan
ILAE Regional Vice President
Chair Asian Epilepsy Academy (ASEPA)



The Epilepsy Surgery Workshop organized by ASEPA and held in September in Xian, China. There were 400 delegates from all over China. The Workshop was coordinated by Dr. Y. Inoue.

Finance Update

In December 2005, the Executive Committee approved a spending policy to support regional development and to underwrite new projects, emphasizing education, epilepsy care and translational research. In this spirit, a range of initiatives have been undertaken



M. Brodie

and much has been accomplished over the past two and a half years. Although the overall financial status of the League continues to be secure, we are now operating at a deficit for the first time since I took over as treasurer largely because of a decrease in revenue generated from congresses and *Epilepsia* royalties.

We have been aware for some time that the income accruing from the pharmaceutical industry in support of our congresses and their delegates is slowly falling as patents for antiepileptic drugs expire. Although there are a number of novel drugs in the pipeline, these are largely the property of smaller companies with "big pharma" tending to steer clear

of the epilepsy sector. This situation is likely to persist over the next few years. Meetings in Europe and possibly also in Asia will continue to attract industry support, while those elsewhere in the world will struggle because of variations in the marketplace for

antiepileptic drug sales.

The main source of ILAE's income is generated from our journal, *Epilepsia*. With increasing pressures from open access publishing, advertising and sales are being squeezed. In addition, *Epilepsia* has just had a "makeover" with impressive modernization of its cover, illustrations and format. All this, of course, increases the production costs and erodes the profit margin. Thus, we have witnessed a 40% decrease in *Epilepsia* royalties to the League this year.

On the positive side, we now have nine active commissions (Education, Epilepsy Care, Neurobiology, Therapeutic Strategies, Classification and Terminology, Genetics, Diagnostic Methods, Pediatrics,

Neuropsychiatry) with a further five regional organizations (Europe, Asia and Oceania, North America, Latin America, Eastern Mediterranean) all working hard on their areas of interest and expertise and, of course, spending their budgets! This has substantially increased our operating costs over the last twelve months. I am, therefore, encouraging all commission members to make better use of conference call facilities and to seek the most competitive prices for airfares.

In anticipation of these financial pressures, ILAE has developed a Long Term Reserve Fund as a protection against unplanned or unforeseen events. This fund also acts as the League's "savings account" accruing interest and investment income. Our diversified investment portfolio has done very well over the past few years. More modest earnings, however, are expected in 2008.

Despite these financial concerns, ILAE needs to do more for people with epilepsy across the world. We must augment our current revenue with new income generators. This requires an ambitious fundraising campaign linked to a detailed strategic plan with clearly defined goals that will help raise the League's

international profile with philanthropists, corporations, foundations and governments.

Programs and initiatives that can potentially benefit from these fundraising efforts include the Global Campaign Against Epilepsy and our worldwide education and training programs. We will continue to award increasing numbers of bursaries and travel grants to young scientists and clinicians, who represent the future of our organization. An African Reserve Fund has recently been set up to develop a realistic program aimed at reducing the treatment gap. It is my hope that we can persuade other organizations to partner us in this venture.

We live in exciting and challenging times. There is much to do and the League, via its chapters and members, has the potential to make great strides over the next decade. All this assumes, of course, that we can generate the necessary finances to realize our goals in an increasingly complex and competitive world.

Martin J. Brodie
Treasurer

Governance Restructuring: Constitution Amendment Proposal

Since its founding as a small group of concerned professionals in Budapest almost a century ago, the ILAE has grown into a truly worldwide organization with members on all of the inhabited continents. The growth in the size of the League together with improved communication technology has led to an explosion of regional activities as well as collaboration among the different regions. Because much of the work now focuses on issues that are regional and global, it may be time for the structure of the League's leadership to evolve to reflect the new global membership of the League and to ensure that the leadership is always aware of the different perspectives that the regions have. To achieve this goal the League is considering amending its constitution to ensure participation of all regions in the Executive Committee.

At the moment the Executive Committee consists of the President, three

Vice Presidents, Secretary-General, Treasurer, and the Immediate Past President as elected members. In addition there are five to six ex-officio non-voting members (the President, Secretary-General and Treasurer of the International Bureau for Epilepsy, the Editor(s)-in-Chief of *Epilepsia* and the Information Officer).

The proposed change is the addition of six regional Vice Presidents who will be elected by their respective regions and who will also serve as chairs of their regional commissions. These regional Vice Presidents will be voting members of the Executive Committee. This change will require a change in the League's constitution which must be ratified by the League's Chapters. Although the regional Vice Presidents will bring the perspectives of their regions to the Executive Committee it is expected that they will work on behalf of, and in the best interests of, the ILAE globally. The new total number of Vice

Presidents will be seven: one Vice President elected by worldwide vote and six regional Vice Presidents.

The Management Committee will now consist of the President, one Vice President, Secretary-General, Treasurer, and Immediate Past President, and it will continue to carry out the policies set by the Executive Committee to govern the League between meetings of the Executive Committee.

This brief description was written to inform the League's members of the proposed changes. A more complete description is on the ILAE Web site (http://www.ilae.org/Visitors/About_ILAE/ProposedChanges.cfm). As we prepare the final formal amendment, we invite comments from all our members to ensure that the constitutional changes accurately represent the wishes of our chapters and representatives. Please send the comments to my attention at smoshe@ilae.org. The

documents will also be provided to allow discussion at the Chapter Conventions held in conjunction with the 2008 Regional Congresses.

We wish to have the constitutional amendments drafted and presented for ratification at the 2009 Budapest International Epilepsy Congress. If ratified, the new structure would then be implemented for the 2013 Executive Committee election. We look forward to your thoughtful insights and suggestions.

I would like to thank the League's Vice President, Emilio Perucca, who worked closely with me in the preparation of these proposed constitutional changes. His insights and suggestions were essential to the creation of the proposal.

Solomon L. Moshé
Secretary-General

New Focus On ILAE Initiatives in Africa

The prevalence of active epilepsy in people of all ages in Africa has been found to vary, in different studies, from five to 75 per 1,000. While the most recent estimates suggest that overall prevalence may not differ greatly from that in Europe and the



E. Perucca

United States, there are some unique characteristics associated with having epilepsy in Africa. To start with, given the increased exposure to risk factors such as adverse perinatal events and CNS infections, it is likely that prevalence figures underestimate the epidemiological dimensions of the disorder, and that the incidence of epilepsy and its mortality are increased in many African communities. Second, the treatment gap is known to be greater in the African continent than in any other region, and in many African countries the proportion of people with active epilepsy not receiving appropriate treatment is as high as 90%. Third, since stigma and prejudice go in parallel with the level of education, the psychosocial consequences of having epilepsy tend to be more severe in Africa than elsewhere. This is also exemplified by the fact that in many African countries epilepsy is still regarded as a psychiatric disorder, and people with epilepsy are often managed at psychiatry clinics.

Given this dire background, what can the ILAE do to improve the life of people with epilepsy in Africa? The previous and the current Executives have been sensitive to these issues, and consensus has been reached that Africa must become a priority in ILAE-sponsored programs. There are a number of initiatives which are already ongoing or at the advanced stage of planning:

An African database. A larger number of institutions, centers and individuals are involved in activities aimed at stimulating awareness and improving epilepsy care in many African regions. Collecting information on these activities is essential to identify areas where synergisms could be activated, and to establish collaborations and partnerships on specific projects.

Improving education and raising awareness. The European Epilepsy Academy (EUREPA) has taken the lead in organizing local courses and training sessions (including Train-the-

Trainer courses), particularly through the efforts and dedication of colleagues active in the Francophone section of the Academy. Similar initiatives are being organized in several Anglophone countries, in collaboration with AES and the British ILAE chapter, and in

Lusophone countries in collaboration with the Latin American Epilepsy Academy (ALADE). Initiatives are also ongoing to raise awareness and to fight stigma and prejudice, largely through work done in partnership with IBE and within the context of the Global Campaign. Many of these activities are likely to benefit increasingly from the distant-education methodology developed jointly by ILAE and EUREPA through the Virtual Epilepsy Academy (VIREPA), and the Faculty of 1000 initiative. Exchange programs to support the training of professionals are also being contemplated.

Fostering opportunities for research. Although most educational activities in Africa are geared at providing basic skills, in many African countries there are sound academic institutions and motivated individuals who are engaged in advanced education programs and research. Supporting such activities is essential to permit self-sustained growth of high-quality epilepsy programs. There are clear priorities for epilepsy research in Africa. In particular, there is a need to obtain reliable incidence and mortality data, to investigate the nature of likely epileptic conditions which are unique for the continent (for example, the "head nodding syndrome", which affects large numbers of patients in Sudan, Tanzania and other countries), and to develop novel and cost-effective treatments used in traditional medicine. With this in mind, the ILAE and the International Brain Research Organization (IBRO) are now planning the joint organization of an advanced educational event to be held in 2009 in an African country, with sponsored participation of postgraduate students and young professionals from all parts of the continent.

Improving access to medicines. Reducing the treatment gap is a key priority for all interventions in Africa. Any initiative to improve availability of medication, however, must be linked to

training and education programs (directed both to health care practitioners and to patients), and to actions to secure adequate infrastructure for drug distribution and follow-up. A major problem which is especially acute in Sub-Saharan Africa is the high prevalence of HIV infection. People with epilepsy and HIV infection in African countries now have access to anti-retroviral agents through the efforts of the Global Fund and the WHO Three by Five Initiative, but, because of cost constraints, only phenobarbital is available to treat seizures in these patients. This may have disastrous consequences, because phenobarbital is an enzyme inducer and reduces the blood levels and the effectiveness of some anti-retroviral agents, and may even lead to emergence of treatment-resistant HIV strains. There is urgent need for programs which allow these patients to access modern antiepileptic drugs which do not interact with anti-retrovirals. The ILAE has taken the lead to address this problem by increasing awareness about the risks associated with some drug combinations, and by initiating discussions with different pharmaceutical companies to establish a self-sustaining mechanism by which these patients can access safer anti-epilepsy medications.

Comprehensive care approaches. The ILAE is working at facilitating communication and collaboration with all organizations which have a stake in improving the life of people with epilepsy in the continent. The basic strategy is to create synergisms whereby resources and expertise from ILAE contribute to improving the focus and the outcome of already existing interventions. Priority criteria for these initiatives include long-term self-sustainability of the intervention, existence of a sufficient local infrastructure, and support from the local government. One example of such strategy is the recently activated collaboration with BasicNeeds, a UK-based, non-governmental organization. The main focus of BasicNeeds, so far, has been in supporting care and social re-integration of

people with mental disorders, but through collaboration with ILAE special efforts will be initiated to address specific problems of people with epilepsy in Africa. This is especially important when one considers that, of the over 40,000 of patients covered by the BasicNeeds programs, about 40% have epilepsy. The first collaborative ILAE-BasicNeeds project will take place in Ghana, and several steps have already been taken to set this into operation. Hopefully, this could develop into a Global Campaign initiative, with joint support from IBE and WHO.

A common denominator in all these initiatives is the involvement of local professionals and health organizations, in order to learn from local expertise and create the conditions for locally driven self-sustainable growth. Hopefully, this will also result in the creation and strengthening of ILAE chapters in countries where these have not yet been established. Given the need for an integrated medical and social approach, collaboration with IBE is also an essential part of the strategy.

Clearly, these initiatives will require considerable resources. The establishment of an ILAE African Reserve Fund is being contemplated, together with fundraising activities for specific projects. The contribution of dedicated professionals, including Faculty of 1000 members, will be crucial for the success of these efforts, but given the range of already ongoing activities there is cause for optimism. Since keeping a record of all initiatives is a key component of the strategy, I will be grateful if anyone who is involved in African projects will kindly inform us (perucca@unipv.it).

*Emilio Perucca
First Vice-President, Coordinator for African Activities*



A woman with epilepsy from Northern Ghana, with burn scars that resulted from falling into a fire during a seizure.

The ILAE Web Site — www.ILAE.org

In the past few years, the ILAE Web site has grown steadily and now plays a key role in communicating League activities. The Web site is managed by the Information Officer with the help of the Web Site Task Force. The site has three main roles:

- To present information about ILAE personnel, structure and purpose;
- To convey information about epilepsy for the benefit of ILAE members (including interactive areas);
- To assist in ILAE administrative activities.

The site continues to develop. New pages are currently in the process of development, including a database of international faculty, an online book store, and recorded educational programs. Following is an outline of the current Web site.

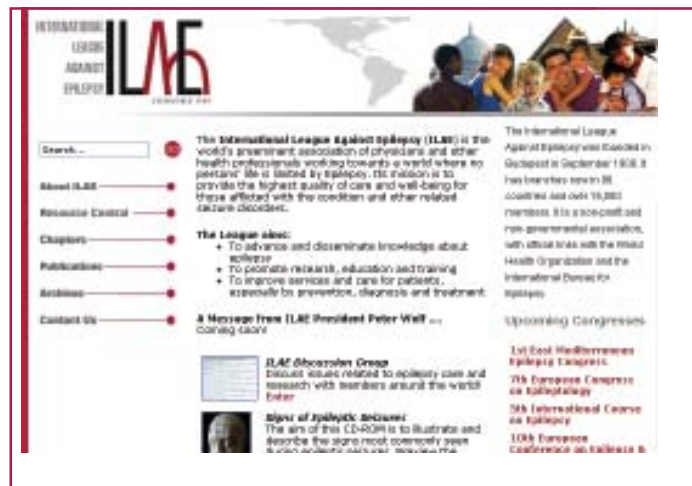
About the ILAE

This area contains information about the Executive Committee, Commissions and Task Forces, the ILAE Constitution and Bylaws, and the current Strategic Plan.

ILAE Resource Central

This area contains resources for members. Among the entries are:

- **Epilepsy Bibliography.** This is a list of Books and Monographs published in the field of epilepsy. It is compiled by Dr. Fukuyama and is in a fully searchable format.
- **Discussion Group:** This section is currently being redesigned to make it easier to use.
- **A worldwide AED Database,** compiled by Bob Fisher, allows members to view a comprehensive list of antiepileptic drugs (with generic and proprietary names) that are available around the world. The database can be searched by brand name, generic name and/or in which country certain medications can be found.
- **The Classification and Terminology Task Force report** which is currently being updated.
- **ILAE Worldwide Resource Directory,** a searchable database of the EIC collection of 1,500 epilepsy-related publications and videos held in Zurich. This database is updated regularly in collaboration with the EIC. Almost all of the videos and documents have now been copied into digital format.



- Details of future ILAE congresses and meetings with links to relevant Web sites and in some cases online registration.
- **EUROPA Distance Education,** links to upcoming educational opportunities.
- **Epilepsy Brochures.** Fifteen brochures about epilepsy have been copied and put online; some of the brochures have been translated into four languages. It is planned to post further selected items and eventually to have 50-100 documents on the site.
- **Global campaign section** presents details of the ILAE/WHO/IBE global campaign and links to the WHO Web site.
- **Guidelines** — Recently published ILAE guidelines are posted here.
- **Links section** provides links to other professional organizations.

Regions

This area provides information on the Regional Commissions and their activities.

Chapter Section

This area contains information about ILAE chapters worldwide.

- Details of ILAE national chapters, their officers and council members. There are links to the chapter Web site (where available) and e-mail contact details.
- The annual reports of individual chapters are also posted when available.
- Map showing geographic location of each chapter, with a clickable search facility.
- Access for Chapters to update their information.

Publications Section

This area contains information about ILAE publications.

- The current edition of the ILAE newsletter, *Epilepsia*.
- Information about *Epilepsia* and links to the journal Web site.
- A subscription area for discounted subscriptions available to ILAE members for *Epilepsia* and six other epilepsy journals.
- 2006 ILAE Annual Report.

Archive Section

This area contains archived copies of recent ILAE documents.

- Non-current copies of *Epilepsia* (from 1999).
- Annual reports of 2000, 2002, 2003, 2004 and 2005.
- Awards section with details of ILAE awards and the recipients, since 1999, of the following awards: Ambassador, Lifetime Achievement, The Michael Prize, Social Achievement, Young Investigators Award and the new Morris-Cooles Prize.
- The new ILAE Archive is a searchable index of minutes, reports, programs, scientific papers and correspondence.

Contact Details

This section contains contact information for the Brussels and Hartford offices and personnel.



A Special Partnership

When I took office as IBE President in 2003, I was very grateful for the wonderful work that had been undertaken by the previous Presidents, who had devoted time and effort to make the Bureau the leading global organization addressing the social aspects of epilepsy. With this wonderful foundation in place, the International Executive Committee was able to solidify activities already ongoing and to introduce new concepts and initiatives that we hope will make real and sustainable differences in the lives of people with epilepsy.

Today IBE represents 118 epilepsy organizations in 92 countries, in every region of the world, each one working with dedication and drive to improve the lives of people with epilepsy. Our biggest concentration of members is in Europe



Susanne Lund

Program and we are indebted to our Secretary-General Eric Hargis for bringing this concept to us. The Promising Strategies Program provides support to IBE Members in

developing regions for on-the-ground initiatives that are designed to help people with epilepsy to develop skills and abilities so that they can achieve independence and a better quality of life. The support we can provide is limited only by the funds available to us, and in the coming years IBE would hope that this initiative will continue to grow and develop. Already we are assisting projects in almost 20 countries including Kenya, Gambia, Zimbabwe, Zambia, Ethiopia, Namibia, Sierra Leone, Brazil, Argentina, Romania, Cameroon, Guatemala, Mauritius, Ecuador, Mongolia, Uganda and Tanzania.

On the international stage, in mid-2007 IBE was awarded Special Consultative Status on the Economic and Social Council of the United Nations (ECOSOC). This will enable IBE to contribute to the programs and goals of the United Nations by serving as experts, advisers and consultants to governments and to the Secretariat. In

connection with this, we have also been accepted as members of the Conference of NGOs in Consultative Relationship with the UN (CONGO).

The stigma caused by ignorance remains a constant concern to the IBE, and we are conscious of the importance of early education about epilepsy. So we were delighted with the response to Action Zone, a board game developed in collaboration with UCB for children from five years upwards. The game was translated into several languages, including Mandarin, Cantonese, Spanish, German and French. Although we had

anticipated that 1,000 games would be requested, we have been happily surprised by the response: to date more than 45,000 games have been distributed. The game is still available, in limited numbers, free of charge, and can be ordered through ibedublin@eircom.net.

Our other big success in 2007 was the redesign of our Web site www.ibe-epilepsy.org. This was a major task which will, of course, continue. Web sites are always works in progress and we will constantly make changes, introduce fresh information and create new pages as time passes. Another important face of IBE is the *IE News* of which I am very proud. When the late George Burden sat down in 1963 to write the first one-page newsletter on his Remington manual typewriter, he could hardly have imagined that 45 years later the newsletter would still be an important voice of IBE. Today the magazine is produced 4 times annually, with 20 pages in full color carrying news and reports not only about the work of IBE but also relaying information about our members who live and work in a truly global epilepsy network.

I have already mentioned the United Nations and CONGO, but the one constant and most important partner for IBE is the International League Against Epilepsy. Since the foundation of IBE there has always been a close working relationship between the two organizations and this open dialogue has helped us to develop some very important initiatives, besides our joint international and regional congresses. The best known of these is the ILAE/IBE/WHO Global Campaign Against Epilepsy, which is now celebrating its 10th Anniversary. In recent years the importance of collaboration between medical and lay bodies has been highlighted by international bodies such as the European Union and the unique relationship of IBE and ILAE is the standard to which many other organizations aspire. I hope that our friendship will continue to grow and develop and that we can harness the expertise of both organizations which jointly can truly make a difference in the lives of those with epilepsy.

*Susanne Lund, President
International Bureau for Epilepsy*



where, in the main, epilepsy associations are well established. However, in recent years we have seen a very encouraging trend of applications from less developed regions, in particular Africa, South East Asia and Eastern Europe. Our members in developing countries face a constant struggle to provide even basic services to their members and we are in awe of how much can be achieved with very little financial assistance. To this end we have begun to develop initiatives to help our members who are less well off.

One of the programs of which we are most proud is the Promising Strategies

The Promising Strategies Program provides support to IBE Members in developing regions for on-the-ground initiatives that are designed to help people with epilepsy to develop skills and abilities so that they can achieve independence and a better quality of life.



Presidents Susanne Lund (IBE) and Peter Wolf (ILAE) holding the IBE-ILAE banner at the 4th Latin American Congress on Epilepsy in Guatemala, September 2006.

The Michael Prize

The Michael Prize is an international award in epilepsy which reflects a body of work. Awarded by a jury of peers, the Prize emphasizes the importance of carrying out laboratory research that can be translated into the care for patients. It is awarded biennially and is designed to recognize younger scientists (up to 45 years of age). The Michael Prize, supported by Belgian pharmaceutical company UCB, carries with it a monetary award of EUR 15,000. The Prize was presented in 2007 at the International Epilepsy Congress in Singapore to Alon Friedman from Ben Gurion University in Beersheba, Israel and Christophe Bernard from the University of the Mediterranean in Marseille, France. They were chosen from among 27 nominees from 11 countries.

Nominations and applications for the 2009 Michael Prize are based on manuscripts or publications which have appeared in 2007/2008 (in either English or German). Each nomination should include the CV of the nominated investigator along with the relevant manuscripts or publications. Submissions should be sent, before 31 December 2008, to: Stiftung Michael, Muenzkamp 5, D-22339 Hamburg, Germany. Further information is available at: stiftungmichael@t-online.de or <http://www.stiftungmichael.de>.



Winners of the Michael Prize
Alon Friedman (l) and
Christophe Bernard (r) with
Dr. Heinz Buehler of the
Stiftung Michael (c).

The Morris-Coole Prize

The Morris-Coole Prize is an ILAE award that is given annually in recognition of an outstanding research paper published in *Epilepsia* the previous year on any field of epilepsy research, either clinical or basic. The prize was established through the generosity of Christopher and Sandra Morris-Coole with the intention of stimulating excellence in epilepsy research as well as rewarding young researchers for outstanding contributions to the field. Award winners receive 10,000 euros and present the Morris-Coole lecture at a major epilepsy meeting (at the International Epilepsy Congress during the years it is held).

Papers are nominated to the selection committee by the associate editors of *Epilepsia* from among the papers that were published in the journal the previous year. Last year's Prize winner was chosen from among 14 nominations that were deemed deserving of special recognition by the associate editors. The associate editors are currently identifying likely manuscripts for the 2008 award.

The inaugural Morris-Coole Prize was awarded to Dr. Zita Gubja at the International Epilepsy Congress in Singapore in 2007 for her Epilepsia paper "The Functional Significance of Gap Junction Channels in the Epileptogenicity and Seizure Susceptibility of Juvenile Rats" (47:1009-1022, 2006).



ILAE Epilepsy Academy Announces Courses

VIREPA Distance Learning Courses 2008/2009

All four e-moderated distance learning courses "Genetics of Epilepsy," "EEG in the diagnosis and management of epilepsy," "Neuroimaging" and "Clinical Pharmacology and Pharmacotherapy" will start again in October 2008. An introductory meeting for participants of all courses (not mandatory) will take place during the 8th European Congress on Epileptology in Berlin in September 2008. **Deadline for application** to all courses is **August 1, 2008**. For detailed information and application, please see www.epilepsy-

[academy.org](http://www.epilepsy-academy.org) or contact the Epilepsy Academy Office at office@epilepsy-academy.org.

EUREPA Co-organized Courses 2008

The **2nd Migrating Course on Epilepsy** will take place from June 1-8, 2008, in Trakai, Lithuania. More information is available at www.epilepsy-academy.org.

The **2nd Baltic Sea Summer School on Epilepsy (BSSSE)** will take place from August 31 - September 4, 2008, near Copenhagen, Denmark. Applications will be accepted through June 1. Please see the EUREPA Web site www.epilepsy-academy.org for further

information and the online application form, or contact Petra Novotny at petra@epilepsy-academy.org.

At the BSSSE, an international group of up to 40 post-graduates will meet for four days in a retreat setting with a group of senior epileptologists who will give update lectures on selected, clinical relevant topics in epilepsy. They will also be available as tutors during the program and for in-depth discussions of all aspects of epilepsy.

The target group are junior medical doctors up to the age of 40 who regularly care for patients with epilepsy, consider subspecialization in epileptology, or have taken their first steps towards a career as epileptologists. The BSSSE addresses

doctors primarily from the Baltic Sea region, but applicants from other countries may also be accepted.

The course is being organized by Peter Wolf (Course Director, ILAE President) together with the Danish Epilepsy Society, represented by Jakob Christensen, Jesper Gyllenborg and Peter Uldall. Course secretaries are Dr. Ruta Mameniskiė (Lithuania) and Petra Novotny, MPH, EUREPA office (Germany).

For further information and application, please consult the EUREPA Web site www.epilepsy-academy.org, or contact your national ILAE chapter, or contact Ruta Mameniskiė at ruta.mameniskiė@yahoo.com or Petra Novotny at petra@epilepsy-academy.org.

Film Festival and Competition — Call for Entries — \$5,000 Awards

Epilepsy has stimulated many artists, writers and filmmakers — and images of epilepsy are embedded in several themes in western culture. As part of the ILAE centenary celebrations, a film festival will be held during the Budapest International Congress, in which examples of important films featuring epilepsy will be shown.

We have also decided to hold a Centenary Film Competition with prize money of \$5,000. This will be awarded to the best films inspired by or relating to epilepsy and seizures. Entries from all film genres are eligible with the exception of educational films and clinical teaching materials. The connection with epilepsy need not be clinical, and we are particularly interested in films which have creative or artistic value or show novelty in using epilepsy as a theme for the work. The connection with epilepsy can be direct, indirect, central or tangential. The criteria for judging will be artistic and creative merit. Films should not exceed two hours in length and short films are welcome.

Entries are encouraged from all professional, student and amateur sectors of the filmmaking community worldwide. If any reader of *Epigraph* is aware of a filmmaker who might be interested in submitting an entry, please share this information.

The films will be judged by an international, multidisciplinary panel of epileptologists, filmmakers and people with epilepsy. The winning entries will be awarded the prize at the International Congress of Epilepsy in Budapest, Hungary 28 June – 3 July 2009. Travel and accommodation expenses to attend the conference will be provided, and the winning films will be shown.

The closing date for film submissions is 28 February 2009. For full terms and conditions of the competition, further details, queries or an application form please either e-mail Dr. Sallie Baxendale s.baxendale@ion.ucl.ac.uk or myself s.shorvon@ion.ucl.ac.uk.

Simon Shorvon

ILAE Centenary History Book — Call for Images and Photos!

A written history of the ILAE is to be published by the ILAE at the time of the Budapest conference. This will be a high-quality, limited edition and illustrated volume. The writing is well underway, and we are now searching for images that either represent or indirectly evoke the ILAE and its history. We are looking not just for head-on portrait photos of major figures in the ILAE but especially for images that are of intrinsic interest or aesthetic appeal or convey the character of the League. Examples might be photos of conferences or congresses (these would be particularly welcome), group photos, artistic renderings of people and locations, images of clinical and scientific milestones in epilepsy, and so on.

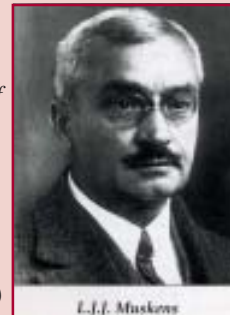
We would of course acknowledge the source of the images in the book. For images submitted in hard copy, please mark on the reverse what the picture is and to whom and where it should be returned. For digital images, please provide the same information in an e-mail and send as high quality an image as possible. Please submit the images to Giselle Weiss at Ochsengasse 14, CH-4123 Allschwil, Switzerland or weissg@balcab.ch. If a digital file is unusually large, please e-mail Giselle first, and she will arrange for transfer to an ftp site. The deadline for receipt of images is July 2008.

Thank you very much in advance for any contributions, and if there are any queries — please contact me at s.shorvon@ion.ucl.ac.uk.

Simon Shorvon



Left: The Hotel Bristol in Budapest, site of the founding of the ILAE in 1909. Right: Two of the original founders of the ILAE, L.J.J. Muskens (Amsterdam) and J. Donath (Budapest)



Secretary-General's Report

(continued from page 5)

Translational Research. We wish to enhance Education and Translational Research that may spawn new treatments in epilepsy care.

Translational Research is aimed at:

1. Translating basic discoveries into clinical applications including the development and validation of new therapies as well as prognostic or diagnostic surrogate markers of disease;
2. Identifying pressing clinical questions and designing valid basic science experiments to study them;
3. Developing clinician-scientists that can use emerging technologies in new ways in their unique clinical environments.

At the Epilepsy Congress in Singapore in July 2007, a document was prepared outlining a successful translational research program. The Commissions on Neurobiology and Education are to provide ideas on the identification of targets for novel therapies; the development of training activities specific for local needs; the creation of education and research networks in different geographic regions; the financial support of fellowship programs; and to monitor activities once the training is completed. We are collaborating with the International Brain Organization (IBRO) through its Secretary-General, Dr. Marina Bentivoglio, to develop joint Educational Programs in Africa as a pilot project. These steps are essential for the development of

regional and cross-regional initiatives to augment epilepsy care world-wide.

C. Improvements in our administrative office: The League must have an effective and transparent administrative office. To accomplish this, the Executive Committee contracted with Grant Thornton, to assess the effectiveness of Association Resources, the company that currently provides our administrative support. The report provided significant insights into the functions of the League and included suggestions that will allow us to improve our operations. Based on the review and our experiences with the current arrangements, we finalized a new agreement with Mr. Peter J. Berry, CAE, the Chief Staff Officer, and Association

Resources through 2012. One of the goals will be to develop and improve further the League's management so that our volunteer leadership can focus on our mission to reduce or eliminate the burden of epilepsy throughout the world.

These are just the first steps in our efforts to renovate our global professional society. As part of our ongoing process to improve League governance and service, we would like to see your thoughts and suggestions sent to my attention at smoshe@ilae.org. The Executive Committee welcomes and looks forward to constructive discussions with all our members.

Solomon L. Moshé
Secretary-General



is coordinated by Edward Bertram with the assistance of Cheryl-Ann Tubby in the ILAE Hartford office. The print edition is kindly sponsored by an unrestricted educational grant from Pfizer.

All communications should be directed to Cheryl-Ann Tubby at epigraph@ilae.org, or by telephone 860.586.7547, or fax 860.586.7550

Printed in Great Britain by Burleigh Press, Bristol BS2 0YA www.burleighpress.co.uk