

# Moving Along

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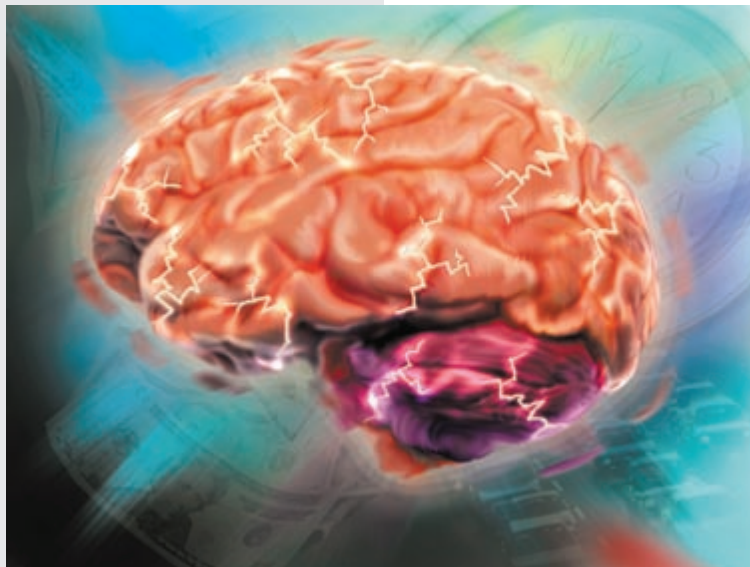
## Is it ethical to currently implant simultaneous deep brain stimulation leads in the pedunclopontine and globus pallidus/subthalamic nucleus?

### No.

—Hubert H. Fernandez, MD, Movement Disorders Center, University of Florida, Gainesville, FL, USA

About 35,000 DBS devices have now been implanted worldwide.<sup>1</sup> By and large, DBS has given hope to PD patients living with severe motor fluctuations without the disadvantages and potentially permanent side effects of lesioning. The current targets of DBS for PD are the Vim thalamus, the globus pallidus pars internus (GPi), and the subthalamic nucleus (STN). However, while stimulation of the STN or GPi produces striking improvements in many aspects of PD, including motor fluctuations and levodopa-induced dyskinesias,<sup>2</sup> it has only a modest effect in improving gait and balance. In fact, STN or GPi DBS does not produce additional benefits beyond what is derived from the best “on” state,<sup>3</sup> which makes it tempting for clinicians to simultaneously implant DBS leads elsewhere, such as the PPN, in addition to the STN or GPi—two targets that have now become standard therapy in advanced PD.

Recent animal and small, preliminary human studies have demonstrated the positive effects of PPN modulation in controlling movement of the axial and proximal limb muscles used for locomotion and balance. Jenkinson, et al demonstrated that stimulation of the PPN leads to increased activity in the MPTP primate model of PD.<sup>4</sup> In addition, Plaha and Gill recently reported that PPN stimulation in two patients with gait and postural dysfunction significantly improved UPDRS motor scores.<sup>5</sup> Lozano and colleagues have reported significant improvements in motor scores with unilateral and bilateral PPN stimulation.<sup>6</sup> The same group recently reported six patients with



### Yes.

—Sorin Breit, MD, Department of Neurodegenerative Diseases, Hertie-Institute for Clinical Brain Research, University of Tübingen, Tübingen, Germany

The subthalamic nucleus (STN) is now widely used as preferred target for deep brain stimulation (DBS) in patients with advanced Parkinson's disease (PD), leading to improvement of a wide range of symptoms and to a reduction of medication.<sup>1</sup> Nevertheless, other targets such as the globus pallidus internus (GPi), the thalamic ventral intermediate nucleus (Vim) and the pedunclopontine nucleus (PPN) should not be neglected. Unfortunately few studies are comparing clinical outcome following DBS

of different targets. Rigorous comparative studies were performed only for STN and GPi, as DBS of either target was shown to have broad antiparkinsonian and antidyskinetic effects.<sup>2,3,4</sup> DBS of the STN leads to a greater motor benefit and allowed a reduction of medication, although the incidence of adverse events, particularly cognitive and behavioural complications, was higher.<sup>4,5</sup> DBS of the GPi leads to a better control of levodopa induced dyskinesias.<sup>6</sup> The Vim was shown to be an alternative target for long-term symptomatic control of PD tremor in selected patients with tremor-predominant PD and no fluctuations or dyskinesias, as this subgroup of patients is likely to have a relatively benign progression of the disease.<sup>7</sup> The option of subsequent STN DBS is still open years after initial Vim DBS, as demonstrated by the excellent outcome in a study on patients with previous Vim surgery whose motor state worsened due to progression of the disease.<sup>8</sup> Despite good initial improvement following STN DBS, a worsening of axial symptoms, particularly akinesia, speech, postural stability, and freezing of gait is often observed after several years of stimulation,

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With this fall issue of *Moving Along*, we wrapped up one of our most successful meetings, the 12<sup>th</sup> Annual International Congress on Parkinson's Disease and Movement Disorders, held at the Hilton in Chicago, Illinois, USA. A record-breaking number of participants enjoyed an outstanding and varied scientific program, under the direction of Serge Przedborski and Christopher Goetz, reflecting the advances in our field. In addition to original information and excellent lectures given by leaders in the field, this meeting inaugurated the first annual Video Olympics, in which twelve interesting and challenging case presentations kept hundreds of participants up to late hours in the night. This issue announces the deadline to submit cases for the second Video Olympics to be held in Paris, France in 2009.



Irene Litvan, MD



Thomas Gasser, MD

In this issue's President's letter, Dr. Anthony Lang reminds the readership of the World Health Organization's Global Declaration on Parkinson's disease, which fully coincides with The Movement Disorder Society's mandate on education management and Public Health. Following its mission, our Society takes responsibility for the treatment of patients with Movement Disorders around the world, and in this issue, the controversy centers on whether it is ethical to simultaneously implant deep brain stimulation (DBS) leads in the pedunclopontine (PPN) and globus pallidus/subthalamic (GPi/STN) nucleus. While it is widely accepted that DBS of the STN and GPi improve PD patients' motor fluctuations and tremor, the benefits of targeting these nuclei on gait and postural stability are modest and similar to those obtained with levodopa therapy. Recently the PPN has received increased attention as a DBS target to improve postural instability and gait. The question then arises if it is ethical to currently simultaneously implant leads in both STN/GPi and PPN. Both Dr. Sorin Breit, who argues in favor, and Dr. Hubert Fernandez, who argues against, make scholarly arguments but the final answer will need to be defined by further research. This issue also includes information on past and future meetings, reports on the European and Asian Sections, awards, grants and job opportunities.

Finally, although we both enjoyed working with excellent Movement Disorder Society staff, Officers, and authors throughout the past 6 years to further develop *Moving Along*, we feel that it is time to pass the baton. We want to take the opportunity to thank our readership, The Movement Disorder Society Officers and staff for the trust and support given to us over these years. We are pleased and honored to have worked with multiple committed and scholarly colleagues who helped make this newsletter successful and fun to read. Although an additional issue is planned before the end of 2008, we feel it is time to start the search for new Editors. We hope that the new gifted candidates will take *Moving Along* to further heights.

The Editors



**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.

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In May of 1997, a working group on Parkinson's disease formed by the World Health Organization developed the Global Declaration on Parkinson's disease. Although this has been widely discussed and promoted particularly by lay support groups it is possible that some professionals in the field of Movement Disorders are still unaware of this important document. The Declaration urges world governments to support the World Charter which emphasizes the rights of people with Parkinson's disease to be referred to a doctor with expertise in the field, to receive an accurate diagnosis and continuing care as well as to have access to support services and to play an active role in the management of their illness. Although The Movement Disorder Society was not asked to be a formal signatory on the document many of our members and leaders were. Indeed, the goals of the Charter are entirely consistent with the Society's mandate to enhance the education of physicians in

the field of Movement Disorders with the goal of improving the quality of patient care throughout the world, particularly in under serviced regions. Over the last few years, the Society has prioritized educational programs both separate from and linked to our annual Congress and has widely promoted our Visiting Professorship program. We have also begun to direct significant support to educational programs in Asia and Eastern Europe and hope to expand these programs into Latin America in the near future. We encourage all members of the Society to become familiar with the Global Declaration and to support its goals particularly in dealing with local governments. Social activism in this regard will improve the quality of care and well-being of our patients which is clearly our highest priority.

Anthony E. Lang MD, FRCPC  
MDS President 2007-2009



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**The Global Declaration states:**

**We, the Working Group on Parkinson's disease, formed by the World Health Organisation in Geneva, 27 & 28 May 1997, call on world governments and all healthcare providers to join us in taking strong and decisive action to meet the objectives and recommendations on the educational management and Public Health implications of Parkinson's disease as agreed at that meeting.**

Parkinson's disease is a progressive neurodegenerative disorder, which is globally distributed, affecting all cultures and races.

- The overall prevalence in the world is estimated to be 6.3 million.
- More than 1:10 people with Parkinson's are diagnosed before the age of 50 years.

Although Parkinson's disease is a complex disorder of unknown cause, for more than 40 years it has been recognised that loss of dopamine cells in the brain is responsible for the commonly observed disorders of movement. As yet the cure remains elusive. Parkinson's disease affects every aspect of daily living. In the modern era a range of treatments have been available to control symptoms and extend life span. These include medication, surgery, and physical therapies.

Effective and appropriate management of strategies could improve the quality of life of those with

Parkinson's and reduce cost and impact on the global community.

Specifically, we urge every government to:

- **Support** the World Charter for people with Parkinson's disease, launched 11 April 1997, which states that:  
People with Parkinson's have the right to:
  - Be referred to a doctor with a special interest in Parkinson's disease
  - Receive an accurate diagnosis
  - Have access to support services
  - Receive continuous care; and
  - Take part in managing the illness
- **Increase** public awareness of Parkinson's disease as a priority health challenge thereby reducing its stigma and remove discrimination against people with Parkinson's disease in the workplace.
- **Improve** the lives of people impacted by Parkinson's disease by ensuring that they receive appropriate treatment and reform medical education in support of the WHO 'Health for All' Initiative.
- **Encourage** all health authorities world-wide to support the WHO 'Health for All' concept, and implement a Parkinson's disease programme consistent with resources available at each stage of industrial development to achieve co-ordination of effort by health workers within the three-tier model of service delivery.

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## 12<sup>th</sup> International Congress Surpasses All Previous Attendance Numbers

The *Movement* Disorder Society (MDS) returned to the United States for this year's 12<sup>th</sup> International Congress of Parkinson's Disease and Movement Disorders held at the Hilton in Chicago, IL, June 22-26, 2008. Located in the heart of downtown Chicago and minutes away from the shores of Lake Michigan and the stores of the Magnificent Mile, the 12<sup>th</sup> International Congress was the highest attended MDS meeting thus far!

With 3,650 attendees, the Chicago International Congress passed the Rome International Congress by 150 registrations making it highly successful. Everyone's participation made for some unforgettable highlights during the week:

- 34 companies exhibited
- 60 Travel Grants presented
- 159 faculty members participated in the Scientific Sessions
- 1,210 posters and 14 late-breaking posters displayed every day
- 6 Plenary Sessions
- 6 Teaching Courses
- 16 Parallel Sessions
- 18 Video Sessions and How To Do It – Skills Workshops
- 6 Guided Poster Tours

Under the direction of Serge Przedborski and Christopher Goetz, the Congress Scientific Program Committee (CSPC) worked diligently over the previous year to develop a diverse and exciting Scientific Program. With new added sessions and an increased number of Teaching Courses, the educational content of this year's 12<sup>th</sup> International Congress created a more conducive learning environment for the attendees. The 159 faculty members from all over the world facilitated open-ended discussions and guided attendees through the latest research that was integrated into the topics.

All 1,210 posters and 14 late-breaking posters were available for viewing for the entire three days of the Scientific Program to allow attendees to view them at their leisure and convenience. The Guided Poster Tours were a new concept this year and were very well received. There were two tours per day featuring abstracts on specific topics and were led by members of the MDS faculty.



*A group of delegates listen to a presentation during one of the Guided Poster Tours.*

Returning to the International Congress scene for the first time since 2005, the History Exhibit, organized by Christopher Goetz and Teresa Chmura, provided an area for delegates to learn more about the history of Movement Disorders and of the history of Chicago neurology. Part of the exhibit was set up to trace the early development of Movement Disorders as a discipline as well as the development of MDS as a preeminent International Society. The other part of the exhibit served to give attendees a look at the role Chicago played in US neurology, local neurological societies, seminal Chicago figures and Chicago neurology today.



*12th International Congress attendees learn about the origins of neurology at the History Exhibit.*

MDS President Anthony Lang distributed the following awards during the Opening Ceremony:

Honorary Member Awards:

Alim Benabid, *Grenoble, France*

Mahlon DeLong, *Atlanta, GA, USA*

President's Distinguished Service Award:

Cynthia Comella, *Chicago, IL, USA*

Several other awards were given out during the course of the 12<sup>th</sup> International Congress. Susan Bressman received the Stanley Fahn Award and Ann Graybiel received the C. David Marsden Award. Luke Massey received the Junior Award in the Clinical Research category and Binith Cheeran received the Junior Award in the Basic Science category. Additionally, 60 Travel Grants were distributed. Please see page 5 for more information on these awards.

The Welcome Reception was a great way for attendees to network and have fun with their colleagues all while experiencing a "Taste of Chicago." Delegates feasted on the food stations around the ballroom which reflected local cuisines from various Chicago neighborhoods. Everyone was treated to superb entertainment which added to the Chicago flavor. The Jesse White Tumblers started out the evening by wowing the audience with their acrobatic feats. The Chicago Culture Shock Dance Troupe performed a hip-hop dance routine which got everyone in the mood to stand up and have some fun. Ross Bon and

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the Mighty Blue Kings band closed the evening and kept the energy level up as the delegates continued dancing throughout the night. MDS would like to thank Boehringer Ingelheim Pharmaceuticals, Inc. for sponsoring this year's Welcome Reception.



*The Jesse White Tumbling Team performs acrobatic stunts during the Welcome Reception.*

A new event which was incorporated into this year's International Congress was the First Annual Video Olympics. A little over 900 people filled the International Ballroom to watch the case submissions and listen to the panel of experts come up with their diagnosis for unusual movement disorder cases. Please see page 6 for more information on the Video Olympics evening.

The *Movement Disorder Society* would like to extend their gratitude to faculty, supporters, exhibitors and delegates for coming to Chicago and for helping make the 12<sup>th</sup> International Congress of Parkinson's Disease and Movement Disorders a success.

Mark your calendars! MDS is already planning for the 13<sup>th</sup> International Congress in Paris, France on June 7-11, 2009. Please visit our Web site for current details regarding this Congress at <http://www.movementdisorders.org/congress/congress09/> or contact the International Secretariat at [congress@movementdisorders.org](mailto:congress@movementdisorders.org) with any questions.

## Your Input is Needed

2008 MDS Educational Needs Assessment Survey  
Submission Deadline Extended

Education is a top priority of the MDS and the survey results will be used to plan our upcoming educational programs. It is critical that we understand your needs.

Please take a few minutes to complete the survey at:  
**[www.movementdisorders.org](http://www.movementdisorders.org)**

You may print and fax the survey or complete it online.

Your opinion is very important to us!

## 2008 MDS Awards Announced

During the 12<sup>th</sup> International Congress of Parkinson's Disease and Movement Disorders, June 22-26, 2008, in Chicago, IL, the Society was proud to honor the following 2008 MDS award recipients:

### President's Distinguished Service Award

The President's Distinguished Service Award is given in recognition of long and distinguished service to The *Movement Disorder Society*.

Cynthia Comella  
*Chicago, IL, USA*

Previous recipients of the President's Distinguished Service Award include C. Warren Olanow (2007), Eduardo Tolosa (2006), Stanley Fahn (2005), and Mark Hallett (2004).

### Honorary Member Award

The Honorary Member Award recognizes individuals who have made extraordinary contributions to the field of Movement Disorders or otherwise to The *Movement Disorder Society*.

Alim L. Benabid  
*Grenoble, France*

Mahlon R. DeLong  
*Atlanta, GA, USA*

Previous recipients of the Honorary Member Award (formerly the Career Award) include Eldad Melamed (2007), Ali H. Rajput (2007), Niall Quinn (2006), Patrick McGeer (2006), Peter Jenner (2005), Thomas Chase (2005), Roger C. Duvoisin (2004), Hiroshi Shibasaki (2004), Yves Agid (2004), Stanley Fahn (2002), Oleh Hornykiewicz (2002) and Gerald Stern (2002).

### Junior Award

Two Junior Award recipients were selected based on their significant contribution to clinical and basic science research in the field of Movement Disorders. One award was presented for excellence in clinical research, and another for excellence in basic science research.

Luke A. Massey, Clinical Research  
*London, United Kingdom*

Binith Cheeran, Basic Science Research  
*London, United Kingdom*

Previous recipients of the Junior Award include Christine Daniels (Clinical 2007), Myriam Khondiker (Basic Science 2007), Andre Troiano (Clinical 2006), Akiko Imamura (Basic Science 2006), Peter Novak (Clinical 2005), Nutan Sharma (Basic Science 2005), David Williams (Clinical 2004), Pedro Gonzalez-Alegre (Basic Science 2004), Sylvie Raoul (Clinical 2002) and Jan Raethjen (Basic Science 2002).

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## First Annual Video Olympics is Huge Success

New to this year's 12<sup>th</sup> International Congress in Chicago, IL, USA was the first ever Video Olympics which was held on Wednesday, June 25, 2008. The event was a tremendous success with over 900 attendees. As a result, we hope that the Video Olympics will move to become a regular component of the future International Congresses.

The evening started off with Masters of Ceremony Anthony Lang and the ever-dashing Kapil Sethi donned in tuxes, one at each end of the stage at a podium, introducing the Panel of Experts. Entering the stage to the song "Chariots of Fire", the Experts were as follows:

Joseph Jankovic, *Houston, TX, USA*  
 Philip Thompson, *Adelaide, Australia*  
 Werner Poewe, *Innsbruck, Austria*  
 Niall Quinn, *London, United Kingdom*  
 Eduardo Tolosa, *Barcelona, Spain*

After some comical banter and a summary of the evening was provided by the Masters of Ceremony, the Video Olympics officially started. One by one, representatives from each country who participated stood on the stage and presented their unusual Movement Disorder case. These cases were carefully selected from a large number of submissions by an international panel of reviewers. Presenters walked the audience through the background of their case and showed a short video clip. Then an Expert discussed the differential diagnosis and gave his own diagnosis. The presenters then revealed the final diagnosis that lead to some surprises but mostly an excellent discussion.

The Masters of Ceremony effectively moved through all 12 case presentations and kept the audience engaged up until the very last minute. As the Panel of Experts left the room to deliberate on the winners of the Video Olympics, a bonus case from Thailand was presented.



*Masters of Ceremony Anthony Lang and Kapil Sethi lead the audience through the 1st Annual Video Olympics.*

Upon careful consideration, the results were revealed. The 1st place gold medal was awarded to Chang Gung Memorial Hospital in Taiwan (presented by Szu-Chia Lai; a patient with Neuronal Intranuclear Inclusion Disease), the 2<sup>nd</sup> place silver medal was awarded to St. Vincent's University Hospital in Ireland (presented by John McHugh; a patient with Progressive Encephalomyelitis with Rigidity, Myoclonus and Hyperekplexia caused by a novel Glycine Receptor antibody) and the 3<sup>rd</sup> place bronze medal was awarded to Chulalongkorn University Hospital in Thailand (presented by Helen Ling; a patient with Cyclosporine-induced parkinsonism). Other institutions represented in the presentations were: Rush University (Chicago, USA), Kaohsiung Veterans General Hospital (Taiwan), Mater Hospital (Ireland), Columbia University (New York, USA), Institute of Neurology (United Kingdom), Erasmus University Rotterdam (Netherlands) and Mei University (Japan).

The *Movement Disorder Society* would like to thank all of the institutions and national Movement Disorder groups who submitted a Letter of Intent at the start of this process and would especially like to thank those who were selected to present their case during the Video Olympics. Many thanks to Victor Fung, Regina Katzenschlager, Andrew Lees, Anthony Lang, Kapil Sethi, John Nutt, Louis Tan and Philip Thompson for reviewing the Letters of Intent and submitted cases and for choosing the final cases for presentation. A special thanks goes to UCB, Inc. for their support of the Video Olympics.

We hope that you will consider participating in the 2<sup>nd</sup> Annual Video Olympics tentatively planned for June 10, 2009 in Paris during the 13<sup>th</sup> International Congress of Parkinson's Disease and Movement Disorders.

If you have any questions, please contact Sarah Smith at the International Secretariat at [ssmith@movementdisorders.org](mailto:ssmith@movementdisorders.org).

**For a list of important dates for the 2nd Annual Video Olympics, please see page 7.**



*Top row from left to right: Wey-Yil Lin, Eduardo Tolosa, Stanley Fabn, Niall Quinn, Werner Poewe, Joseph Jankovic, Philip Thompson, Susanne Annika Schneider, Brandon Barton. Middle row from left to right: David Bradley, Jie-Yuan Li, Helen Ling, Szu-Chai Lai, John McHugh, Roy Alcalay, Mark Edwards. Bottom row from left to right: Roongroj Bhidayasiri, Kapil Sethi, Anthony Lang.*

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## 2<sup>nd</sup> Annual Video Olympics Important Dates

**June 10, 2009 • Paris, France**

\*Dates are subject to change\*

**November 3, 2008** – Letter of Intent (LOI) submission process opens

**December 3, 2008** – Letters of Intent due

**January 15, 2009** – Notifications sent out from MDS indicating the cases that will be formally considered for review and possible presentation.

**March 2, 2009** – Slides and video due (from the chosen LOIs) for consideration for presenting during the Video Olympics

**April 2, 2009** – Final selection of the cases to be presented announced

**May 1, 2009** – Final edits to presentations due

**June 10, 2009** – Video Olympics at MDS 13<sup>th</sup> International Congress

*NOTE: Cases that are to be presented at the Video Olympics should not be presented as an abstract in the Poster Halls.*

Please visit the MDS Web site for more information and for updated deadlines.

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### Travel Grants

MDS Travel Grants are offered annually in partial support of International Congress delegates in financial need to facilitate their travel to and participation in the International Congress of Parkinson's Disease and Movement Disorders.

|                                  |                                      |
|----------------------------------|--------------------------------------|
| Annu Aggarwal, India             | Elli Kyratzi, Greece                 |
| Zeshan Ahmed, USA                | Helen Ling, Thailand                 |
| Imtiaz Ahmed, UK                 | Praween Lolekha, Thailand            |
| Roy Alcalay, USA                 | Ignacio Obeso, UK                    |
| Phalguni Alladi, India           | Jing Pan, China                      |
| Chrystaline Antoniadis, UK       | Santiago Perez-Lloret, Argentina     |
| Benedicte Ballanger, Canada      | David Peterson, USA                  |
| Cynthia Bedeschi, Brazil         | Ilse Pienaar, South Africa           |
| Daniela Besong-Agbo, Germany     | Kathleen Poston, USA                 |
| Tomas Bjorklund, Sweden          | Cauchy Pradhan, India                |
| Matteo Bologna, Italy            | Mona Ragothaman, India               |
| Norbert Bruggemann, Germany      | Antonio Rodrigues, Germany           |
| Meghan Campbell, USA             | Ola Sader-Mazbar, Israel             |
| Tamine Capato, Brazil            | Gurdal Sahin, Sweden                 |
| Robert Caslake, UK               | Susanne Schneider, UK                |
| Binith Cheeran, UK               | Lauren Schrock, USA                  |
| Ana Djarmati, Germany            | Saima Siddiqui, India                |
| Jon Doan, Canada                 | Yun Ju Song, Australia               |
| Andre Felicio, Brazil            | Vimal Stanislaus, Australia          |
| Erin Foster, USA                 | Yen Tai, UK                          |
| Xiang Gao, USA                   | Kanya Temkiatvises, Thailand         |
| Criscely Go, Philippines         | Bayasgalan Tserensodnom, Mongolia    |
| Justus Groen, The Netherlands    | Sandra Van Der Salm, The Netherlands |
| Petra Havrankova, Czech Republic | Xavier Vasques, France               |
| Anna Hotter, Austria             | Naomi Visanji, Canada                |
| Yue Huang, Australia             | Tereza Vogiatzi, Greece              |
| Natalie Ives, UK                 | Harrison Walker, USA                 |
| Tom Johnston, Canada             | Dakshitha Wickramasinghe, Sri Lanka  |
| Natlada Kanjanasut, Thailand     | Ravi Yadav, India                    |
| Siddharth Kaul, USA              |                                      |
| Renju Kuriakose, Canada          |                                      |

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- **Arrange** care across the full spectrum of the illness, structured in accordance with the results of cost effectiveness studies.
- **Encourage** partnership between neuroscientists and health workers to devise ways to improve access to needed care and treatment for all people with Parkinson's disease and **foster** practice guidelines to assist health care workers in the management of medication side-effects, especially among the elderly.
- **Support** a partnership between doctors and other health care workers with voluntary (non- governmental) organisations representing patient interests to promote better understanding of Parkinson's disease.
- **Reach** out to all ethnic and cultural groups of patients, and to overcome negative attitudes in society towards chronic neurological and psychiatric illness and provide practical assistance for countries with underdeveloped Parkinson's services.
- **Encourage** research into Parkinson's disease and the development of multidisciplinary teams to improve its management

### Reference

European Parkinson's Disease Association. Retrieved from <http://www.epda.eu.com/globalDeclaration/>

A lot has been happening in Europe over the summer, and in accordance with one of our major objectives we have extended our educational outreach to colleagues in Eastern Europe.

In April, Evzen Ruzicka and I had the pleasure to travel to Yerevan, Armenia, under the auspices of the MDS Visiting Professor Program organised by Dr. Zaruhi Tavadyan and Dr. Samson Khachatryan. Two intensive days of lectures on a wide range of topics were enthusiastically received by an audience of 180 local neurologists, and we were pleased to learn that the Visiting Professorship had been important for raising awareness (including national TV coverage of the workshop) of the field of movement disorders and would help to improve standards of patient care. The group in Yerevan is very keen to develop and promote the sub-specialty of Movement Disorders, and so we were pleased to be offered the opportunity to follow-up with our colleagues in the region next year by providing the program and faculty for the Movement Disorders day at the EFNS Regional Teaching Course in Yerevan in October 2009.

In May we were represented at the EFNS Academy for Young Neurologists at Stare Splyv, with Andreas Hartmann, Martin Bares and Dirk Dressler presenting lectures on Parkinson's disease, ataxias, and dystonia. Allergan kindly contributed towards the travel costs for our invited lecturers. June saw Patrick Cras and Thomas Bak travelling to Uzhgorod, Ukraine for this year's EFNS Regional Teaching Course, giving presentations on tics, motor and non-motor complications of Parkinson's disease, atypical Parkinsonism, and Movement Disorders and cognition. We have received excellent evaluations of these programs from EFNS, and I thank our invited lecturers for giving so generously of their time on behalf of the Society.

July was an exciting month with the first ever MDS-ES Movement Disorders Summer School for Young Neurologists (reported in more detail in this issue) and MDS-ES was able to provide bursaries to enable young neurologists from Eastern Europe to attend. We sent out a call for applications for support for educational activities organised by Eastern European colleagues, and will already be contributing to three local courses in Estonia, Romania and Croatia.

Organising our educational activities and the Movement Disorders program for the EFNS Annual Congress will be delegated to the new European Sub-Committee of the MDS Education Committee. Until June 2009, when new Committee members are appointed to the various MDS Committees, the current European members of the Education Committee – Joaquim Ferreira (Chair of the European Sub-Committee), Donald Grossett, Peter Moore, Anette Schrag, Fabrizio Stocchi, Claudia Trenkwalder, Jens Volkmann have been invited to serve as the European Sub-Committee. They will have plenty to do!

Finally, diary dates for MDS-ES Educational events for autumn 2008 include Dopamine Transporter Imaging workshops in Madrid on 31<sup>st</sup> October and Toulouse on 5<sup>th</sup> December, with Glasgow on 5<sup>th</sup> February 2009.



Wolfgang Oertel  
Chairman



## Visiting Professor Program Recap - Yerevan, Armenia

The Visiting Professor Program was conducted on April 24-25, 2008 in Moscow House in Yerevan, the Capital of Armenia. It was directed by the heads of organizations: Wolfgang Oertel, Chairman of the MDS-ES, and Parounak Zelveian, President of the Armenian Medical Association. Local organizing committee was headed by Zaruhi Tavadyan, Movement Disorders Group Leader, ALYN, and Samson Khachatryan, Chairman of ALYN. The Symposium was also supported by National Institute of Health of Armenia and Department of Neurology, Yerevan State Medical University.

The Symposium was attended by nearly 180 specialists from different fields of medicine – adult and child neurologists, psychiatrists, family physicians, interns, general practitioners, psychologists, neurology residents from Yerevan and other regions of Armenia.

This was the first ever meeting on Parkinson's disease and other Movement Disorders in Armenia. The seminar was impressive by extensive participation of local specialists and overall coverage of the main topics of the field. Being mainly focused on Parkinson's disease, lecturers also covered very important topics on Parkinson-plus syndromes, Restless legs syndrome, essential tremor, dystonias, Huntington's disease and other choreas, Tourette syndrome and tic disorders, drug-induced Movement Disorders, as well as sleep and Movement Disorders.

The program provided an excellent opportunity to educate specialists in Armenia and establish closer connections between Armenian physicians and researchers and international field of Movement Disorders, thus intensifying the relations between both scientific communities.



From left to right: Samson Khachatryan, Chairman of Armenian League of Young Neurologists (ALYN); Zaruhi Tavadyan, Leader of Movement Disorder Group in ALYN; Prof. Wolfgang Oertel, Chairman of MDS-ES (Speaker); Prof. Evzen Ruzicka, Czech Republic (Speaker); Prof. Oleg Levin, Moscow (Speaker).



## MDS-ES Summer School a resounding Success!

The inaugural MDS-ES Summer School for Young Neurologists was held on July 11-13, 2008 in Marburg, Germany. Course Directors Wolfgang Oertel and Niall Quinn led ten additional faculty and 47 students from 21 countries through an interactive three-day course.

The Summer School began with a half-day of "Ten Minute Topics," presented by expert faculty from throughout Europe. Students were presented with a basic overview of the epidemiology and phenomenology of a wide range of Movement Disorder cases.

"The lectures were presented by eminent Movement Disorders specialists in a passionate and intelligible way, and provided the principles upon which to evaluate the phenomenology of Movement Disorders," recounted Brunilda Zlami of Tirana, Albania.

On the second day, students were divided into small groups and rotated among twelve rooms, with the opportunity to examine a total of 20 Movement Disorder patients under the supervision of one of the twelve faculty members. Students were given the opportunity to ask questions of each patient's case history and perform clinical examination tests to determine the diagnosis, which was unknown to them.

In the afternoon of the second day, 35 students presented their own videos of Movement Disorder patients to their peers and faculty,

from which the faculty selected eight videos to go forwards for presentation the following day. Saturday concluded with a Video Dinner, in which Niall Quinn, Angelo Antonini, Evzen Ruzicka and Bastiaan Bloem shared their most unusual cases with the students, describing the importance of certain characteristics and clues in diagnosing Movement Disorder patients.

"The combination between the lectures and the practical sessions made this school unique," commented Danjela Ndoja of Tirana, Albania.

Day three began with an overview of treatment strategies. Students then voted on the most instructional videos from day two, with the four presenters receiving complimentary registration to the MDS 13<sup>th</sup> International Congress in Paris. These students were Irene Martinez-Torres of London, United Kingdom, Katrin Sikk of Tallinn, Estonia, Anas Jouhar of Damascus, Syria and Carola Seifried of Frankfurt, Germany.


"At the close of the Marburg Summer School, students were asked to suggest improvements for future years. In testimony to the enthusiasm generated there and despite an ambitiously packed program, there was only one unanimous suggestion: 'We would have liked it to have been longer,'" commented Mary Docherty of York, United Kingdom.

"Hopefully this is to be an annual event, with the second Summer School, in 2009, also taking place in Marburg, and thereafter rotating through other European centers.

Prof Oertel's team in Marburg is to be congratulated on their thorough and excellent planning and organization, and the patients for their generous participation, and also for their very positive appreciation of the value of the exercise both for the students and also for the patients themselves," recounted Co-Director Niall Quinn of London, United Kingdom.

Alumni of the first MDS-ES Summer School can look forward to a reunion at the MDS 13<sup>th</sup> International Congress in Paris.

MDS-ES would like to thank the following sponsors for their generous support: Boehringer Ingelheim, Novartis, Roche, Solvay, Teva and UCB.



**The Movement Disorder Society**  
**VISITING PROFESSOR PROGRAM**

The aim of MDS Visiting Professorships is to educate physicians and healthcare professionals in underrepresented regions of the world about Movement Disorders. Since its first offering in 2003, the Society's Education Committee has developed Visiting Professor Programs in South Africa, Romania, India, Tunisia, China, Chile and Armenia.

The MDS Visiting Professors have implemented programs at local institutions utilizing:

- Didactic lectures
- Clinical case presentations
- Interactive seminars
- Practical workshops

If you are aware of, or currently located in, a region that could benefit from this program, please contact the MDS International Secretariat in order to submit an application.

Please visit [www.movementdisorders.org](http://www.movementdisorders.org) or e-mail [bnelezen@movementdisorders.org](mailto:bnelezen@movementdisorders.org) for more information.



*Faculty and student participants of the MDS-ES Summer School in Marburg.*



The Asian & Oceanian Section of The Movement Disorder Society has been very active in the educational spheres over the last several months. A very successful meeting was run in Varanasi India which was run by Dr. Deepilela Joshi and attracted 68 delegates. A more recent meeting took place in Nanchang in China in early June, organised by Dr. Shengdi Chen, attracting approximately 100 delegates.

A very large International Meeting was also conducted by Prof. Yoshikuni Mizuno in Tokyo on Parkinson's Disease and Restless Leg Syndrome which attracted nearly 500 delegates.

Following an AOS Education Committee Meeting in Chicago it was decided that the AOS Education Committee would be expanded by an extra 4 members to try and increase the depth and expertise of the Committee to ensure that we cover as many countries to try and attract proposals for educational courses. It is extremely important for members of the AOS to look at their particular circumstance and to make applications through the AOS for educational courses if they feel that this would be an appropriate adjunct to their educational needs. The application form is available on the MDS Web site under the AOS section ([www.movementdisorders.org/sections/aos](http://www.movementdisorders.org/sections/aos)) and the guidelines for applications are also available on line. It is recommended that the applicant does liaise with an AOS Officer or Executive Committee member of the AOS in order to facilitate the application and ensure that it complies with the requirements of the MDS.

Plans are still underway for the 2<sup>nd</sup> AOPMC Meeting to be held in New Delhi in India. This meeting is being co-ordinated by Prof. Madhuri Behari and the program is in the process of completion and will be available on the Web site for members to review.

This meeting will be run in conjunction with the Asian & Pacific Parkinson's Association symposium which caters to patients and care givers of people with Parkinson's, as well as Allied Health staff.



Nanchang, China Course

We do hope that as many members as possible from the AOS are able to attend this meeting as it will provide a great opportunity for members to network together and to obtain an update on Movement Disorders in the region.



Varanasi, India Course

The faculty will consist of international speakers, as well as a large consortium of local speakers from within the AOS. Our last meeting in Singapore was extremely successful, enjoyable and provided a large amount of educational stimulus. The New Delhi meeting, I am sure, will be equal to the Singapore meeting in this regard and we urge all members to attend if possible.

We still require members to provide us with their educational requirements and I ask once again if you could look up the educational survey on the AOS Web site and if you have not already submitted your survey please do so as it is important for us to obtain as many responses as possible. The AOS has approximately 500 members and at the moment our tally is 124 responses so we do require as many people as possible to contribute to this very important task.

We are in the process of developing an AOS newsletter which we are planning to publish regularly on the AOS Web site and we have Tim Anderson from New Zealand and Win Lok Au from Singapore who have agreed to act as sub-editors and liaise with the MDS Web Site Committee to enable this important update for AOS membership to take place.

We are also in the process of trying to develop an educational exchange database for as many sites as possible within the AOS. The purpose of this proposal is that the information which will be placed on the AOS Web site will provide a basis for people seeking educational experience, educational exchange programs or an ability to examine service provision in different countries and could then obtain the information and make application to the prospective site which the applicant feels is most appropriate to their particular needs.

Finally, I wish to again ask members to examine the AOS Web site for details of the next AOPMC meeting in New Delhi.

Robert Ianssek, PhD, FRACP  
Chairman, MDS-AO



## New MDS Web Site Features!

—Hubert H. Fernandez, MD, Gainesville, Florida and Marcelo Merello MD, PhD, Buenos Aires, Argentina, MDS Co-Web Site Medical Editors

We are both honored to have been chosen as the drivers and engineers of the powerful medium of the internet. We are committed to providing our membership with a Web site that is universal and international, user-friendly, timely, and contains features useful for all sectors of our growing Society. We believe that our Web site should be the central hub of all the activities of the Society's various Committees, Task Forces, and Sections. Our Web site should lead the educational mission of our Society, and the Web site must play a central and leadership role to achieve this goal.

Many new features have now been included, and many more enhancements will be coming soon. We made format changes such as making the headings more intuitive, and we added drop down menus to allow faster navigation the Web site. In each monthly edition, the Editor's Choice Article offers free access and highlights one full article recently published in Movement Disorders, along with a written and pod cast review by an leading expert in the field. A link to Pub Med was added to the home page so that visitors can easily search the medical literature. Through the Case of the Month, our video library is growing steadily with fascinating cases that you can explore. You will also discover in this month's edition the fascinating curbside consultation feature. Curbside Consult allows members to submit their most interesting and challenging clinical cases to a forum. Suggestions and opinions about the case from all members are welcome!

In the near future, a video collection of the most classic Movement Disorders will be a permanent fixture in our Web site for students



and aspiring neurologists. An updated membership directory will also be incorporated, with PDA/iPhone/mobile versions.

Please visit our new web site at [www.movementdisorders.org](http://www.movementdisorders.org). We welcome your comments, suggestions and proposals!

## MDS Presents New Online Feature: Case of the Month

### Test your clinical skills!

A 60 year old man presented difficulty holding a pen and abnormal movement of his right hand...

Case of the Month (COM) is the new MDS online feature that presents unique and challenging Movement Disorders cases. Members are invited to answer questions after reviewing the video and case history, and are provided with the expert's analysis.

Visit the MDS Web site each month to review interesting cases.

### Submit your own video:

MDS is currently accepting submissions for Case of the Month!

Case of the Month provides an opportunity for members to share interesting cases for educational purposes, in a forum dedicated to Movement Disorders experts. For information about submission requirements, including video format and patient consent forms, please visit the MDS Web site at [www.movementdisorders.org](http://www.movementdisorders.org).

MDS would like to offer special thanks to Case of the Month Editor Dr. Susan Fox for her efforts in launching this valuable MDS member benefit.





Continued from Cover

medication-refractory gait dysfunction and postural instability who successfully received bilateral implantation of DBS electrodes in the STN and PPN.<sup>7</sup> PPN stimulation improved UPDRS motor scores by 32% after 6 months and was particularly effective on gait and postural items. Moreover, a synergistic effect was noted by the authors when PPN stimulation was combined with STN stimulation, with PPN improving gait and posture, and STN DBS addressing the other motor symptoms.

As promising as these reports are, they are preliminary. One should not be carried away and forget the principles of clinical trials and the ethics of proper experimentation.

We have had painful lessons of “therapies that made sense” such as external carotid-internal carotid bypass surgery for stroke, antioxidants for neurodegenerative disorders, etc., that invariably showed negative outcomes when formally studied. We have had

studies where “statistically significant” or even robust preliminary results disappeared when a larger sample size or more stringent double-blind methodology was employed. Our first double-masked fetal cell transplant study in PD reinforced how patients continue to experience significant placebo effects up to one year post-surgery. Surgical therapies should not be exempt from double-

blind, thorough testing and systematic reporting of adverse events. We have had drugs such as clozapine, stripped of its first line indication despite its superior efficacy over medications in its class, because of its 0.3% chance of causing potentially life-threatening agranulocytosis.

*“...it is not wise to simultaneously implant STN/GPI and PPN DBS in PD, regardless of the patient’s desperation or insistence. Not in the clinical setting, and not simultaneously.”*

While the true percentage of serious adverse events in DBS such as strokes, bleeds and infection remains unclear due to non-standardized reporting, it is probably higher than 0.3%, and it probably increases with each lead implanted.

Given our limited current cumulative knowledge in this area, it is not wise to simultaneously implant STN/GPI and PPN DBS in PD, regardless of the patient’s desperation or insistence. Not in the clinical setting, and not simultaneously. Multiple lead implantation adds an unclear risk to patients and should only be performed by Surgical Centers who have successfully implanted each of these targets in isolation, and with satisfactory results; only in a strict research setting, approved by the Institutional Review Board; and enroll only patients meeting special requirements where symptoms, from the clinician’s best judgment, are unlikely to be relieved (or already failed by) by standard surgical therapy (i.e. STN or GPi DBS). Acute and longer term side effects should be vigilantly monitored and recorded regardless of the investigator’s perception of its relationship to the procedure. The IRB should be notified of any and all serious adverse events. And results should be promptly reported to the scientific community, regardless of the outcome, or its perceived impact to a Center’s reputation.

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Continued from Cover

the worsening being attributed to the natural progression of the disease.<sup>1,4</sup> Moreover, an important subpopulation of PD patients does not fulfil inclusion criteria for STN DBS due to levodopa refractory gait dysfunction and postural instability. Recently the PPN emerged as a new, promising low frequency stimulation target for treating patients severely disabled due to gait and posture problems, which are refractory to both medication and DBS of STN or GPi.<sup>9,10</sup> Nevertheless, the data on PPN DBS are scarce and important aspects such as the target localization and the effect of stimulation on bradykinesia and rigidity are currently under debate.

Overall, it is important to emphasize that DBS is a symptomatic therapy. Consequently, for each target there are symptoms that benefit from DBS and symptoms that are refractory to DBS. Moreover, the adverse events profile is likely to be target associated. Thus, the use of multiple DBS targets might represent an alternative option for selected patients, whose symptoms are not adequately treated by DBS applied to one single target. A rationale for both simultaneous and sequential approaches can be inferred, depending on the particular case, as highlighted in the following examples:

- For patients with tremor-predominant PD without fluctuations and dyskinesias, Vim DBS could be the therapy of choice, due to the likelihood of a benign course of the disease, the lenient surgical procedure, and the lower incidence of adverse events compared to STN DBS. In the long term Vim DBS might thus prove to be sufficient, although in a subgroup of patients, disease progression and appearance of additional motor symptoms might advocate the need of subsequent STN DBS.
- Patients with fluctuations, dyskinesias and robust levodopa response are ideal candidates for STN DBS. In the long term, a subgroup of these patients might develop disabling gait disorder, which fails to respond to STN DBS, thus necessitating subsequent PPN DBS.

*"...the use of multiple DBS targets might represent an alternative option for selected patients, whose symptoms are not adequately treated by DBS applied to one single target"*

- The simultaneous implantation of STN and PPN DBS electrodes might represent a promising therapeutic alternative for patients with advanced PD and good levodopa response of motor symptoms, except disabling levodopa-nonresponsive gait dysfunction.

Although the use of multiple target DBS could represent an attractive therapeutic opportunity, careful clinical evaluation and weighing of expected benefits against possible risks is mandatory in order to counterbalance the increased surgical risk associated with multiple electrode implantation.

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## RLS and PD Course will provide 6.0 CME credits on MDS website

Restless Legs Syndrome and Parkinson's Disease in the Office Setting: Case Studies was held on May 17, 2008 at the Grand Hyatt Buckhead in Atlanta, GA, USA. This one-day course provided exceptional information on RLS and PD and was recorded as webcast and podcast for the MDS Web site ([www.movementdisorders.org](http://www.movementdisorders.org)). Please check the website for the webcast, which will offer up to 6.00 Category 1 AMA PRA credits™, and thank you to all who attended the conference!

Course Director, Kapil Sethi



The *Movement* Disorder Society

## Treatment of Parkinson's Disease: An Update



Saturday, November 29, 2008  
Rio de Janeiro, Brazil

### Course Director

Francisco Eduardo C. Cardoso, MD, PhD  
Belo Horizonte, Minas Gerais, Brazil

### Faculty

Joaquim Jose C. Ferreira, MD- Torres Vedras, Portugal  
Oscar S. Gershanik, MD - Buenos Aires, Argentina  
Anthony E. Lang, MD, FRCPC - Toronto, ON, Canada  
Andrew J. Lees, MD, FRCP - London, United Kingdom

## Register Today!

For more information, contact Bridgit Nelezen, MDS Program Manager at [bnelezen@movementdisorders.org](mailto:bnelezen@movementdisorders.org) or calling +1 414 276 2145.

[http://movementdisorders.org/education/treatment\\_pd/](http://movementdisorders.org/education/treatment_pd/)

## Dopamine Transporter Imaging Workshop, Toulouse, France – December 5, 2008

—Prof Olivier Rascol, MD, PhD, Course Director, DTI Toulouse

The objective of this workshop is to improve the knowledge of neurologists and nuclear medicine specialists in the diagnosis of Parkinson's disease (PD) using neuro-imaging techniques. A panel of eminent European specialists of Parkinson's disease (Prof. Werner Poewe, Innsbruck, Austria; Prof. Wolfgang Oertel, Marburg, Germany; Prof. Eduardo Tolosa, Barcelona, Spain; Prof. Olivier Rascol, Toulouse; France; Dr. Christine Brefel-Courbon, Toulouse France; Dr. Jeremie Pariente, Toulouse, France) and of functional neuro-imaging (Prof. Philippe Remy, Paris, France; Dr. Pierre Payoux, Toulouse, France) will give lectures on these topics, and will



participate into interactive practical and video-cases discussions with the audience.

The workshop will be held in the Toulouse University- Hospital. Toulouse is a beautiful city of South of France, famous for its XV-XVIII century historical centre, its red brick churches and river Garonne banks, its large University (> 100,000 students) and its factories where Airbus planes are built.

Neurologists and Nuclear Medicine doctors from all over Europe with interest in Parkinson's disease are invited to attend the course. The number of participants will be limited to 40.



## The Fourth International Neuroacanthocytosis Symposium: “Bridging clinical and basic aspects”,

**Institute of Neurology London and University of Oxford, July 1-2, 2008**

—Adrian Danek, MD, Neurologische Klinik und Poliklinik, Ludwig-Maximilians-Universität München, Germany

—Ruth H. Walker, MB, ChB, PhD, Department of Neurology, James J. Peters Veterans Affairs Medical Center, Bronx, NY, and Mount Sinai School of Medicine, New York, NY, USA

The Fourth International Neuroacanthocytosis Symposium was based in the historic locale of Worcester College, Oxford, organized by Antonio Velayos-Baeza, PhD. The guest of honour was Prof. Edmund Critchley, who originally described what was initially known as “Levine-Critchley syndrome”. His first patient with this syndrome was observed in 1968 during his visit to Kentucky, as described in his biography “A Neurologist’s Tale” (2001). The purpose of this visit, as he nicely describes, was to obtain his BTA qualification (“been to America”), felt to be essential for advancement in British neurology at that time. The patient he described conforms to the typical picture of autosomal recessive chorea-acanthocytosis (ChAc) as now defined by mutations of the *VPS13A* gene. On return to the UK he recognized the identical picture in a woman from Lancashire, helping to establish the diagnosis in the literature.

Participants at the meeting included a core group of researchers who had been present at one or several of the previous symposia, in addition to new attendees from the fields of cell biology and genetics, and outside guest commentators. The focus of the meeting was to address the connections between, and the pathogenesis of, the neuroacanthocytosis (NA) syndromes. These monogenic disorders are characterised by appearance of thorny red blood cells and degeneration of the basal ganglia, and include chorea-acanthocytosis (ChAc), McLeod syndrome (MLS), Huntington’s disease-like 2 (HDL2) and neurodegeneration with brain iron accumulation (NBIA).

The first day of the meeting, organised by Susanne Schneider, MD, took place on July 1, 2008 at the Gilliat Lecture Theatre of The Institute of Neurology, Queen Square, London, chaired by Prof. Kailash Bhatia and Dr. Richard Hardie. The focus was on reviews of the clinical features of MLS, ChAc, HDL2, NBIA with *PANK2* or *PLA2G6* mutations, and a disorder now known to be due to mutation of the glucose transporter gene *GLUT-1*, previously described as familial acanthocytosis with paroxysmal exercise-induced dystonia. Dr. Patricia Limousin led a round table on the application of deep brain stimulation.

The second day of the meeting, addressing basic science aspects of the NA syndromes, took place in the Department of Pharmacology, Oxford, chaired by Prof. Anthony P. Monaco, Head of the Neurogenetics Laboratory at the Wellcome Trust Centre for Human Genetics, University of Oxford. Potential roles for *VPS13A* were examined in the model organisms yeast and tetrahymena, and include a potential function in phagocytosis, which has recently been proposed to be involved in the pathogenesis of a number of neurodegenerative conditions. Processes involved in red cell membrane shape and physiology were reviewed, with an emphasis on the limited understanding of the proteins which are prominently involved in the cell shape changes of the NA syndromes, including those which make it remarkably deformable under normal circumstances.

CONTINUED ON PAGE 16



Picture taken at Queen Square, London (heads from left to right): Eric Moses; Susanne Schneider; Benedikt Bader; patient relative; Lars Timmermann; Jean Delaunay; patient relative; Narla Mohandas; Matthias Horstink; patient relative; Lucia de Franceschi; patient; Giel Bosman; Rainer Prohaska; Adrian Danek; Ginger Irvine; Alexander Storch; Hans H. Jung; Edmund Critchley; Akira Sano; Larry Klobutcher (hidden); Ruth Walker (hidden); Sonia Gupta; Masayuki Nakamura; Mark Walterfang; Kailash Bhatia; local researcher; Richard Hardie; Tony Hannan; Linda Taib; Antonio Velayos-Baeza; local researcher; Clotilde Leveque; Jaqueline McIntosh; Niall Quinn; Laura Cif; Ludvic Zrinzo; Marwan Hariz; Pierre Burbaud; Tom Foltynie; Irene Martinez-Torres; Bernhard Landwehrmeyer; Martin Rakusa; Ali Alsanousi; Sonia Gandhi; Andreja Avbersek; Penny Hogarth; Glenn Irvine; Susan Hayflick; Bob Fuller. Participants not on the image: John Hardy; Tony Monaco; Christian Vollmar.

Continued from page 15

In order to facilitate international collaboration and to share clinical data and tissue, a patient registry has now been established, open to all healthcare providers, within the European Huntington's Disease Network: [www.euro-hd.net/html/na/submodule](http://www.euro-hd.net/html/na/submodule).

The symposium was endorsed by The Movement Disorder Society and was supported by The Institute of Neurology, London; The Brain Research Trust, London; The National Hospital for Neurology and Neurosurgery, London; The Wellcome Trust Centre for Human Genetics, Oxford; Glaxo Smith Kline; and Livability (John Grooms/ The Shaftesbury Society).

The members of the Organizing and Program Committees were: Benedikt Bader, Germany; Kailash Bhatia, UK; Adrian Danek, Germany; Sonia Gandhi, UK; Glenn Irvine, UK; Hans H. Jung, Switzerland; Clotilde Leveque, UK; Anthony P. Monaco, UK; Susanne Schneider, UK; Antonio Velayos-Baeza, UK, and Ruth H. Walker, USA. As with the past symposia since 2002, the support and participation of the Irvine family and The Advocacy for Neuroacanthocytosis Patients ([www.naadvocacy.org](http://www.naadvocacy.org)) was invaluable.

The proceedings of the previous meetings have been reported in books (Neuroacanthocytosis Syndromes I and II; Springer, 2004 and 2008) and several reviews had resulted from the Third Symposium

at the International Congress in Kyoto (Mov.Disord. 2006, 21:1794; Neurology 2007, 68:92; see also [www.geneclinics.org](http://www.geneclinics.org)), additional reviews for health care professionals are in preparation. Patients and families may find support through the Advocacy for Neuroacanthocytosis Patients, a Yahoo group and a Facebook awareness group initiated by Joanne Tansley. The Advocacy for Neuroacanthocytosis Patients ([www.naadvocacy.org](http://www.naadvocacy.org)) began its work in 2001 and has grown to be a network of patients, their families and friends together with about 300 clinicians and researchers around the world who are concerned with neuroacanthocytosis. The Advocacy carries the cost of the free protein expression test that as long as genetic testing for *VPS13A* mutations on economical grounds remains unfeasible gives excellent support to a clinical suspicion of ChAc. For the Western blot that in ChAc patients typically shows absence of expression of the *VPS13A* gene product, chorein, on circulating red cell membranes see [www.nefo.med.uni-muenchen.de/~adanek/Chorein\\_Blot.pdf](http://www.nefo.med.uni-muenchen.de/~adanek/Chorein_Blot.pdf). The Advocacy also encourages an organ donation program so that in the NA syndromes clues about disease mechanisms can be discovered in deceased patients' brains. The work of the Advocacy in addition to its Web site with information in various languages, including Japanese, includes a regular newsletter, financial support for basic and clinical research and contact between patients' families.

A complete listing of abstracts from The Fourth International Neuroacanthocytosis Symposium can now be found on The *Movement Disorder Society's* Web site at: <http://www.movementdisorders.org/events/neurosymposium2008/>

PROFESSIONAL NOTICES

Announcements

**Progressive Supranuclear Palsy Study**

The University of Louisville Movement Disorder Program is seeking patients with progressive supranuclear palsy for a multi-center study to identify environmental and genetic risk factors associated with the disease. Subjects will be provided with a physical and neuropsychological examination, will be asked to provide a blood sample for DNA testing and will take part in a detailed phone interview. This study is sponsored by the National Institutes of Health (NIH). Subjects can be seen at eight medical centers throughout the United States. For more information please call 1-866- PSP- 0448 (1-866-777-0448).

**The Progressive Supranuclear Palsy (PSP Europe) Association - Research Fellowship Grant Announcement**

The PSP Association announces that funding for research fellowships is available. Applicants should apply in the first instance to the Sara Koe PSP Research Centre, 1 Wakefield Street, London WC1N 1PJ or by email to [s.stoneham@ion.ucl.ac.uk](mailto:s.stoneham@ion.ucl.ac.uk), submitting a brief proposal giving an outline of their research project with an

estimate of costs to cover salary and some laboratory consumables. Following peer review successful applicants will be asked to complete a full grant application. Preference will be given to 3 year research fellows.

**Join the International RLS Study Group**

We are inviting individuals with a special interest in Movement Disorders to join the International Restless Legs Syndrome Study Group (IRLSSG).

The IRLSSG is responsible for:

- Developing the criteria for the essential clinical features of Restless Legs Syndrome (RLS).
- Developing and validating a severity rating scale for RLS.
- Defining the clinical criteria for measuring Periodic Limb Movements in Sleep.

IRLSSG members are currently carrying out joint linkage studies in an attempt to find the gene(s) responsible for RLS symptoms. The IRLSSG has advised pharmaceutical companies on the experimental design of therapeutic trials, and IRLSSG members have participated in several large industry-sponsored RLS treatment trials.

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There are two types of membership:

#### 1. VOTING MEMBERS

- a. Individuals with a doctoral degree or equivalent who are currently working in areas related to RLS research or clinical practice.
- b. Students or para-professionals (including study coordinators and technicians) who provide evidence of significant contributions to the field within the past five years (such as working with an RLS support group) or one or more publications in the field.

#### 2. NON-VOTING MEMBERS

Students or para-professionals who have not published or made significant contributions to the field may apply for non-voting membership.

Excluded from membership are individuals working full time for for-profit organizations with potential conflicts of interest, such as pharmaceutical companies.

Membership is free. To apply, please submit a letter of intent and attached curriculum vitae to Dr. Marco Zucconi at [zucconi.marco@hsr.it](mailto:zucconi.marco@hsr.it).

### Job Postings

#### Neurologist – Movement Disorder

Park Nicollet Clinic, located in suburban Minneapolis, MN, is seeking a BC/BE Neurologist with subspecialty expertise in Movement Disorder to join a well established and expanding Neurology department and it's excellent nursing staff. This is an exciting fulltime opportunity for an individual to provide services half time in the Neurology department at Park Nicollet and half time for Struthers Parkinson's Center, the largest center of its kind in the Midwest and designated Center of Excellence by the National Parkinson Foundation. Research and teaching opportunities are available.

Park Nicollet Health Services is an integrated care system that includes Park Nicollet Methodist Hospital and Park Nicollet Clinic. Named one of the nation's "100 Top Hospitals", Methodist Hospital is recognized as an area leader in many specialties. Park Nicollet Clinic is one of the largest multispecialty clinics in the United States, providing care in 45 medical specialties and subspecialties. Excellent benefit package is offered.

Minneapolis has extensive recreational and cultural activities, including orchestra, theater, professional sports, the Mall of America and a large international airport.

Send CV to Stasi Johnson, Clinician Recruitment, Park Nicollet Health Services, 3800 Park Nicollet Boulevard, Minneapolis, MN 55416; fax (952) 993-0212; email [johnssm@parknicollet.com](mailto:johnssm@parknicollet.com). For more information call (952) 993-2703 or toll free (866) 807-8945. EOE/AA. [www.parknicollet.com](http://www.parknicollet.com)

#### University of Texas, Southwestern Medical Center Fellowships

The University of Texas, Southwestern Medical center, Clinical Section of Movement Disorders in Dallas, Texas is offering a one year fellowship for qualified applicants beginning July 1, 2009.

The one year movement disorders fellowship is offered under the supervision of three fellowship-trained movement disorders neurologists. It consists of clinical patient care in movement disorders, introduction to basic and clinical research in Parkinson's disease and hands-on mentorship by experienced faculty during clinical care of patients.

A movement disorders video conference will be offered periodically which will expose the fellows to numerous examples of movement disorders including uncommon ones not frequently seen in clinic.

At the end of the training, the fellow will be proficient in clinical care of patients with various movement disorders including use of botulinum toxins for various dystonias and deep brain stimulation (DBS) patient selection and postoperative care including programming for essential tremor, Parkinson's disease and dystonia.

An application form is available on the fellowship website.

Candidates should send the application form, CV, personal statement and three letters of recommendation to:

Shilpa Chitnis MD, Ph.D

5323 Harry Hines Blvd, J3.134 E, Dallas, Texas 75390-9036

[shilpa.chitnis@utsouthwestern.edu](mailto:shilpa.chitnis@utsouthwestern.edu)

#### Movement Disorders Position – University of Alberta

The Division of Neurology at the University of Alberta has an opening for an additional neurologist specializing in Movement Disorders to join an established academic Movement Disorders Program. The successful candidate will be involved in the clinical management of Movement Disorder patients in outpatient settings, and will participate in the development and execution of clinical research studies, including multicenter clinical trials. Fellowship training in Movement Disorders is required. An established track record in relevant research, and an interest and training/experience in neurological aspects of deep brain stimulation would be assets. Rank and salary will be consistent with qualifications and

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### Advertisement Placement Information

Advertising in Moving Along is free to non-profit organizations! For more information, contact: Elizabeth Laur, Membership Manager The Movement Disorder Society  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202-3823 USA  
Tel: +1 414-276-2145 – Fax: +1 414-276-3349  
E-mail: [elaur@movementdisorders.org](mailto:elaur@movementdisorders.org)  
Please note all ads appear in paragraph format.  
When forwarding your ad, please indicate any bolding or capitalization.



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experience. The appropriate candidate must be eligible for medical licensure as a neurologist in the province of Alberta. Interested individuals should send a curriculum vitae, statement of career interests and objectives, and three letters of recommendation to: Wayne Martin, MD, Director, Movement Disorders Program, Glenrose Rehabilitation Hospital, 10230-111 Ave., Edmonton, Alberta, Canada T5G 0B7; FAX: 780-735-8804; E-mail: wayne.martin@ualberta.ca.

#### **Movement Disorder Faculty Positions Available**

The Parkinson's Disease Center and Movement Disorder Clinic (PDCMDC), Department of Neurology, Baylor College of Medicine, Houston, Texas, is seeking a full time, board-certified or board-eligible neurologist at assistant or associate professor level. Completion of a movement disorder fellowship is required. The successful candidate will be joining other movement disorders faculty and fellows involved in patient care, education, and clinical as well as translational research in Parkinson disease, tremors, dystonia, Huntington disease, Tourette syndrome, drug-induced movement disorders, restless legs syndrome, and other movement disorders. The PDCMDC has an active therapeutic program, including botulinum toxin, deep brain stimulation, and experimental therapeutics. Baylor College of Medicine is an equal opportunity/affirmative action employer. Interested individuals should send their CV and contact Joseph Jankovic, MD, director of the PDCMDC at +1-713-798-6556 or by e-mail at josephj@bcm.edu.

#### **Movement Disorder Fellowships Available**

The Parkinson's Disease Center and Movement Disorder Clinic (PDCMDC), Department of Neurology, Baylor College of Medicine, Houston, Texas, has fellowship positions available. The PDCMDC, established in 1977, is primarily dedicated to patient care and research in movement disorders, including Parkinson disease and related neurodegenerative disorders, hyperkinetic movement disorders, such as tremors, dystonia, Tourette syndrome, Huntington disease, drug-induced movement disorders, restless legs syndrome, and other movement disorders. The focus of research at the PDCMDC has been on clinical, epidemiological, and genetic studies designed to elucidate the pathogenic mechanisms of the various movement disorders. In addition, experimental therapeutics and surgical treatment of movement disorders have been among the important areas of investigation. Selected fellows are invited to the Annual Course: A Comprehensive Review of Movement Disorders for the Clinical Practitioner, held each year the first week of August in Aspen, Colorado (<http://ColumbiaCME.org>). We offer a 2-year fellowship, which can be designed to accommodate the specific needs or interests of the fellow. Baylor College of Medicine is an equal opportunity/affirmative action employer. Interested candidates should send their CV and contact Joseph Jankovic, MD, the director of the program by e-mail at josephj@bcm.edu. Further information about the PDCMDC and the Fellowship Training Program are available at [www.jankovic.org](http://www.jankovic.org).

#### **Austin, Texas, NSC Fellowship Trained Movement Disorders Neurologist Needed**

Neurology Solutions Consultants, P.A., a private practice movement disorders clinic in Austin, Texas is seeking a full time, board-certified or board-eligible neurologist. Completion of a movement disorders fellowship is required.

The successful and motivated candidate will join a growing interventional program consisting of another fellowship trained neurologist, a certified nurse practitioner and an experienced physical therapist. We have an established DBS program integrating both the neurosurgeon and neurologist in the OR. Experience in movement disorders research, botulinum toxin and intrathecal pump therapies will be preferred.

For information about NSC, visit [www.neurologysolutions.com](http://www.neurologysolutions.com).

Interested individuals should send or e-mail ([rizzor@yahoo.com](mailto:rizzor@yahoo.com)) personal statements and CVs to Rob Izor, MD, director of NSC.

#### **Movement Disorders Fellowship at Wake Forest University**

Wake Forest University School of Medicine is offering a 1-2 year fellowship in movement disorders starting on July 1, 2009. Fellows will be trained under the supervision of Dr Allison Brashear, Professor and Chair of Neurology; Dr Francis Walker MD, Professor of Neurology and Director of the Victor T. Rogers Huntington's Disease clinic, and Dr Mustafa Saad Siddiqui, Assistant Professor and Director of Movement Disorders program, Co-Director Deep Brain Stimulation (DBS) program.

Training combines experience in;

- 1) EMG/ultrasound guided botulinum toxin therapy with Dr Brashear and Dr Walker.
- 2) Management of movement disorders in subspecialty clinics of Dr Siddiqui (Parkinson's disease and DBS), Dr Brashear (Dystonia & Spasticity) and Dr Walker (Huntington's disease and Chorea)
- 3) Intra-operative physiological brain mapping and microelectrode recording techniques for DBS surgeries with Dr Siddiqui
- 4) Clinical research trials in dystonia, Parkinson's disease and Huntington's disease in collaboration with the Dystonia, Parkinson's and Huntington study groups.

Duration of fellowship is one year and second year is optional. Opportunities in basic science research are also available. Wake Forest University has the oldest Movement Disorders program in the Carolinas. The DBS program under Dr Mustafa Siddiqui, Dr Thomas Ellis and Dr Stephen Tatter is among the nation's busiest, and offers close collaboration between neurology and neurosurgery.

Applications are being accepted via e-mail: please send CV and inquiries to Dr. Mustafa Saad Siddiqui, fellowship director, [mssiddiq@wfubmc.edu](mailto:mssiddiq@wfubmc.edu). Applicants must have completed a residency in neurology in USA. Interested candidates are requested to submit their curriculum vitae and a personal statement explaining their interest and career goals in movement disorders.

Minorities and women are encouraged to apply.

\* Meetings Sponsored, Supported and/or Endorsed by MDS

**2008****October 23-26, 2008**

*The Second World Congress on Controversies in Neurology (CONy)*. Athens, Greece. Contact: Comtec Med – Medical Congresses, P.O. Box 68, Tel Aviv, 61000 Israel; TEL: +972-3-5666166; Fax: +972-3-566177; E-mail: cony@comtecmed.com; Web site: www.comtecmed.com/cony

**October 29-November 1, 2008**

*The 19<sup>th</sup> International Symposium on the Autonomic Nervous System*. Kauai, Hawaii. Contact: Anita Zeller, AAS Executive Secretary, American Autonomic Society, 18915 Inca Avenue, Lakeville, MN 55044; TEL: +1-952-469-5837; FAX: +1-952-469-8424, E-mail: zeller.anita@mayo.edu; Web site: www.americanautonomicsociety.org.

**\*October 31, 2008**

*Dopamine Transporter Imaging in Neurological Practice*. Madrid, Spain. Contact: Catherine Breckenridge, Program Manager, The Movement Disorder Society – European Section, 555 East Wells Street, Suite 1100, Milwaukee, WI 53220 USA; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: cbreckenridge@movementdisorders.org; Web site: <http://www.movementdisorders.org/education/dti/madrid/>

**\*November 29, 2008**

*Treatment of Parkinson's Disease*. JW Marriott, Rio de Janeiro, Brazil. Contact: Bridgit Nelezen, Program Manager, The Movement Disorder Society, 555 East Wells Street, Suite 1100, Milwaukee, WI 53220 USA; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: bnelezen@movementdisorders.org; Web site: [www.movementdisorders.org](http://www.movementdisorders.org).

**\*December 5, 2008**

*Dopamine Transporter Imaging in Neurological Practice*. Toulouse, France. Contact: Catherine Breckenridge, Program Manager, The Movement Disorder Society – European Section, 555 East Wells Street, Suite 1100, Milwaukee, WI 53220 USA; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: cbreckenridge@movementdisorders.org; Web site: <http://www.movementdisorders.org/education/dti/toulouse/>

**2009****\*February 5, 2009**

*Dopamine Transporter Imaging in Neurological Practice*. Glasgow, Scotland. Contact: Catherine Breckenridge, Program Manager, The Movement Disorder Society – European Section, 555 East Wells Street, Suite 1100, Milwaukee, WI 53220 USA; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: cbreckenridge@movementdisorders.org; Web site: <http://www.movementdisorders.org/education/dti/glasgow/>

**February 15 – 16, 2009**

*7<sup>th</sup> International Symposium of Asian and Pacific Parkinson's Association (APPA)*, New Delhi, India; Conference Secretariat, Room No. 702, Neurosciences Centre, All India Institute of Medical Sciences, New Delhi, 110029, India; TEL: +91-11-26588886; FAX: +01-11-26588166; E-mail: info@apomcindia.com; Web site: [www.apomcindia.com](http://www.apomcindia.com).

**\*February 15-17, 2009**

*2<sup>nd</sup> Asian and Oceanian Parkinson's Disease and Movement Disorders Congress*. Contact: Conference Secretariat, Room No. 702, Neurosciences Centre, All India Institute of Medical Sciences, New Delhi, 110029, India; TEL: +91-11-26588886; FAX: +01-11-26588166; E-mail: info@apomcindia.com; Web site: [www.apomcindia.com](http://www.apomcindia.com).

**February 16-17, 2009**

*5<sup>th</sup> Annual Update Symposium on Clinical Neurology and Neurophysiology*. Tel Aviv, Israel. Contact: ISAS International Seminars, P.O. Box 574, Jerusalem 91004, Israel; TEL: +972-2-6520574; FAX: +972-2-6520558; E-mail: conventions@isas.co.il; Web site: <http://www.neurophysiology-symposium.com>

**March 11-15, 2009**

*9<sup>th</sup> International Conference on Alzheimer's and Parkinson's Disease (AD/PPD)*. Prague, Czech Republic. Contact: Maya Ronen, Kenes International, 1-3, Rue de Chantepoulet, P.O. Box 1726 CH-1211, Geneva 1 Switzerland; TEL: + 41 22 908 0488; FAX: + 41 22 732 2850; Email: adpd@kenes.com

**\*April 2-4, 2009**

*International Symposium on Psychogenic Movement Disorders and Other Conversion Disorders*, L'Enfant Plaza Hotel, Washington, DC, USA. Contact: Larissa Sevcik, Program Manager, The Movement Disorder Society, 555 East Wells Street, Suite 1100, Milwaukee, WI 53220 USA; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: lsevcik@movementdisorders.org

**April 24-26, 2009**

*IV-Neurotoxicity Society Meeting: Neurochemical Mechanisms for Neurodegenerative Disorders*. Cusco, Peru. Contact: Juan Segura Aguilar, PhD, University of Chile, Independencia 1027, Casilla 70000, Santiago, Chile; TEL: +5629786057; FAX: +5627372783; E-mail: jsegura@med.uchile.cl; Web site: <http://nts.med.uchile.cl/2009/>

**April 27-30, 2009**

*Cusco-Machupichu Satellite Meeting: Neurotoxins*. Cusco, Peru. Contact: Juan Segura Aguilar, PhD, University of Chile, Independencia 1027, Casilla 70000, Santiago, Chile; TEL: +5629786057; FAX: +5627372783; E-mail: jsegura@med.uchile.cl; Web site: <http://nts.med.uchile.cl/2009/>

**\* June 7-11, 2009**

*13<sup>th</sup> International Congress of Parkinson's Disease and Movement Disorders*. Le Palais des Congres de Paris, Paris, France. Offered by The Movement Disorder Society. Contact: The Movement Disorder Society, 555 E. Wells Street, Suite 1100, Milwaukee, WI 53202 USA; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: congress@movementdisorders.org; Web site: [www.movementdisorders.org](http://www.movementdisorders.org)



The *Movement Disorder Society's*

# 13<sup>th</sup> International Congress

OF PARKINSON'S DISEASE AND MOVEMENT DISORDERS

JUNE 7-11, 2009

*Paris, France*