

International Parkinson and
Movement Disorder Society

Moving Along

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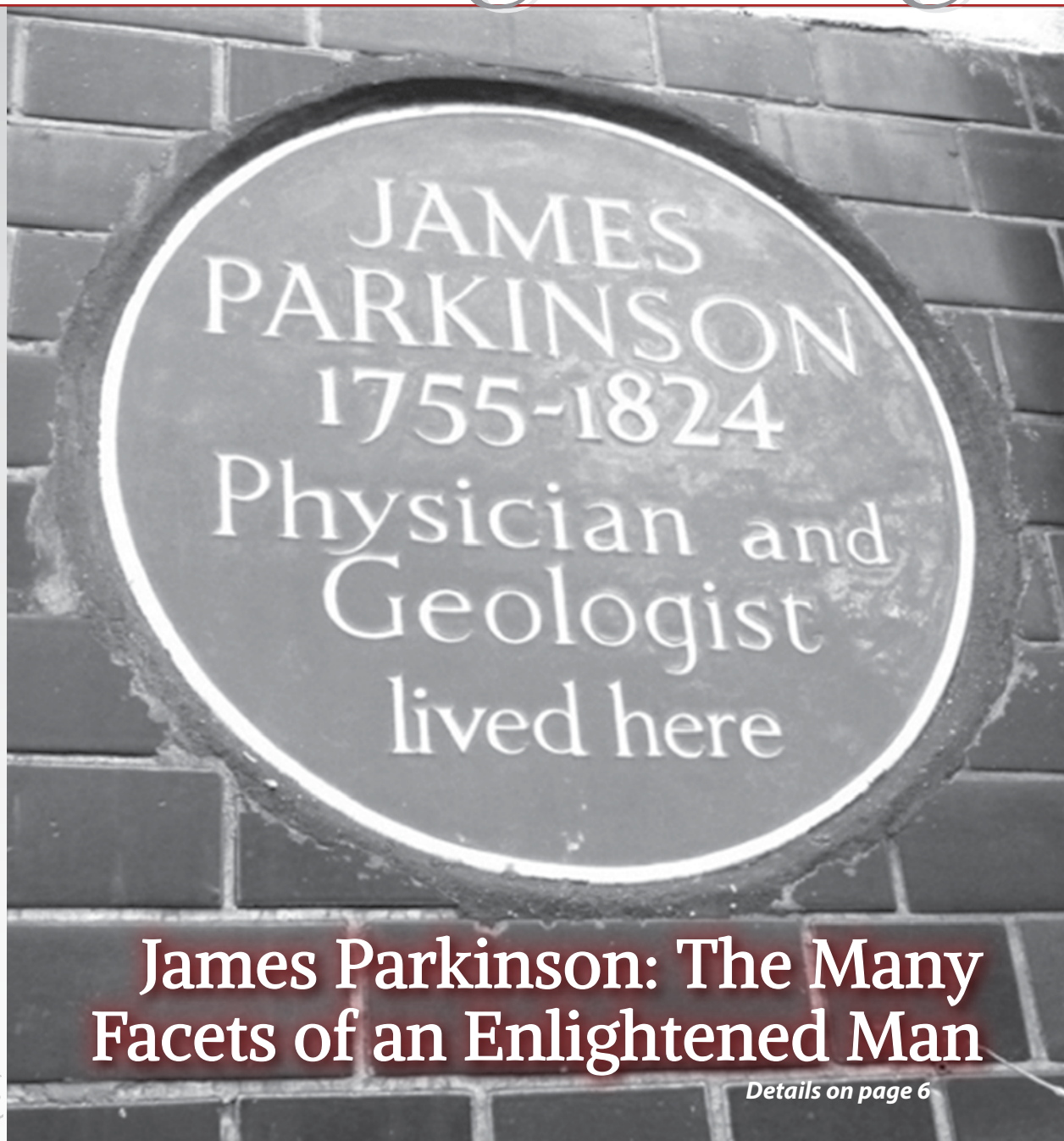
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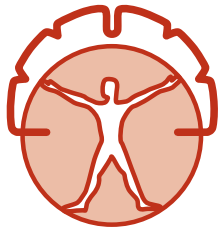
2nd Pan American
Parkinson's Disease and
Movement Disorders Congress

**JUNE 22-24, 2018
MIAMI, FLORIDA, USA**

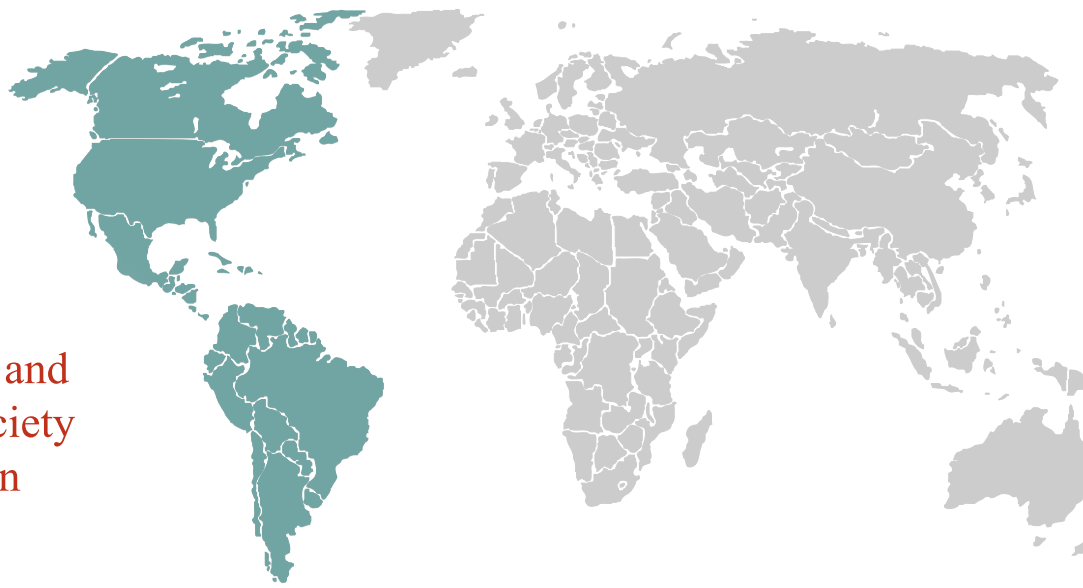


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International Parkinson and
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Pan American Section



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Moving Along

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Letters to the Editors Your Comments and Questions Are Always Welcome

Editorial Policy

As part of its democratic commitment, MDS welcomes the input of all its members about the features and articles that appear in this newsletter. Have a comment or question? Each issue will include responses in the "Letters to the Editor" section. All materials submitted become the property of MDS.

Address your communications to:

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MDS-0817-477

This year marks the 200 year anniversary of James Parkinson's *Essay on the Shaking Palsy*. We have chosen this first 2017 issue of *Moving Along* to acknowledge Parkinson and celebrate his contributions to the field of Movement Disorders. The feature story, written by Prof. Paolo Martinelli, provides a brief biography of Parkinson's life, interests, and written works leading up to his identification of the disease that would later carry his name. In March, Profs. Peter Jenner and K. Ray Chaudhuri hosted an educational course in London, United Kingdom, to celebrate this anniversary and highlight all aspects of Parkinson's disease (PD). You will find a full summary and photos of this event in this issue as well.

The Society also is continuing to further the field in other areas of Movement Disorders. Günther Höglinger and the MDS Progressive Supranuclear Palsy (PSP) Study Group have established new criteria for the clinical diagnosis of PSP. The new MDS-PSP criteria will be a significant tool for clinical care and research. More about their outstanding work and results can be found on page 10.

We would not be able to continue our work in developing and growing the field without teaching those new in their movement disorder careers. The MDS LEAP program was established to focus on leadership training skills, and we wanted to take an opportunity to explore the mentor-mentee relationship. Lorraine Kalia (2016 LEAP Class), Mark Stacy (LEAP Mentor) and Cynthia Comella (LEAP Program Chair) collaborated to provide an overview of this career development experience, both for the mentor and mentee. Interest in the LEAP program is growing each year, and we would encourage anyone curious about this experience to apply for the 2018 class later this year. More information can be found at www.movementdisorders.org/leap.

While we look back on 200 years of progress in PD, we also look back on the last two years of leadership in the Society. Drs. Oscar Gershanik, MDS President, Nobutaka Hattori, MDS-AOS Chair, Joaquim Ferreira, MDS-ES Chair, and Francisco Cardoso, MDS-PAS Chair, have lead the Society and the Regional Sections for the past term and have provided their last letters to *Moving Along*, highlighting accomplishments in their respective areas. We would like to take this opportunity to thank them and all of the MDS Officers and Executive Committees for their service and work in growing the Society over these past years.

We hope you enjoy this issue of *Moving Along*!



Carlo Colosimo, MD



Mark Stacy, MD



Dear MDS Members,

As my term as President of this great society comes to a close, I would like to review some of the achievements during my tenure.

With the help of my colleagues, we have been able to make many changes to MDS that make the Society more open to our present and future members. We have modified our membership categories, allowing many young professionals the opportunity to become members without having to pay dues. This has helped our membership grow to unprecedented numbers.

We have also developed an Educational Roadmap, displayed on the Society's website. This Roadmap provides ease of access to the vast amount of available educational resources and categorizes the information both by experience level and subject matter.

To underscore the importance and contribution of genetics to our field, MDS has committed significant resources to the development of a comprehensive genetics database. The MDSGene tool will provide clinicians and geneticists with an important instrument to help them in identifying and confirming the validity of different genetic mutations.

Also of great importance is the revamping of the MDS Rating Scales Program. The MDS Rating Scales Program and the Non-English Translation and Validation Program provide a professional method of maintaining and developing well validated and reliable instruments for the scientific research community. Through this program, MDS is focusing on proper electronic implementation and ensuring instruments remain valid as clinical trials and studies usher in the use of new technology. A special thank you to Glenn Stebbins and Pablo Martinez-Martin for leading the effort to move the program forward.

MDS has also been able to successfully engage many more regions of the world. The Middle East Task Force has been invaluable in bringing the mission of MDS to this region of the world, combined with our growing relationship with national and regional societies in the Middle East. We have collaborated with the African Academy of Neurology to grow our reach in Africa and we have had fluid communications with our colleagues in the People's Republic of China in an effort to expand knowledge and education of Movement Disorders in these parts of the world.

We have also recently held the very successful 1st Pan American Parkinson's Disease and Movement Disorders Congress in Miami, Florida, USA. Thank you to Cindy Comella and Francisco Cardoso for their tremendous efforts to bring this much needed education to the Pan American Region. I am also pleased to announce that the 2nd PAS Congress will be held June 22-24, 2018 in Miami. We welcome you to join us!

In closing, I would like to thank the many MDS volunteers who continue to contribute to MDS through their work on Committees, Study Groups, Task Forces, and Special Interest Groups. We could not accomplish all that we do without their great efforts. Serving as MDS President has been a great honor, and I look forward to working together to continue our efforts to expand the reach of MDS for many years to come.

Sincerely,

A handwritten signature in black ink that reads "Ogerashnik". The signature is fluid and cursive.

Oscar S. Gershanik, MD
MDS President, 2015-2017

James Parkinson: The Many Facets of an Enlightened Man

— Paolo Martinelli, MD, University of Bologna

James Parkinson was born in London on April 11, 1755, son of John Parkinson, an apothecary and surgeon. He was approved as a surgeon by the City of London Corporation in 1784, practicing at the same address of his father at 1 Hoxton Square.

Parkinson's political consciousness was deeply aligned with the democratic principles belonging to the French and American Revolution and the writings of Thomas Paine, the author of *Rights of Man*. Some biographers report that Parkinson can be considered a strong proponent of the French Revolution. In the post-French Revolution period, Parkinson wrote many pamphlets using the pseudonym "Old Hubert". These pamphlets concerned radical social democratic reforms (i.e. universal suffrage, institution of annual parliaments, and representation of the people in the government). Radical–democratic and enlightened are the words probably best used to describe his political thought.

James Parkinson was an activist of several secret societies: the London Corresponding Society, with a large number of middle class artisans as members, and the Society of Constitutional Information. The activities of these societies likely lead to the government placing spies into the meetings, to monitor the potential suspect for illegal actions.

In 1794, as a member of the Corresponding Society, Parkinson was suspected of involvement in the Pop Gun Plot, a presumed conspiracy to assassinate George III with a poisoned dart from an air gun to hasten the collapse of the monarchy. No charges were ever brought against Parkinson, but several other members of the Society were imprisoned for months before being acquitted. After this event, Parkinson seemed to shift from less political activity and more on medicine and the natural sciences.

Between the end of the 18th and the beginning of the 19th century, Parkinson wrote about many medical subjects. In 1805, he wrote a report on gout, and in 1812 he wrote about the ruptured appendicitis as a cause of death (this was the first English observation described in literature). He also spent the same political enthusiasm writing in favor of more efficient public welfare and in favor of people with mental diseases, as well as their families.



James Parkinson's House today, 1 Hoxton Square, London

Feature Story CONTINUED FROM PAGE 6

In spite of the scarcely available English scientific studies on the field of geology and paleontology at that time, James Parkinson was increasingly attracted to natural science. He collected specimens and drawings of fossils, and the Teylers Museum has a fossilized turtle named after him.

In 1804, Parkinson published the first volume on *Organic Remains of a Former World*, followed by a second book in 1808, and a third in 1812. With the aid of his daughter Emma, Parkinson illustrated each volume with accurate plates.

On November 13, 1807, Parkinson attended the first meeting of the Geological Society of London at the Freemason's Tavern in London, with many distinguished scientists, such as the chemists Humphry Davy and Arthur Aikin, and the geologist George Bellas Greenough, the future President of the Geological Society.

Parkinson wrote many contributions for the *Journal of Natural Philosophy, Chemistry and the Arts*, edited by the eclectic, natural philosopher, William

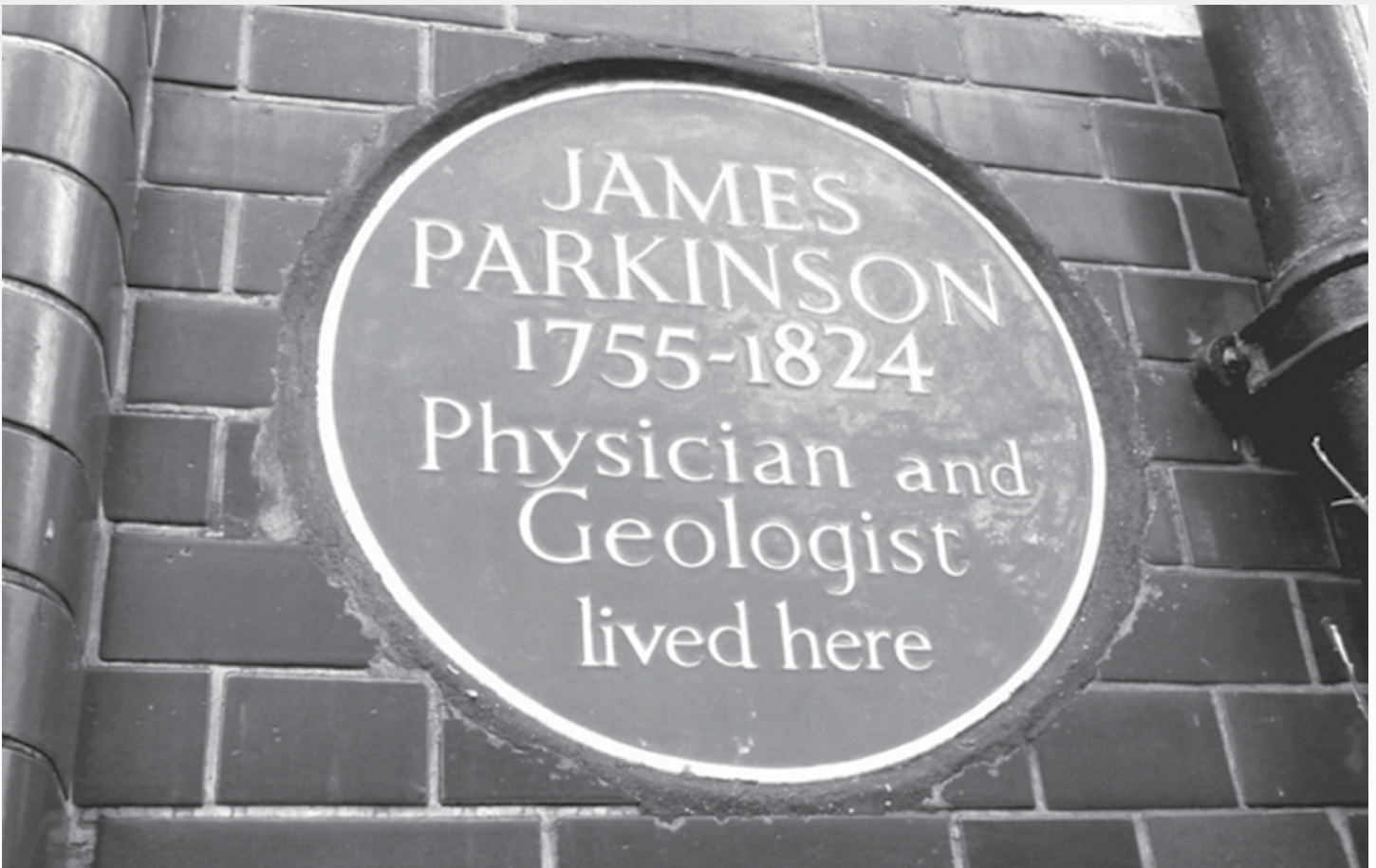
Nicholson and to the first, second, and fifth volumes of the *Geological Society's Transactions*.

Moreover, in 1822, Parkinson published *Outlines of Oryctology: An Introduction to the Study of Fossil Organic Remains, especially of those found in British Strata*.

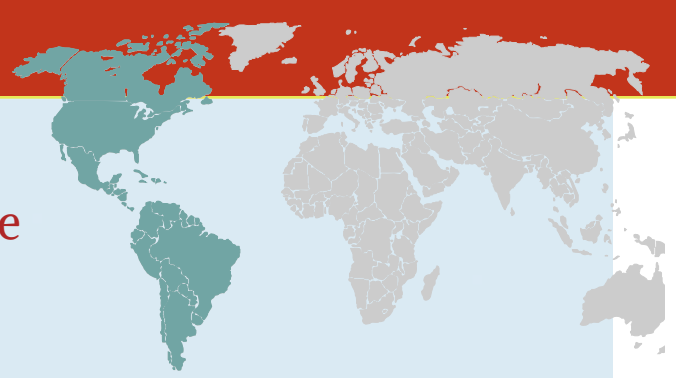
The fame of Parkinson is due to the writing, *An Essay on Shaking Palsy*, published in 1817, but the name of Parkinson's disease was proposed by the leading French neurologist Jean-Martin Charcot in the late decades of the 19th century.

Parkinson (erroneously) localized the pathology at the cervical spinal cord level, nevertheless this attempted explanation represents the anatomical approach characterizing 19th century's medicine.

James Parkinson died on December 21, 1824. Considering his long scientific and cultural career, it seems not due to serendipity the observation referred to in the *Essay on Shaking Palsy*.



Plaque on James Parkinson's house, 1 Hoxton Square, London



1st Pan American Parkinson's Disease and Movement Disorders Congress

— Cynthia Comella, MD, PAS Congress Scientific Program Committee Chair

The 1st Pan American Parkinson's Disease and Movement Disorders Congress was hosted in Miami, Florida, USA on February 24-26, 2017. This is a city rich in culture and history that provided the perfect location for delegates traveling from 30 different countries. Given the city's appeal, it was the ideal location to host this first congress. With attendance of 427, it was the perfect size for networking, collaboration and learning about the latest research in the field of Movement Disorders and how it relates to the Pan American Region.

The Congress Scientific Program Committee (CSPC) made every effort to ensure that the science for the congress reflected Latin America/Caribbean and North America, which produced the theme of the congress, *Movement Disorders Across the Americas: State of the Art*. The Scientific Program incorporated Themed Plenary Sessions, Parallel Sessions, Skills Workshops, Poster Sessions, Guided Poster Tours and a Video Tournament. A world renowned group of faculty members was carefully selected.

Congress Highlights:

- 20 Travel Grants awarded by MDS
- 61 faculty members participated in the Scientific Sessions
- 150 abstracts accepted
- 5 Late-Breaking abstracts accepted
- 7 Plenary Sessions
- 9 Parallel Sessions
- 3 Skills Workshops
- Challenging Case MDS-PAS Rounds
- 4 Guided Poster Tours
- 14 companies and 1 non-profit exhibited
- 2 representatives from the press attended



Stanley Fahn, MD, talked about 200 Anniversary of James Parkinson



Delegates view the posters and interact with poster presenters in the Poster Area.



Audience enjoys the Welcome Ceremony

International Congress CONTINUED FROM PAGE 8

Delegates were formally greeted by MDS President Oscar Gershanik, MDS-PAS Chair Francisco Cardoso, and Cynthia Comella, at the Welcome Ceremony.



Cynthia Comella, MD, Anthony Lang, MD, and Francisco Cardoso, MD, PhD. Dr. Lang receives the MDS-PAS Leadership Award

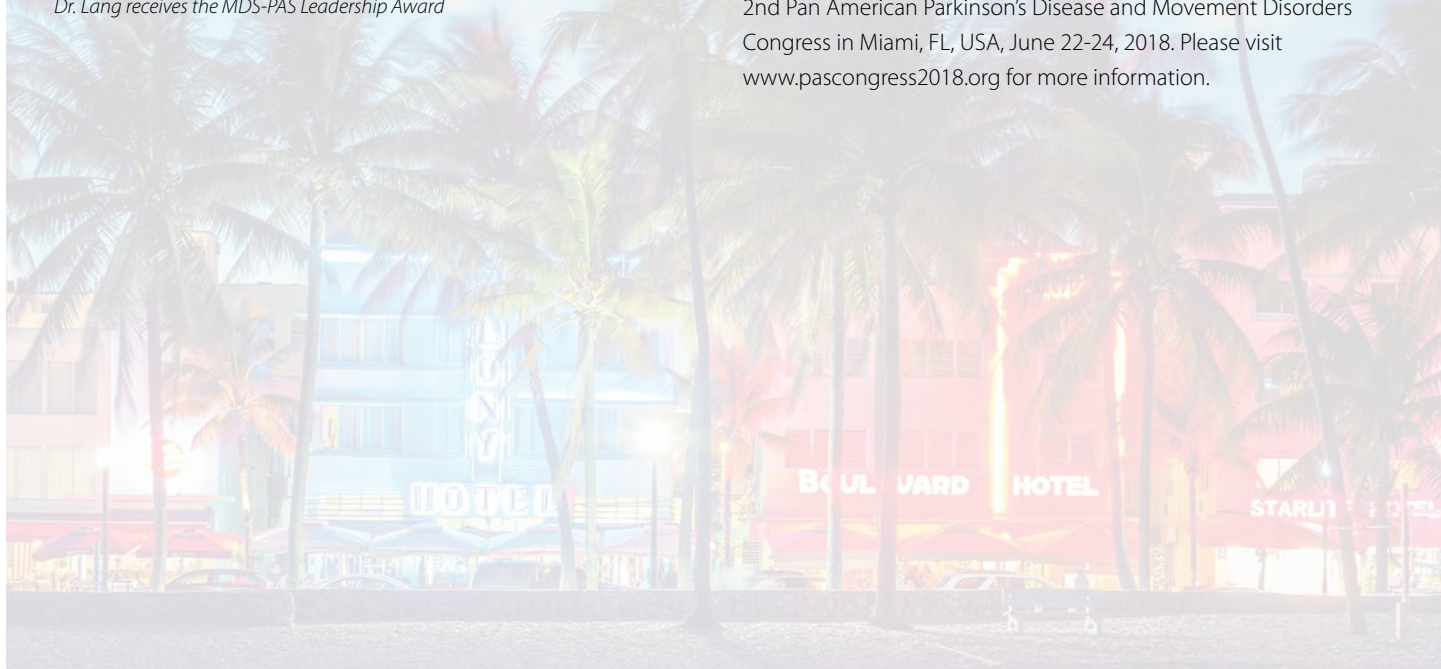
On Saturday night, delegates assembled to watch the Challenging Case MDS-PAS Rounds where Movement Disorder clinical experts, Drs. Alberto Espay, Steven Frucht and Helio Teive, hosted and discussed cases on phenomenology, syndromic classification and differential diagnosis. The cases presented were selected from a large number of submissions by the hosts of the event.



Challenging Case MDS-PAS Rounds

The International Parkinson and Movement Disorder Society- Pan American Section extends its gratitude to faculty, supporters, exhibitors and delegates for traveling to Miami and helping make the 1st Pan American Parkinson's Disease and Movement Disorders Congress a successful meeting!

Mark your calendars! The MDS-PAS is already planning for the 2nd Pan American Parkinson's Disease and Movement Disorders Congress in Miami, FL, USA, June 22-24, 2018. Please visit www.pascongress2018.org for more information.



MDS Criteria for the Clinical Diagnosis of Progressive Supranuclear Palsy

— Günter U. Höglinger, Munich, Germany; Chair, MDS PSP Study Group



Participants of the MDS-endorsed PSP Study Group Consensus Meeting in March 2016 in Munich, Germany.

Progressive Supranuclear Palsy (PSP) as a disease was first described by John Steele, Clifford Richardson, and Jerzy Olszewski in 1964, when they provided a clinico-pathological report on a 'Heterogeneous Degeneration Involving the Brain Stem, Basal Ganglia and Cerebellum with Vertical Gaze and Pseudobulbar Palsy, Nuchal Dystonia and Dementia'.

In 1996, a working group of the National Institute of Neurological Disorders and Stroke / Society for PSP (NINDS-SPSP), led by Irene Litvan, established clinical diagnostic criteria, which has been successfully used since then for clinical care and research into biology, diagnosis and therapy.

Over the past years, PSP has been increasingly recognized as an entity defined by its neuropathological distinctions, i.e. aggregates of 4R-tau isoforms in neurofibrillary tangles and tufted astrocytes, rather than by its clinical presentation. Along with this specification of the definition of PSP, numerous clinico-pathological studies have evidenced that the clinical spectrum of pathologically defined PSP is actually broader than initially thought. While postural instability and supranuclear gaze palsy have been considered so far as the core clinical features of PSP, variant clinical presentations have now been recognized ranging from predominantly extrapyramidal presentations to predominantly behavioral or cognitive presentations.

Furthermore, with disease-modifying therapies being developed, the need is becoming more urgent for defined criteria allowing an earlier diagnosis, before massive functional disability is present.

To meet these demands, the MDS-endorsed PSP Study Group has initiated a program to revise the clinical diagnostic criteria for PSP. We first gathered a group of experts in Movement Disorders, cognitive neurology, ocular motor analysis, biomarkers, neuroimaging, neuropathology, and neurogenetics. We then defined research questions to be addressed by a systematic review of almost 6,000 original scientific articles published over the past 20 years. Since it became clear that some aspects important for our work could not be resolved by literature analysis alone, we started collecting the largest autopsy-confirmed original case series published so far, comprising about 200 PSP patients and disease controls each. With the condensed knowledge



How to perform the pull test: live demonstration

from these sources on file and in view, the group gathered for a two-day meeting in Munich, Germany in March 2016 for a consensus meeting to conduct a structured discussion.

The results of this work are now presented by the group in a series of three publications in *Movement Disorders*. The first manuscript by Respondek et al. presents the current concepts of the clinical spectrum of PSP, based on the published literature and our original case series. The second manuscript by Whitwell et al. describes current knowledge, current limitations and future requirements for imaging modalities to support the diagnosis of PSP. The third manuscript presents the new MDS criteria for the clinical diagnosis of PSP.

The new MDS-PSP criteria has several important aspects. First, they are evidence- and consensus-based recommendations of a broad group of experts, incorporating the best knowledge available today (knowing that all knowledge is

provisional). Secondly, they are compatible with the past literature, since they incorporate the NINDS-SPSP criteria in a slightly modified version. Thirdly, they acknowledge the broad clinical spectrum of PSP ranging from pure motor to pure cognitive or behavioral presentations. Fourthly, they provide a stratification by diagnostic certainty, ranging from definite PSP (i.e., neuropathologically confirmed), over clinically probable PSP (for clinical trials) and possible PSP (for clinical care), to a new category termed 'suggestive of PSP'. This later group is intended for an early identification of persons requiring a close clinical follow-up since the diagnosis of PSP may be confirmed as their condition progresses.

The MDS-PSP Study Group proposes the new MDS-PSP criteria as a tool for clinical care and research. Prospective validation of these criteria is ongoing in international collaboration. We wish to thank all who invested their time and effort to make this important step ahead possible. Finally, we hope that these new criteria may be considered as helpful for the daily work of all who care for patients with movement disorders.

Follow us on the MDS website at:
www.movementdisorders.org/PSP-Study-Group.

MDS LEAP: A Mentoring Program

— Lorraine Kalia, MD, PhD, Assistant Professor, Department of Medicine, University of Toronto, 2016 LEAP Graduate

— Mark Stacy, MD, Professor in Neurology, Duke University, LEAP Mentor

— Cynthia Comella, MD, FAAN, Professor, Rush University Medical Center, LEAP Program Chair

The International Parkinson and Movement Disorder Society (MDS) Leaders Program for Young Movement Disorders Neurologists Program (LEAP), run by Cynthia Comella, is a multi-faceted experience designed to develop leadership skills in young members with an interest in continuing the development of the Society. One component of this 18-month course is the mentorship program. The purpose of this article is to describe this mentorship program, including one working model of a mentoring relationship, from the perspectives of a LEAP participant, mentor and the program director.

The LEAP program began in 2015, and includes a two-day didactic program focusing on leadership skills. Following the course, the participants from each section work on leadership projects that are relevant to MDS, and each leads a bi-monthly review and update of the principles taught in the course. Every participant is matched with a mentor with leadership positions within MDS. The purpose of this effort is to provide LEAP participants with coaching and mentoring with respect to local and international careers by senior members of the Society, as well as to build a bridge between senior members and younger members of the Society. The mentee prepares a brief biographical sketch and outlines goals for the experience as part of his or her initial introduction to the mentor. The mentor provides advice and guidance. Mentees meet with their mentors at the International Congress or by teleconference.

For LEAP participants, the didactic program is critical for learning principles of leadership, which are new concepts for most, if not all, of the class. Incorporated into this learning is the identification of areas of strength but also areas of weakness that need to be addressed to develop as a leader. The two-day course provides a starting point from where LEAP participants begin to address areas requiring improvement. This is a “work in progress” which benefits from additional time and self-reflection, as well as the LEAP program’s bi-monthly reviews and updates. Importantly, an effective mentor-mentee interaction can be instrumental in the development of these leadership areas beyond the didactic course.

There are many approaches by which mentors, coaches and champions can contribute to the successful progress of an academic career. In general, LEAP participants are paired with mentors who are not from their home institutions. The advantages of this remote mentoring relationship include providing feedback that is not nuanced by the potential for entanglements in local politics. In addition, the risk of poor mentee selection is low and the stakes of the interaction have very little chance of disappointment.

In any mentoring dialogue, it is important for a LEAP mentor to recognize the most relevant areas to address for the mentee, which he or she will have identified at the beginning of the LEAP program. The role of the mentor is not simply to provide the mentee with opportunities for projects, publications or presentations. It is equally important for the mentee to take

on the responsibility of driving the agenda for each conversation, whether the meetings are weekly, monthly or quarterly. Brief weekly meetings can be especially effective in that they force the mentee to concisely and consistently address ongoing leadership challenges in their careers. These frequent interactions also allow the mentor to better understand the needs of the mentee and to build trust, as well as to share wisdom from learning experiences acquired over the course of his or her own career. It is important for the mentee to realize that every career is associated with frustrations, slights, resilience and success; most importantly, a mentee will benefit from understanding how the mentor has “been there,” and not just the arrival point. This may allow for a more open dialogue of the initial review of career and leadership goals.

Initial conversations that focus on defining the mentee’s personal and professional mission statement can serve an extremely useful purpose. A personal mission statement forces consideration around values, provides framework for decisions, and empowers the confidence to be able turn down opportunities that may distract or derail a professional career. From this perspective, the mentor can guide the mentee to develop a professional mission statement that gets to a descriptive sentence: “I want to be the person who ...” It is useful for the mentee to discuss early and later mission statements with the senior member of the dyad, along with admissions regarding what worked – and what did not.

For later conversations, it can be useful to divide discussion categories into three basic areas: Strategic Plan, Organizational Structure and Operational Tactics. Often a mentee has a good idea of these skill requirements, but it is useful to start with conversations to find common experiences with education and opportunities. Discussion of a strategic plan may be a better topic for local mentors, who share space or service responsibilities, and understand both the institutional possibilities and the reasons for the faculty hire. Organizational discussions flow easily from a conversation around mission. Topics include managing personnel, developing a laboratory culture and defining sound practice pathways for patient care, data stewardship and compliance procedures. From this platform, and the trust that has come from frequent conversations, open discussion of tactics for career progression may be the most effective topics for career advancement, and while the questions and problems should come from the mentee perspective, the mentor’s responses should reflect on similar situations experienced by the mentor. Academic careers are loaded with opportunities to experience a wide array of attempts to change the playing field, rather than competing on level ground. A mentee benefits from understanding tactics and reflection of mentor experience, and may be more appreciative of anecdote, rather than simple coaching or advice.

For more program details and eligibility criteria, please visit www.movementdisorders.org/leap. Applications for the LEAP Class of 2018 will open in late 2017.

New in 2017! MDS Education Roadmap

Your Online Guide to MDS Educational Resources

— Susan Fox, MRCP (UK), PhD, Toronto Western Hospital, Toronto, ON, Canada; MDS Website Co-Editor

— Brandon Barton, MD, Rush University Medical Center, Chicago, IL, USA; MDS Website Co-Editor

— Santiago Perez-Lloret, MD, PhD, University of Buenos Aires, Buenos Aires, Argentina; MDS Website Co-Editor



MDS Educational ROADMAP



If you come to the MDS website often, you will find an in-depth resource for movement disorders information that is designed to better help you grow in your work as a physician, researcher, scientist, student, or allied healthcare provider. Our members, who span the globe, rely on the Society's website to not only connect them with their colleagues, but also with vital information about the field of Movement Disorders.

For that reason, MDS is dedicated to continuously improving the way visitors use the website for searching educational content. Over the past year, with helpful input from the Education Committee and Web Editorial Board, the Society's new Roadmap to Educational Resources was created and launched.

It is our hope that this Educational Roadmap will assist people of all professional backgrounds in navigating the website, from those completely new to the field to members with extensive experience. Three levels are outlined depending on professional experience (Basic, Intermediate, Advanced) with suggestions to explore various resources appropriate to a visitor's level.

Resources for members and non-members include E-Learning & CME courses, Movement Disorders articles and videos, *Movement Disorders Clinical Practice* research papers, MDS Task Force Papers and Rating Scales, International Congress Teaching Sessions, and Webcasts.

We will continue to update the Educational Roadmap with new materials and resources, and welcome your ideas, suggestions for improvement, and other feedback.

Please visit www.movementdisorders.org/roadmap for more information.

Special Interest Group Update: Health Professionals (Non-Physician)

— Victor McConvey, RN, MACN, Elwood, VIC, Australia; Chair, MDS Health Professional (Non-Physician) Special Interest Group (HP-SIG)

Multidisciplinary Care: Advances in the Last 30 Years

At the 19th International Congress of Parkinson's Disease and Movement Disorders held by MDS in San Diego, CA, USA in June of 2015, the opening address identified the three most significant advances in Parkinson's care in the last 30 years. These advances are:

- The refinement of Levodopa as a medication;
- The advent of Deep Brain Stimulation Surgery;
- Acknowledgement that multidisciplinary care is the ideal care to support people living with movement disorders.

Interdisciplinary Care: A Global Perspective

To explore delivery of multidisciplinary care, the MDS Health Professional (Non-Physician) Special Interest Group recently participated in a focused online global discussion. The results were encouraging in highlighting many excellent models of multi and interdisciplinary care while crucially identifying that location, cultural differences and the local health economic environment all typically affect patient access to a multi or interdisciplinary team.

During the conversation, a theme that appeared on several occasions was how each team develops. Many multidisciplinary teams (MDT) develop organically, often only when the right people were at the right place at the right time.

The discussion revealed, to date, there is no common or universal way of delivering multidisciplinary care. The teams which formed most often included a neurologist or treating physician alongside (non-physician) health professionals, wherein the physician sometimes served in the coordination role, but more often, a senior member of the MDT carried out this role.

Within the global discussion, the common aim was to deliver comprehensive care for people living with movement disorders, acknowledging that the needs are complex and amplified by duration of illness. One of the significant benefits identified, across the world, in many multidisciplinary programs was the capacity to be a "one stop shop" where the patient (and family) could see several professionals during one visit.

Countries with universal healthcare, such as Canada and Australia, are often able to offer multidisciplinary care widely, although a movement disorder specialist may not always be the one to deliver it. Some services or facilities provide access to small specialist teams, including professionals from two or three disciplines as well as a physician, with patient access to other disciplines (as needed), such as social work and neuropsychology, which a more generalist service provider typically offers.

Geography also plays a key role, where patients typically need to live in a distinct region or area in order to access a service, bringing about a "postal code or Zip code lottery." Inconsistent access can also be accentuated in some regions when access to movement disorder care is dependent on having the right level of private health insurance. When the care has been supported through private insurance there are often restrictions to the level and/or frequency of service, and in some cases, a level of progression and disability may have to occur before a multidisciplinary approach can even be accessed. Access issues in some services are also dependent on the patient attending a physician who works in a MDT, (much of the time) placing the onus on the patient to live in the right location, attend the right physician and in some instances, have the right insurance coverage.

While restrictions exist, including the lack of universal access across the globe to MDTs, the SIG identified some excellent tailored models developed to address specific care needs (such as palliative). Services offered at the Oregon Health & Science University (OHSU) in Portland, OR, USA is just one fantastic example for addressing the specific palliative needs of people living with Parkinson's.

Another emerging area where a MDT is increasingly being seen as required is in pre- and post-operative care of patients undergoing Deep Brain Stimulation Surgery; with some centres across the globe identifying a comprehensive MDT assessment as being essential in achieving the best surgical outcome.

Additionally, some teams are now incorporating technology into the practice with multidisciplinary consultations and therapy sessions sometimes facilitated online, via tele health or Skype. This has had the effect of broadening the reach and reducing costs, while also changing the practice for professionals across disciplines.

Lastly, ongoing specialist training across disciplines for all professionals was seen as key to maintaining existing teams and in developing new services. A frustration raised by many participants of the discussion was the difficulty in identifying and participating in education and training related to movement disorders. Consensus also formed within the HP-SIG for the need for multidiscipline professionals to participate in more research in order to build an evidence base for multidisciplinary care and to increase the ways we deliver care.

Letter from the MDS-AOS Chair

— Nobutaka Hattori, MD, PhD, Chair, MDS-AOS



As one of my final initiatives as Chair of the MDS-AOS, I am inviting current MDS members to help in cultivating new members in the Asian and Oceanian region. The MDS-AOS aims to grow our membership, particularly encouraging younger members, as well as increasing membership from countries that are underrepresented in the

Society.

MDS is excited to add a new membership initiative for Junior and Student Members. Free Junior and Student membership is now available to those who are residents, fellows, and training in healthcare or scientific research. In addition, MDS continues to offer free Waived Dues membership to those in low-income countries. To learn more about Junior and Student membership, please visit: www.movementdisorders.org/membership

In 2017, the MDS-AOS is planning many Outreach Programs including programs in Malaysia, Philippines, and the Middle East. To learn more about the Outreach Programs, please visit: www.movementdisorders.org/Outreach-Education

The MDS-AOS is also planning several Live Courses in 2017, to be held in Australia, Japan, and People's Republic of China, as well

as the Middle East. To stay up to date on the latest information regarding these educational programs, please visit: www.movementdisorders.org/education

I am happy to welcome the incoming members of the 2017-2019 MDS-AOS Officers and Executive Committee, who will officially take over their positions at the MDS-AOS Regional Assembly at the International Congress in Vancouver on Sunday, June 4, 2017. The incoming Officers, Beom Jeon (Chair), Shen Yang Lim (Secretary), and Yasuyuki Okuma (Treasurer), will be the new representatives of the MDS-AOS in leading the section and Executive Committee.

As this is my last letter as MDS-AOS Chair, I would like to thank my fellow Officers and Executive Committee Members for the past two years of service together. I would especially like to express my gratitude to my fellow MDS-AOS Officers, Raymond Rosales (Secretary) and Carolyn Sue (Treasurer), as well as Executive Committee members, Mandy Au-Yeung, Jou-Hsien Chen, Vinay Goyal, Roland Jamora, Hee Tae Kim, Thomas Kimber, Miho Murata, Hui Fang Shang, Yih-Ru Wu, and Baorong Zhang.

I look forward to continued growth in education and membership in the MDS-AOS, and hope to continue my service in helping the new MDS-AOS Officers in the future. If you have ideas to contribute to the MDS-AOS, please do not hesitate to contact me by e-mail at nhattori@juntendo.ac.jp, or our Secretariat liaison, MDS-AOS Program Manager, Stephanie Dernek, at sdernek@movementdisorders.org.

With best regards,

Nobutaka Hattori
Chair, MDS-AOS

Letter from the MDS-ES Chair

— Joaquim Ferreira, MD, PhD, Chair, MDS-ES



This marks my last update as Chair of the MDS European Section.

Over the past two years, I had the privilege and honor to serve our Society with the precious help of the MDS-ES Officers, Executive Committee members, Education Committee members, MDS staff and all who have generously contributed to the multiple

implemented initiatives.

A special word of thanks to my dear friends and colleagues Pille Taba, Carlo Colosimo (MDS-ES Executive Committee Treasurer), Angelo Antonini (MDS-ES Education Committee Chair) and Evžen Růžička (MDS-ES Chair-Elect), who participated in regular weekly calls to manage the section and other more personal updates! A special word of thanks also to Sabine Gifford (MDS Assistant Director of Education) for the discrete but very professional and efficient managing of the MDS-ES and for keeping us on the right track.

During these two years, we have managed to conduct 16 educational courses and supported seven Developing World Education Programs (DWEPs) in Europe and Africa. We were active partners in three European Academy of Neurology (EAN) Regional Teaching Courses (Sudan, Russia, Mozambique) and one EAN Spring School (Czech Republic).

We were able to continue the, now traditional, Summer and Winter MDS-ES Schools for Young Neurologists. This year we will be back in Marburg, Germany to commemorate the 10th year of our Summer schools, started by Wolfgang Oertel in 2008. In 2017, our portfolio of Allied Health Professionals Summer Schools will, for the first time, include a Speech Therapy (and swallowing) and a Nursing Summer School. These will be added to the previously held Physiotherapy schools. Several of the schools were able to extend offers to host African colleagues in collaboration with the Task Force on Africa. Each time the colleagues were provided with the opportunity to extend their stay and train at the host institute for additional days.

Further, a new collaboration with the European Huntington's Disease Network (EHDN) was started to sponsor fellowships in the field of Huntington's disease, providing additional opportunities to the already available trainings through the MDS-ES Visiting Trainee Grant Program in Movement Disorders.

The close collaboration with the European Academy of Neurology (EAN) was strengthened, reinforcing our position as the leading Movement Disorder society in Europe.

A new effort was started with the translation of MDS leaflets for patients to all possible European languages involving our young active members as voluntary translators (www.movementdisorders.org/Patient-Education).

In the last two years, membership steadily increased, giving the MDS-European Section around 400 more members at the end of 2016. Gender distribution of the members has also become more balanced (M: 49.7% / F: 46.3%). The last two years have also shown its highest growth in Europe of people taking advantage of the trial membership offered through the Associate Membership program.

At the International Congress in Berlin, the MDS-European Section took the opportunity to meet with leaders of National Societies in Europe. The MDS Affiliate Member society program, and its expansion to movement disorders subgroups of neurological societies, was part of the discussion. Two societies joined the program in the last two years (Israel and Portugal), with more currently going through the approval process.

Responding to the request to improve communication, a quarterly electronic newsletter to members was implemented, with the first edition released in April 2016. Please email education@movementdisorders.org if you would like to be added to the distribution list.

We hope that these activities are in line with the expectation of our members and all who are involved in the field of Movement Disorders in Europe. We further hope that the initiatives contribute to the improvement of care and research.

I look forward to seeing you all in Vancouver and Amsterdam!

Joaquim Ferreira, MD, PhD
Chair, MDS-ES

Advance Deep Brain Stimulation for Movement Disorders – Würzburg, Germany, October 13–14, 2016

— Jens Volkmann, MD, PhD, Universitätsklinikum Würzburg, Germany

The first Advanced Deep Brain Stimulation for Movement Disorders course was held in Würzburg, Germany, on October 13–14, 2016. Participants were required to already be involved in the selection, intra- or postoperative management of patients with movement disorders treated by deep brain stimulation surgery, so the course would allow them to build on the basics and strengthen their knowledge in the field.

The course was directed by Jens Volkmann (Würzburg, Germany), with Cordula Matthies (Würzburg, Germany) serving as co-course director. Faculty of the course included Andrea Kühn (Berlin, Germany), Paul Krack (Geneva, Switzerland), Frank Steigerwald (Würzburg, Germany) and Maurizio Zibetti (Torino, Italy).

The first day covered information on evidence, outcome predictors, target comparison, safety and risk management in the topics of DBS for Parkinson's disease, Tremor and Dystonia. The afternoon included sessions first on Anatomical and then Physiological Target Definition.

The second day focused on a more in depth look at the advanced programming options for DBS devices and comparing the different options available. This led into a session on identifying and solving "Failed DBS surgery". The last morning and early afternoon was dedicated to troubleshooting. This was started off with a session on "Troubleshooting Hardware-related complications and lead revision", followed by "Troubleshooting Algorithms for coming DBS related problems in Parkinson's disease" and concluded with a session on "Troubleshooting Algorithms for common DBS related problems in Tremor and Dystonia". The second and final course day ended with small group sessions that divided participants into four groups to meet with patients to discuss individualized troubleshooting strategies for common problems in Parkinson's disease, Tremor and Dystonia.

The course was attended by 54 participants from 25 different

countries, including: Australia, Austria, Belgium, Brazil, Croatia, Czech Republic, Egypt, Finland, France, Georgia, Germany, Greece, Ireland, Italy, Norway, Poland, Portugal, Romania, Russia, Slovakia, Spain, Switzerland, Ukraine, United Kingdom, and United States. The course awarded ten travel bursaries equally to participants from Waived Dues and Non-Waived Dues countries to allow for their participation in the course.

Overall the participant evaluations were positive: 97% of participants felt that the content of the program was relevant to their practice and 100% felt that the activity enhanced their professional effectiveness. This new format allowed participants already familiar with Deep Brain Stimulation to delve further into the specifics of the field and discuss more advanced treatment related question with experts in the field. The engaged discussions and positive reception of the course by the participants strengthen the idea that this advanced educational activity is addressing an unmet need of industry independent exchange in deep brain stimulation.



Management of Advanced Parkinson's Disease with Infusion Therapies – Vienna, Austria, December 2–3, 2016

The course was facilitated by two course directors: Per Odin from Sweden/Germany and Regina Katzenschlager from Vienna, Austria. They were joined by five additional faculty members: Walter Pirker (Austria), Angelo Antonini (Italy), Christoph Hoegenauer (Austria), K. Ray Chaudhuri (UK), and Tove Henriksen (Denmark).

This course provided the theoretical education and practical experience in the management of pump-based treatments for advanced Parkinson's disease (Levodopa-carbidopa intestinal gel and apomorphine). The course included lectures on history, scientific evidence, patient selection, effects, side effects and practical management, as well as interactive workshops on patient selection and practical management, and involved interaction with four actual patients on infusion therapy as well as hands-on training on how to handle the devices.

The learning objectives for the course were defined as follows:

1. Describe the theoretical evidence supporting CDS-based treatment
2. List criteria and demonstrate process for selecting patients for pump-based PD treatment
3. Describe the effects of pump treatments on motor, non-motor symptoms and quality of life
4. Explain and demonstrate management of pump-based therapies
5. Identify possible side effects and complications of pump therapies, including management of these

The final attendance of the course was 44 participants, which was slightly lower than the anticipated 50 registrants due to limited space at the venue. Of those, 12 registered as Members, five under the Junior/Waived Dues member rate, and 26 as non-members. We also had six junior participants register for the course. The number of non-member registrations exceeded the expected number for this category and financially helped to offset the lower registration rate.



MDS-ES Winter School for Young Neurologists – Catania, Italy, February 2-4, 2017

— Mario Zappia, MD, University of Catania; Course Director

The 2017 edition of the MDS-ES Winter School for Young Neurologists was held in Catania, Italy, February 2-4, 2017, in the Neurological Clinic of the University of Catania and was directed by Mario Zappia.

The course received 65 applications for 50 available spaces and was attended by participants from 16 countries across the European Section, including some North African and Middle East Countries.

Additional faculty members from different countries participated at the Winter School: Angelo Antonini (Venezia, Italy), Gennarina Arabia (Catanzaro, Italy), Kailash Bhatia (London, United Kingdom), Carlo Colosimo (Terni, Italy), Pietro Cortelli (Bologna, Italy), Joaquim Ferreira (Lisbon, Portugal), Wassilios Meissner (Bordeaux, France), Elena Moro (Grenoble, France), Alessandra Nicoletti (Catania, Italy), Evžen Růžička (Prague, Czech Republic), Michele Tinazzi (Verona, Italy) and Marie Vidailhet (Paris, France).

The first day of the course was dedicated to lectures about parkinsonism, including motor and non-motor symptoms of Parkinson's disease, atypical parkinsonisms, medical and surgical treatments. In the afternoon, two parallel sections were organized for ten groups, each composed by four or five students. Five groups of students participated in clinical rounds and were allowed to perform a neurological examination of selected patients with hypokinetic movement disorders under the guidance of faculty members, whereas the other five groups attended to lectures about the assessment of motor fluctuation and the imaging of movement disorders and vice versa, at the end of the sessions. At the end of the first day, a video dinner was held with many interesting cases presented by faculty members.

On the second day, the plenary session was dedicated to the hyperkinetic movement disorders: tremor, dystonia, myoclonus, tics and Tourette syndrome, chorea and psychogenic movement disorders.

After the lectures, during the "Bring your own case" section, students had the chance to present a clinical case thus raising a large discussion on clinical features, differential diagnosis and diagnostic tools adopted.

Again, during the afternoon, parallel sessions were organized to provide clinical rounds under the guide of the faculty members to perform hands on examination of patients with hyperkinetic movement disorders and to attend to lectures about the evaluation of dysautonomia and about the treatment with botulinum toxin.

The last day focused on complex issues in Movement Disorders: gait and balance, drug induced parkinsonism and sleep related movement disorders. In the second half of the morning, some selected video case were presented by the students and three of them received complimentary registration to the International Congress.

During the Winter School, Catania was celebrating the city's patron, the virgin and martyr St. Agatha. It is one of the three most important religious celebration in the world, beside to the Holy Week in Sevilla, Spain and the Corpus Domini Festival in Cuzco, Peru. This festival is a mixture of cult, folklore and tradition and during the Winter School, Catania became crowded of celebrating people that were together in the streets. Devotees and curious counted up to hundreds of thousands.



MDS-ES Winter School CONTINUED FROM PAGE 18

The participants at the Winter School celebrated the St. Agatha festival and had the opportunity to appreciate the famous fireworks. After the fireworks, the social dinner took place in the center of Catania, in a beautiful place that, in ancient times, was a Byzantine chapel, actually being the only Byzantine monument presents in Catania.

The Winter School in Catania was a great success. Of course, Catania with its beauty under the volcano Etna and the St. Agatha Festival favored this result.

Nevertheless, the educational value of the Winter School with highly appreciated lectures and the enthusiastic participation of the young neurologists was the main important aspect of the course.

I attended MDS -ES Winter School in Catania, in February, and I won, with my honor, the registration for the next International Congress in Vancouver. I write, with pleasure, a consideration about my experience.

First of all, I found the setting very comfortable and stimulant for residents, like me, and young neurologists. Then I enjoyed the interactivity of the course and the direct comparison with experts of such high level in the field of Movement Disorders.

This course gave me the possibility to understand which would be the better way to approach movement disorders in clinical practice and helped you to orient yourself among the possible differential diagnoses.

I think that every resident should attend a course of this type with this organization, even in fields different from that of Movement Disorders.

Thanks for this opportunity.

- Maria Vitiello MD, University of Bologna

Virtual Professor Program



Benefits:

- Access to MDS expert speakers
- No travel costs
- Interactive program with live feed
- **New!** Up to \$500 in support (Waived Dues countries only)

The MDS Virtual Professor Program is a web-conferencing program that can be utilized as a standalone program or in conjunction with any outreach or live program.



To learn more and apply online, please visit www.movementdisorders.org/virtualprofessor

James Parkinson – An Essay on the Shaking Palsy 1817: A Celebration of 200 Years of Progress – The Royal Society, London, United Kingdom, March 10–11, 2017

— K. Ray Chaudhuri, MD, FRCP, DSc, and Peter Jenner, BPharm, PhD, DSc, Kings College London; Course Directors

To celebrate 200 years since the publication of the landmark *Essay on the Shaking Palsy*, written by the great British physician, James Parkinson, an educational course on all aspects of Parkinson's disease (PD) was held in London, United Kingdom, March 10–11, 2017. The venue was the prestigious Royal Society at Pall Mall in the heart of London, not far from 1 Hoxton Square, the home of the celebrated physician. The contents of the course ranged from genetics of PD to biomarkers, non-motor symptoms as well as personalized medicine for PD and included 20 talks from well known global key opinion leaders. The course started with a talk on the life and times of James Parkinson by Brian Hurwitz, who outlined the remarkable versatility of James Parkinson, not just a celebrated physician, but a geologist, a politician, as well as an education activist.

The course was completely sold out with over 300 delegates attending the meeting over the two days. Twenty-seven posters selected from over 50 abstracts submitted to the course were presented, and four were awarded based on an independent panel review. First and second prizes were awarded to Katie Binley for "Advancing a Gene Therapy for Parkinson's Disease" and Leonor Correia-Guedes for "Neuromelanin Magnetic Resonance Imaging of the Substantia Nigra in LRRK2-related Parkinson's disease." Twenty bursaries were provided so trainee delegates from India, Russia, Ukraine, Egypt, Armenia and other European countries could attend. The course drew support from a large number of pharmaceutical industries, as well as several patient charities.

Day 1 of the course spanned topics such as genetics (Vincenzo Bonifati), pathophysiology of the basal ganglia (José Obeso), causes of cell death in PD (Anthony Schapira) and then moved on to the clinical arena with talks on redefinition of PD (Matthew Stern), motor to non-motor to the new concept of personalized medicine (K. Ray Chaudhuri), imaging (Irena Rektorova), biomarkers (Daniela Berg), sleep and restless legs syndrome (Claudia Trenkwalder), neuropsychiatric aspects of PD (David Burn) and impulse control disorders (Angelo Antonini). MDS President, Oscar Gershanik, spoke on the hot topic of whether Parkinson's may start in the gut. The day ended with a poster session with presenters standing by their posters.

Day 2 started with a scintillating talk from Andrew Lees, who outlined the lessons we have learnt in the 200 years from Parkinson and Charcot. This was followed by talks on the many manifestations of PD (Kailash Bhatia), drug treatment of PD (Olivier Rascol), drug discovery and bench to bedside models (Peter Jenner), advances in therapy (Per Odin), and cell and restorative therapies (Roger Barker). Alim Benabid spoke on the "surgical revolution" in PD in the



Christopher Goetz and Oscar Gershanik

penultimate talk, while Christopher Goetz delivered the final lecture on "where do we go in the next 200 years". The day also included an award ceremony for the four winners of poster prizes and finally a vote of thanks from the course organizers, Peter Jenner and myself. Specifically, the invaluable work of Sabine Gifford, Marissa Lopez, and Jennie Socha from the International Secretariat to make this meeting an outstanding success was acknowledged.

Feedback received has highlighted how many delegates felt that this was one of the best meetings they have attended and many felt that the science presented was relevant and of outstanding quality.



K. Ray Chaudhuri, Peter Jenner, and José Obeso in front of James Parkinson's home, 1 Hoxton Square, London

MDS–Pan American Section Letter from the Chair

— Francisco Cardoso, MD, PhD, FAAN, Professor of Neurology at the Federal University of Minas Gerais Belo Horizonte, Brazil; Chair MDS-PAS



Dear Colleagues,

As my term as chair is coming to a close in June, I would like to thank a large group of people who have provided guidance and support throughout my tenure:

MDS Officers, particularly President Oscar Gershanik; my fellow MDS-PAS Officers Emilia Gatto and Janis Miyasaki; Jennifer

Goldman, who has been doing an outstanding job as chair of the MDS-PAS Education Committee, Jorge Juncos, Past Chair of MDS-PAS; members of the Executive Committee of MDS-PAS; and last, but not least, Nilda Toro, MDS-PAS Program Manager, who without her help, very little would have been delivered.

During the past two years we continued to have many successes as a section. We held our first strategic planning meeting and discussed and established the priorities, initiatives, and objectives for the section for the next four years. These priorities and goals will be measured against the overall Strategic Plan for MDS to ensure that the Strategic Plan of MDS as a whole is reflected in the Pan American Section's Strategic Plan.

We successfully held our first MDS-PAS Congress in Miami, FL, USA, on February 24-26, 2017, which was a goal since the inception of the MDS-Pan American Section. To personally be a part of the development of this congress was a true pleasure and to see it come to fruition was surreal. Please read the summary report on page 8.

We organized and presented 11 educational courses, ten Ambassador Programs, one Visiting Professor Program and four Developing World Education Programs (DWEP). We are pleased to add that through the use of DWEP funds we were able to financially support 66 participants from MDS Waived Dues countries to attend some of our educational offerings, which in many cases they would not have had the opportunity to attend and learn more about Movement Disorders.

Through our Visiting Trainee Grant program, we awarded 12 grants to qualified individuals to train in movement disorders centers outside of their residing country. We are pleased to announce the second cycle of 2017 MDS-PAS Visiting Trainee Grant recipients: Valentina Besa from the Universidad de los Andes in Santiago, Chile will train at Rush University Medical Center in Chicago, IL, USA under the guidance of Dr. Goldman for six weeks, and Verónica Montilla from Los Andes University in Merida, Venezuela will train at the Hospital de Clinicas "José de San Martín" in Buenos Aires, Argentina under the guidance of Dr. Federico Micheli for one year. The intention is that all of the awardees will return home and disseminate their new knowledge to increase the quality of patient care.

We were an integral part of connecting movement disorder specialists in Central America to assemble, discuss the successes and challenges in their countries, in regards to movement disorders, and to continue

to work as an official group called the Central American Movement Disorders Work Group. They have also become an MDS Affiliate Member Society. We will continue to support their efforts as Central America is an area that MDS-PAS has been wanting to collaborate with for many years. Thank you to everyone involved with this new group.

We partnered with the Michael J. Fox Foundation to present two iterations of the Movement Disorders School for Neurology Residents. The intention of this course is to educate neurology residents about movement disorders and motivate them to consider potentially specializing in the field.

The MDS-PAS Executive and Education Committee have revised the Needs Assessment Survey to ensure that the questions provided and data collected will assist us with planning our future courses. We ask for your participation in filling out this survey when it is emailed to you in the coming months.

The MDS-PAS represents 39.8% of the total MDS Membership (6479) with 2,576 members in the MDS-PAS for the 2016 term, which consists of 558 new members and 2018 returning members. We have held a consistent 39% representation of MDS membership since 2012.

The vast majority of the regional section resides in North America with 66.7% in the United States (1719) and 8.4% in Canada (216). The remaining 24.9% of the MDS-PAS resides across 22 countries of the MDS-PAS, with highest populations in Brazil (223) representing 8.7% of the PAS, Argentina (142) at 5.5% of the PAS, and Mexico (107) at 4.1% of the total sections membership (2576). We will continue our membership recruitment efforts to include more members from countries that are underrepresented in South and Central America.

A new effort was implemented with the translation of the MDS patient leaflets into Portuguese and Spanish, involving the work of our young active members as voluntary translators (www.movementdisorders.org/Patient-Education).

Responding to the request to improve communication, a quarterly electronic newsletter to members was implemented with the first edition released in April 2016. Through this newsletter we highlight regional initiatives and regional updates.

As you can see, we have been busy in managing the section initiatives to the best of our ability. We hope that these initiatives are in line with the expectations of our members and will contribute to the improvement of movement disorders patient care. Thank you for allowing us to represent our regional section.

All my best wishes,

Francisco Cardoso

Francisco Cardoso
Chair, MDS-PAS

6th MDS Pan American Section School for Young Neurologists – Quito, Ecuador, November 10–12, 2016

The 6th MDS Pan American Section School for Young Neurologists was held at the Hilton Colón Hotel – Quito in Quito, Ecuador under the direction of Course Director, Marcos Serrano-Dueñas. The course was attended by 40 selected participants from the following countries: Argentina (3), Bolivia (2), Brazil (5), Chile (4), Colombia (2), Ecuador (3), Mexico (1), Panama (1), Peru (17) and Venezuela (2). The 40 participants were selected from a group of 46 competitive applicants.

The passionate and enthusiastic participants were comprised of young neurologists interested in training in Movement Disorders, as well as those who already have some experience in the area. The course was taught by an exceptional MDS-PAS international faculty of senior Movement Disorders specialists.



Educational Format

The first two days of the course provided engaging lectures on hypokinetics and hyperkinetics in movement disorders with panel discussion and ample time for questions and answers from the students.

Patient Rounds

The late afternoons consisted of the ever so important and popular small group patient rounds guided by faculty. The students were able to experience a patient consultation and ask questions of the patients and faculty.

Video Dinner

At the video dinner, Dr. Cosentino and Dr. Santibáñez presented talks, with videos, explaining the process on how to reach a final diagnosis. Dr. Arakaki also presented videos on rare and unusual movement disorders cases, which was very fascinating for the students.



Participant Video Case Competition

Students were required to submit their own case-study videos to present in small groups for discussion and critique. Each faculty selected the best presentation of their group and those selected presented their case to the entire group on the last day of the course. The seven finalists were: Herculano Barbosa (Brasil); José Álex Cabrejo Bravo (Perú); Natalia Herrera Marín (Colombia); Pedro Manzke de Carvalho (Brasil); Koni Mejía (Argentina); Ana María Solís Quispe (Perú); and Lucía Zavala (Argentina). The overall winner of the case-study video presentation was Herculano Barbosa. Dr. Barbosa was awarded a complimentary registration to attend the 2017 MDS International Congress in Vancouver, British Columbia, Canada.



Dr. Serrano-Dueñas and Dr. Barbosa

MDS-PAS School for Young Neurologists *CONTINUED FROM PAGE 22*



The seven finalists of the video case competition



Course Faculty

Course Director

Marcos Serrano-Dueñas, MD, MSc

International Faculty

Tomoko Arakaki, MD; Vanderci Borges, MD, PhD; Francisco Cardoso, MD, PhD, FAAN; Carlos Cosentino, MD; Andres Deik, MD, MSc; Andrés De La Cerda Sr., MD; Carlos R. M. Rieder, MD, PhD; Mayela Rodríguez-Violante, MD, MSc

Local Faculty

Rocío Santibáñez, MD

Acknowledgments

A special thank you to the Edmond J. Safra Philanthropic Foundation for an unrestricted grant sponsoring this course.

To the course faculty: Your dedication and commitment to the field of Movement Disorders and teaching the next generation opened the minds of each student. Your hospitality and connection with the students was amazing. For that, we thank you.

A special thank you to the patients and their caregivers who took the time to participate in the patient rounds. The willingness and openness in providing your personal experiences can only lead to increase understanding in Parkinson's disease and movement disorders and ultimately improved patient care.

2nd MDS-PAS Movement Disorders School for Neurology Residents – Atlanta, GA, USA, March 4-5, 2017

— Stewart Factor, DO, Emory University School of Medicine; Course Director
 — Kapil Sethi, MD, FRCP, Augusta University; Course Director
 — David Standaert, MD, PhD, University of Alabama at Birmingham; Course Director

The intention of this course, which was offered for a second consecutive year, is to educate neurology residents about movement disorders and motivate them to consider potentially specializing in the field. With generous grants from funders, 84 pre-selected neurology residents from the United States, Canada and Puerto Rico attended the program, all expenses paid.



The steadfast dedication of the course co-directors, Stewart Factor, David Standaert and Kapil Sethi, and a devoted and diverse course faculty resulted in a successful educational experience for the participants. Rachel M. Dolhun, MD, Vice President of Medical Communications at The Michael J. Fox Foundation, joined the course faculty and presented “Highlights of Parkinson’s Research and Development” to the students.



Course faculty: Drs. DeLong, Evatt, Wichmann, Sung, Morgan, Jinnah, Walker III, Dolhun, Standaert, Hatcher-Martin, Factor, Miocinovic and Sethi.

Educational Format

Large lectures were punctuated with designated question-and-answer periods to ensure the delivery of the content was effective and learners were able to process the intended knowledge. Lectures focused on Parkinson’s disease, ataxia, hyperkinetic disorders, sleep in movement disorders, pediatric movement disorders and surgical approaches to movement disorders.

Live Patient Rounds

Students also had the opportunity to take part in live consultations between patients and movement disorder experts. They were able to ask questions of the patients and the experts, a unique experience for this type of course and one that serves to reinforce the information presented in lectures. Patient participants had dystonia, tardive dyskinesia, tics, progressive supranuclear palsy (PSP), and Parkinson’s disease for which deep brain stimulation (DBS) had been employed.

Patient Video Case Competition

Students were encouraged to submit their own movement disorder case study videos to present to the entire group for discussion and critique. The group selected the best case presenters, who will receive complimentary registration to attend the 21st MDS International Congress in Vancouver, BC, Canada, June 4-8, 2017.

The awardees are:

- Dr. Vikram Karnik** from the University of Calgary, AB, Canada. Case titled An Unusual Case of Spasticity.
- Dr. Shailee Shah** from Northwestern University, Chicago, IL. Case titled Dancing Man.
- Dr. Katherine Delaney** from UT Southwestern, Dallas, TX. Case titled Awakening.
- Dr. Jeffrey Steinberg** from Tufts Medical Center, Cambridge, MA. Case titled A Twenty Two Year Old Woman Presents with Attacks of Uncontrollable Right-sided Spasms.

MDS-PAS School for Neurology Students CONTINUED FROM PAGE 24



Drs. Standaert, Karnik, Shah, Delaney, Steinberg, Factor and Sethi

Panel Discussion: A Career in Movement Disorders

The course co-directors shared their personal experiences in achieving and continuing careers as movement disorder specialists. They discussed why movement disorders is an exciting and rewarding path.



“Our aging population will require many more physicians trained in the diagnosis and care of movement disorders. Participating in this course with such an enthusiastic and dedicated group of young neurology residents was a thrill, you could feel the energy in the room! I think this course is vital for the future of our field of movement disorders.”

—Dr. Standaert

Acknowledgements

A special thank you to the patients and their caregivers who participated in the course. Your willingness and openness in providing your personal experience can only lead to increase understanding in Parkinson’s disease and movement disorders and ultimately improved patient care. We wish you the best!

To the course faculty. Your dedication and commitment to the field of movement disorders and teaching the next generation is truly remarkable. For that, we thank you.

Emory University:

Mahlon R. DeLong, MD; Marian L. Evatt, MD, MS; Stewart A. Factor, DO; Felicia C. Goldstein, PhD; Jaime Hatcher-Martin, MD, PhD; H. A. (Buz) Jinnah, MD, PhD; Jorge L. Juncos, MD; Sijetlana Miocinovic, MD, PhD; and Thomas Wichmann, MD

University of Alabama at Birmingham:

David G. Standaert, MD, PhD; Victor W. Sung, MD; Harrison C. Walker, MD and Talene Yacoubian, MD, PhD

Georgia Regents University:

Julie Kurek, MD; John C. Morgan, MD, PhD and Kapil Sethi, MD

The Michael J. Fox Foundation for Parkinson’s Research, New York, NY, USA:

Rachel M. Dolhun, MD - Vice President, Medical Communications, The Michael J. Fox Foundation for Parkinson’s Research

Thank you to The Edmond J. Safra Foundation, The Michael J. Fox Foundation for Parkinson’s Research, Acorda Therapeutics, AbbVie, Lundbeck, Abbott, and UCB for their generous support in making this special program possible!

While our generous sponsors make our educational offerings possible, their support did not influence content, perspective or panelist selection.

Educational Course on Proteinopathies: Parkinson's Disease, Dementias and Tauopathies – Buenos Aires, Argentina, April 6–7, 2017

— Cecilia Peralta, MD, Department of Neurology, Department of Imaging, CEMIC University Hospital, Buenos Aires, Argentina

The MDS supported educational course on Proteinopathies: Parkinson's Disease, Dementias and Tauopathies, was held in Buenos Aires, Argentina, on April 6-7, 2017. The course was inspired from the exciting novel developments in the understanding of neurodegenerative diseases associated with abnormal protein aggregation that modern neuroimaging techniques bring to us. The organization of the course was possible through a direct interaction and teamwork of the Neurology and the Imaging Department of CEMIC University Hospital.

This course addressed one of the main challenges that we experience in everyday neurological practice, i.e. the overlap in clinical features often observed among Parkinson's disease (PD), Atypical Parkinsonisms (AP) and Dementia syndromes with parkinsonism, while at a pathological level, these neurodegenerative disorders may be quite different. The extraordinary advances in current neuroimaging is allowing us the "in- vivo" investigation of the mechanisms linked to the accumulation of protein aggregations causing the formation of Lewy bodies (a pathological hallmark of synucleinopathies), and neurofibrillary tangles (a pathological hallmark of tauopathies). Imaging of neuroinflammation was also addressed as potential biomarker to neuronal degeneration along with the evidence of possible interaction between β -amyloid plaques and α -syn pathology in PD Dementia.

During the course, the potential use of novel MRI techniques and PET radiotracers in the diagnosis and differential diagnosis of PD, AP and Dementia Syndromes with parkinsonism were presented. The speakers provided evidence in the current state-of-art and knowledge in PD, AP such as MSA, PSP and other Tauopathies,

as well as the role of inflammation and Tau imaging markers. The role of neuroimaging in investigating the mechanisms underlying behavioral disorders, such as impulse control disorders, depression, apathy and cognitive impairment, and lessons learned from PET biomarkers was also reviewed.

The course was attended by a large and interactive audience made of medical students, neurology/imaging fellows and residents, neurologists, nuclear medicine specialists, psychiatrists, psychologists, technicians and allied health professionals (physiotherapists, nutritionists, speech therapists, nurses). The course attracted colleagues from several South American countries such as Chile, Colombia, Bolivia, Perú, Ecuador and Paraguay. Neurologists representative of the largely populated provinces of Argentina such as Buenos Aires, Córdoba, Santa Fe and Tucumán, as well as from the southern end of Argentina (the patagonic province of Neuquén), and from the central west region (the San Juan province) were also present.

The faculty included: Antonio Strafella (Toronto Western Hospital, University of Toronto, Canada), Jennifer Goldman (Rush University Medical Center, Chicago, IL, USA), Javier Arbizu (Clínica Universidad de Navarra, España), Oscar Gershanik (Fundación Favaloro, Buenos Aires), Maria Bastianello (Hospital Universitario CEMIC, Buenos Aires), Cecilia Peralta (Hospital Universitario CEMIC, Buenos Aires), Emilia Gatto (Sanatorio Trinidad Mitre, Buenos Aires), Nelida Garreto (Hospital Ramos Mejía, Buenos Aires), Marcelo Merello (Fundación FLENI, Buenos Aires), Gonzalo Gomez Arevalo (Fundación Favaloro, Buenos Aires), Diego Bauso (Hospital Italiano, Buenos Aires), Diana Simonetti (Univeridad Nacional de San Martin, Buenos Aires), José



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Bueri (Hospital Universitario Austral, Buenos Aires), Anabel Chade (Fundación Favaloro, Buenos Aires), Ana Sanguinetti (Fundación INEBA, Buenos Aires), Javier Ziliani (Fundación Cesar Burry, La Plata, Buenos Aires), José Luis Etcheverry (Sanatorio Trinidad Mitre, Buenos Aires), Rubén Feminini (Hospital Privado Comunidad, Mar del Plata, Buenos Aires), Fernando Leiguarda (Hospital Posadas, Buenos Aires), Tomoko Arakaki (Hospital Ramos Mejía, Buenos Aires), Guillermo Zeppa (Hospital Privado de Córdoba, Córdoba), Martín Aguilar, (Hospital Universitario CEMIC, Buenos Aires), Federico Biafore (Universidad Nacional de San Martín, Buenos Aires), Fernando Taragano (Hospital Universitario CEMIC, Buenos Aires), Diego Castro (Hospital Universitario CEMIC, Buenos Aires), Patricio Pérez Leguizamón (Hospital Universitario CEMIC, Buenos Aires).

The course included lectures, presentations, and interactive discussions with questions and answers. In the afternoon two workshops were conducted, and challenging video-cases were discussed in an enjoyable, informal format with active interaction between the participants, the international invited speakers and the local faculty.

Day 1 focused on pitfalls in the clinical diagnosis of PD and AP (MSA, PSP and other Tauopathies) and how PET studies and novel MRI techniques can help to improve the diagnostic accuracy. PET studies with radiotracers that image dopamine and serotonergic terminals as well as MRI techniques investigating neural circuits underlying the occurrence of non-motor manifestations in PD were addressed.

Day 2 of the course focused on dementia in PD and the neurobiology of PD cognitive impairment, dementia with Lewy bodies, other subcortical dementias and Alzheimer's disease (AD);



clinical aspects and the role of neuroimaging in the imaging-pathological correlation. Studies on amyloid imaging in AD and in cognitive impairment in PD as well as neuroinflammation markers were introduced.

There were discussions on phenomenology, disease classification, differential diagnosis, and role of neuroimaging studies in the diagnosis and disease-progression markers.

The MDS supported educational course was very warmly received and the course survey showed a positive feedback and a sense of accomplishment of the objectives. The participants acknowledged the scientific content of the course, the relevance of the lectures to their daily practice, and the excellent communication abilities of the international speakers and the local faculty.

The excellent outcome of this educational course will be highlighted at MDS-Neuroimaging Study Group Meeting chaired by Antonio Strafella in Vancouver at the 21st International Congress.



International Parkinson and
Movement Disorder Society

2017-18 MDS Education Calendar



A Comprehensive Review of Movement Disorders for the Clinical Practitioner

August 1-4, 2017
Aspen, CO, USA



Basic Scientists Summer School

August 3-5, 2017
Suzhou, China



Pan American Botulinum Toxin Workshop

August 24, 2017
Cartagena, Colombia



1st Speech and Swallowing in Parkinson's Disease School

August 31 – September 2, 2017
Aix-en Provence, France



Evidence Based Medicine on Parkinson's Disease and Gait Disorders

September 14, 2017
Kyoto, Japan



Physiotherapy Summer School

September 14-16, 2017
Newcastle upon Tyne, United
Kingdom



7th MDS-PAS School for Young Neurologists

September 24-26, 2017
Philadelphia, PA, USA



An Introduction to Rare Movement Disorders Diseases

September 29-30, 2017
Montevideo, Uruguay



1st MDS-ES Summer School for Nurses

September 29 – October 1, 2017
Torres Vedras, Portugal



1st Middle East School for Young Neurologists

October 2-3, 2017
Kuwait City, Kuwait



3rd Middle East Camp for Parkinson's Disease, Movement Disorders and Neuromodulation

October 5-6, 2017
Dubai, UAE



Allied Health - 3rd Middle East Camp for Parkinson's Disease, Movement Disorders and Neuromodulation

October 5-6, 2017
Dubai, UAE



Diagnostics and Treatment of Spastic Paresis

October 12-13, 2017
Prague, Czech Republic



Advanced Deep Brain Stimulation for Movement Disorders

October 12-13, 2017
Grenoble, France



Management of Advanced Parkinson's Disease with Infusion Therapies

October 26-27, 2017
Venice, Italy



Tremor from Basic Science to Clinical Diagnosis and Therapy

November 10-11, 2017
Budapest, Hungary



The Health Professional Allied Team Training for Parkinson's™ (ATTP)

November 8-10, 2017
Chicago, IL, USA



Allied Health Team Training

November 30-December 2, 2017
Santiago, Chile



School for Young Neurologists

December 1-3, 2017
Porto Alegre, Brazil



1st Peruvian Parkinson's and Movement Disorders Course

January 11-12, 2018
Lima, Peru

Dates and Locations are subject to change. For a complete up-to-date list of courses, visit

www.movementdisorders.org/education