

Moving Along

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Disparities in Promotion Rates between Men and Women in Neurology

Part I: Is Neurology Worse or Better than Other Disciplines?

— Laura Schweitzer, Vice Dean for Faculty and Administrative Affairs, University of Louisville School of Medicine, Louisville, KY, USA

In 2002, there were 790 men and 202 women regular members in The *Movement Disorder Society*. This large difference motivated Dr. Irene Litvan to ask me if the differences in numbers between men and women in neurology were greater than for academic medicine as a whole. She was also interested to learn if the rate of progression up the ranks for women neurologists was slower than in other disciplines and whether women neurology leaders were less prevalent. Part one of this two part series addresses these and related issues.

Despite the increase in women medical school matriculates, and increased proportion of medical school faculty that are women, the number of women ascending to the rank of full professor and the number of women leaders (department chairs and deans) in academic medicine has remained at a remarkably low rate for the last 20 years¹. At this point in our history, equal num-

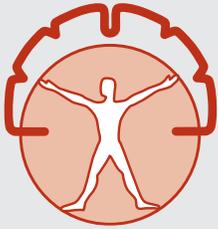
bers of men and women are being admitted to medical schools² and in 2001, 29% of all faculty were women³. However, only 13% of full professors in our medical schools are women and that percentage falls to only 6% when department chairs are considered¹. In July 2002, only eight women deans headed one of the 125 accredited U.S. medical schools (6.4% of all deans) and two of those were interim appointments¹.

The question of immediate concern is: Is the under-representation of women at the highest academic ranks among neurologists more disparate than in other disciplines? Table 1 shows that this is not the case and that neurology as a discipline is average with 11% of full professors being women¹ in contrast to 13% in all disciplines. Women professors in surgical disciplines are more scarce (on average only 1% to 5%) than in medicine disciplines including neurology.

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Table 1. Percentage Rank by Gender Breakdown of Neurology Faculty versus All U.S. Medical School Faculty 2001/2002

Discipline	Instructors & Assistant Professors	Associate Professors	Full Professors	Chairs
Neurology				
Women	37%	22%	11%	3%
Men	63%	78%	89%	97%
All				
Women	38%	24%	13%	6%
Men	62%	76%	87%	94%



This Summer's issue of *Moving Along* is appropriately "hot." The editors feel that the newsletter of The *Movement Disorder Society* (MDS) should not only address scientific and medical topics, but also societal and political issues facing our readership. Therefore, this issue's cover is led by Dr. Laura Schweitzer's scholarly approach to the differential promotion rates between men and women in academia. Dr. Schweitzer is in a unique position to discuss this issue since, as Vice-Dean of the School of Medicine of the University of Louisville, she has led a successful program to improve women's inadequate professional preparation. She meets yearly with women to identify barriers and provide them with appropriate career support. We echo and applaud Dr. Schweitzer's efforts to achieve equitable distribution of leadership positions. This timely article should prompt us to investigate the apparent under-representation of women in our *Movement Disorder Society*. Professional societies must take affirmative steps to ensure that women are included in the policies and procedures they establish. We propose to investigate this topic by instituting a MDS Report Card to collect gender data on: 1) Economics (salary, job position), 2) Rank in Academia, if applicable; number of publications; Years in Practice; 3) Demographic age; country and 4) Present or Past Participation in MDS Committees.



Irene Litvan, MD



Thomas Gasser, MD

We hope that raising these issues will lead to effective practices for the advancement of women in our scientific Society and will include, but should not be limited to leadership development, professional advancement, increasing women's representation/visibility, mentoring, and women's committees. The advancement of women in science is a vital problem facing the scientific community in the 21st century. As with many previous issues, we invite our readership to send comments by mail, fax or e-mail, and help us make this newsletter an even more interesting place of interaction. Comments will be published in a to-be-established "Letters to the Editor" section.

This issue's scientific controversy is also intellectually thought provoking. Two English scholars: Dr. John Hardy, from the National Institutes of Health, Bethesda, MD and Professor Andrew Lees from the Rita Lila Weston Institute of Neurological Studies, London, UK, eloquently discuss the nosology of Parkinson's disease and Dementia with Lewy bodies. As our understanding of the molecular events leading to these diseases increases, and specific neuroprotective or even restorative treatments begin to become visible on the horizon, nosology is far more than a matter of terminology. The Public Policy Section led by Dr. Farrer addresses the impact of the newly established Health Insurance Portability and Accountability Act (HIPAA) and patient privacy regulations on research. This is particularly pertinent to genetic research, where the necessity for large patient cohorts already leads to a multitude of national and international collaborations.

On another note, be sure to watch the mail for the *Movement Disorders* journal Year 2002 Video and Accompanying Articles in DVD-ROM format. We would like to congratulate Drs. Andrew Lees and Anthony Lang, Editors of the MDS journal, on this informative and accessible way to learn about Movement Disorders.

We strive to cover topics that are not only informational, but that also impact our Society. As we continue to *Move Along* towards a common goal, we welcome all comments and suggestions.

The Editors of *Moving Along*

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 your responses in the "Letters to the Editor" section. All materials submitted become the property of MDS.

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Over the years, The *Movement Disorder Society's* (MDS) International Congress of Parkinson's Disease and Movement Disorders has developed into the premier scientific meeting in Movement Disorders. Building on the success of the Miami Congress in 2002, plans are well underway for the 8th International Congress of Parkinson's Disease and Movement Disorders to be held in Rome, Italy, June 13-17, 2004.



As one of the world's most beautiful and captivating cities, Rome is historic, yet modern with plenty of culture. Attendees will enjoy its historical monuments, ancient buildings, Renaissance fountains and Medieval streets. The city is easily reached by plane, train, or automobile, and will be a fabulous venue for the 2004 MDS Congress.

The Palazzo dei Congressi, located in the modern EUR district, will serve as the headquarters for all scientific sessions, posters and exhibits. Connected with the center of Rome, it is easily accessible. The Palazzo dei Congressi can be considered without a doubt the most majestic of the buildings which make up the splendid complex of the Universal Exhibition of Rome and offers ample space for national and international congresses, exhibitions and meetings.

The Congress Scientific Program Committee (CSPC) is working diligently to bring you a state-of-the-art curriculum designed to meet the needs of clinicians, researchers, post-doctoral fellows and medical students, taking into account your preferences in planning an exciting, innovative and informative program with diverse topics and expert speakers. For more information on the 2004 scientific program, please see "Rome Congress Scientific Program: Something for Everyone" on page 6.

In response to the Society's tremendous growth and expansion of educational programming and materials, MDS will in future years convene the International Congress as an annual event. In 2005, MDS will hold the 9th International Congress of Parkinson's Disease and Movement Disorders in New Orleans, Louisiana, USA. New Orleans is famous for its French Quarter, with its mixture of French, Spanish, and native architectural styles. Tourism has grown rapidly in recent years, and New Orleans hosts more than 2,000 conventions and meetings each year using the over 29,000 hotel rooms available in the area. The history and rich culture of New Orleans as well as its modern meeting facilities make it the perfect place for the 2005 Congress. Future Congress sites also include Kyoto, Japan in 2006 and Istanbul, Turkey in 2007.

MDS is proud to continue its tradition of providing up-to-date educational opportunities giving the Movement Disorders community a forum for sharing ideas, current research and available treatments. I look forward to bringing you updates on the status of the MDS International Congresses in future issues of *Moving Along*. Information regarding the 2004 International Congress in Rome, Italy, and other exciting MDS-sponsored educational opportunities, can also be found on the Society's Web site at www.movementdisorders.org.

C. Warren Olanow
MDS President 2003-2004

CALL FOR APPLICATIONS FOR SPONSORED MEETINGS

The *Movement Disorder Society* is now accepting applications from meeting organizers who wish to receive MDS sponsorship for scientific meetings in 2005.

Applications are available on the MDS Web site at www.movementdisorders.org or from the International Secretariat by contacting Caley Kleczka, Executive Director, at +1 414-276-2145 or by e-mail at ckleczka@movementdisorders.org.

The deadline for applications for 2005 meetings is March 15, 2004.

Sponsorship requests should be e-mailed to ckleczka@movementdisorders.org or faxed to +1 414-276-3349.

All completed applications will be referred to the MDS Officers who will make recommendations to the International Executive Committee (IEC).

Dementia with Lewy Bodies and Parkinson's Disease are One Disorder

— John Hardy, PhD, Laboratory of Neurogenetics, National Institute on Aging, National Institutes of Health, Bethesda, MD, USA and Rita Weston Institute of Neurological Studies, London, United Kingdom

No topic in neurology generates more heat than that of disease nosology and definition. The London Brain Bank criteria for Parkinson's disease (PD), the most widely used definition available, are clearly very different from the consensus criteria for dementia with Lewy bodies (DLB). Of greatest importance is that the diseases are treated differently with PD, of course, responding well to dopaminergic therapies and DLB responding moderately to cholinergic therapies. Patients with PD go to PD support groups, and the caregivers of DLB patients go to (usually) Alzheimer's disease support groups. These are the strongest possible reasons for keeping the labels of the diseases separate. We label diseases for the benefits of patients as a shorthand, so that we treat them appropriately and so that they, and their caregivers, know what they are up against, and what they should expect. Diagnosis informs treatment and predicts prognosis.

However, as scientists we have to remember that the labels we use for our patients may not reflect an underlying biological reality. As a biologist interested in understanding the fundamental pathogenic processes involved in disease, I think we should use pathology-based diagnoses of disease. This doesn't mean that I think that pathology is the "gold standard." In fact, the quest for a gold standard is as hopeless as the quest for the Holy Grail. Rather, it could be thought of as the dollar standard, convenient in these days of American hegemony, but eventually replaceable. On this basis, DLB and PD clearly are

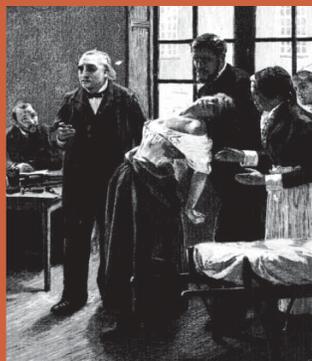
the same disorder; it is just that the location is different. As a support for this position, it is worth noting that there are members of both the best described large "PD" kindreds, the Contursi kindred and the Iowa kindred have family members who have clinical pictures redolent of DLB.

Currently, treatment of patients with these diseases are location dependent. We treat nigral or innominal cell damage and loss with dopaminergic or cholinergic drugs respectively. However, the goal of research is to replace palliative therapies with therapies aimed at pathogenesis. When this goal is achieved, we will have to regroup our patients and be able to have the flexibility to include Lewy body PD and DLB in one group, and to have those with (for example) SCA mutations whose disease can masquerade as PD (and who respond to L-dopa) in other, separate groups.

Let's start this now in preparation for that happy day.

"...as scientists we have to remember that the labels we use for our patients may not reflect an underlying biological reality."

Psychogenic Movement Disorders Workshop

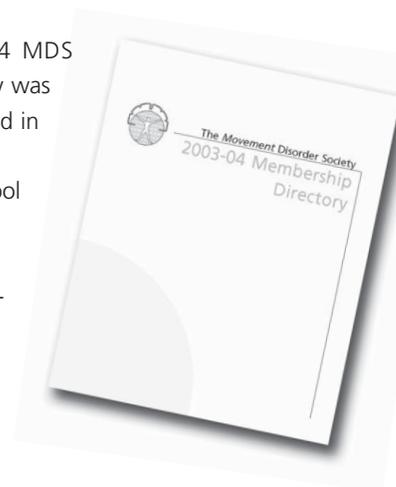


**October 10-13, 2003,
Atlanta, Georgia, USA**

Experts discuss current knowledge about neurologic and psychiatric aspects of psychogenic movement disorders. Contact Jenny Kehoe at +1 414-276-2145 or visit www.movementdisorders.org.

New Membership Directory!

The new 2003-2004 MDS Membership Directory was printed and distributed in Summer 2003. The directory is a useful tool for networking and patient referrals. In addition, keep a lookout for a "Members Only" section of the new MDS Web site, to include an online directory in Fall 2003.



Dementia with Lewy Bodies and Parkinson's Disease are Two Disorders

— Andrew J. Lees, MD, Rita Lila Weston Institute of Neurological Studies, London, United Kingdom

The systematic naming, cataloguing and classification of neurological disease has traditionally hinged on the recognition of a distinctive clinical picture reliably associated with a pathological substrate. The existence of demonstrable lesions in the human nervous system in many but not all neurological disorders has given the speciality a scientific solidity to which much of psychiatry still aspires. The molecular genetic revolution is now embellishing this familiar nosological landscape with a new and frequently disparate cartography. The name we use matters greatly and thought and sensitivity should go into the labels and terminology we use in front of our patients. Some names evoke sympathy, others like dementia, AIDS or epilepsy are still taboo because of the fear they engender and restless legs syndrome or myalgic encephalomyelitis are a source of ridicule.

The label dementia with Lewy bodies (DLB) was coined to describe a common but rather poorly recognized neurological syndrome characterized by fluctuating cognitive deficits, and attention in association with well formed phantasmagorical visual hallucinations. Most develop a Parkinson's syndrome during the course of the illness providing a further point of clinical distinction from Alzheimer's disease. To distinguish DLB from Parkinson's disease with associated dementia, guidelines published in 1996 suggested that the latter term be arbitrarily restricted to patients who have extrapyramidal motor symptoms for at least 12 months before the appearance of cognitive deterioration. Dementia with Lewy bodies is not a particularly agreeable term to use with patients and the incorporation of a pathological finding into what is in essence a clinical syndrome is illogical. My own preference would be for the eponymous Kosaka's syndrome. Nonetheless, use of the 1996 consensus guidelines criteria in expert hands suggest a high specificity but lower sensitivity in helping to distinguish DLB from Alzheimer's disease (AD). The disorder usually presents in the seventh or eighth decades and runs a malignant inexorable course with death occurring between 6 and 9 years after onset. The dementia is severe but in contrast to Alzheimer's disease, fronto-subcortical executive skills and visuo-spatial function is particularly impaired. Associated features include delusions, falls, syncope and exquisite sensitivity to small doses of neuroleptics. Whether the Parkinsonism differs from that seen in Parkinson's disease is unclear but there is an impression that it is less responsive to l-dopa, more likely to have early speech and balance problems and associated myoclonus and less likely to have rest tremor. However, the elderly who present with Parkinson's disease

frequently have a similar clinical pattern, and both DLB and PD have been associated with hyposmia. Preliminary data from dopamine transporter SPECT indicates that nigrostriatal dopamine deficits may be present in DLB even when Parkinsonism is not clinically apparent which may, if confirmed in larger studies, facilitate further distinction from AD.

Professor Hardy will argue that the similar histopathological and molecular biological signatures of DLB and PD argue for an identical disease process. This I would not dispute. If one draws an analogy with MSA, a term I personally dislike, then one could also make a clinical case for lumping DLB and PD together. However, only about 40% of patients with PD become demented and it seems likely that in these cases there may be a number of alternative differing pathological lesions and processes. Despite these caveats, I believe that it is useful for the neurologist to distinguish DLB from Parkinson's disease. The mode of presentation, the prognosis and the investigation and treatment all differ and warrant their provisional discrete semiology.

However, as we evolve from the classical clinico-pathological paradigm of disease entities to a more dynamic consideration of pathogenic processes it may be more useful and honest to describe patients with Parkinsonism (bradykinesia plus rigidity and/or pill-rolling rest tremor) in terms of their natural history, genetic mutations, response to dopaminergic therapy, and constellation of additional signs (dementia, hyposmia, visual hallucinations) than attempting to guess the associated histopathology on the basis of pattern recognition.

Reference

McKeith IG, Galasko D, Kosaka K, Perry EK et al (1996) Consensus guidelines for the clinical and pathologic diagnosis of dementia with Lewy bodies (DLB): report of the consortium on DLB international workshop. *Neurology* 47:1113-1124

"...thought and sensitivity should go into the labels and terminology we use in front of our patients."

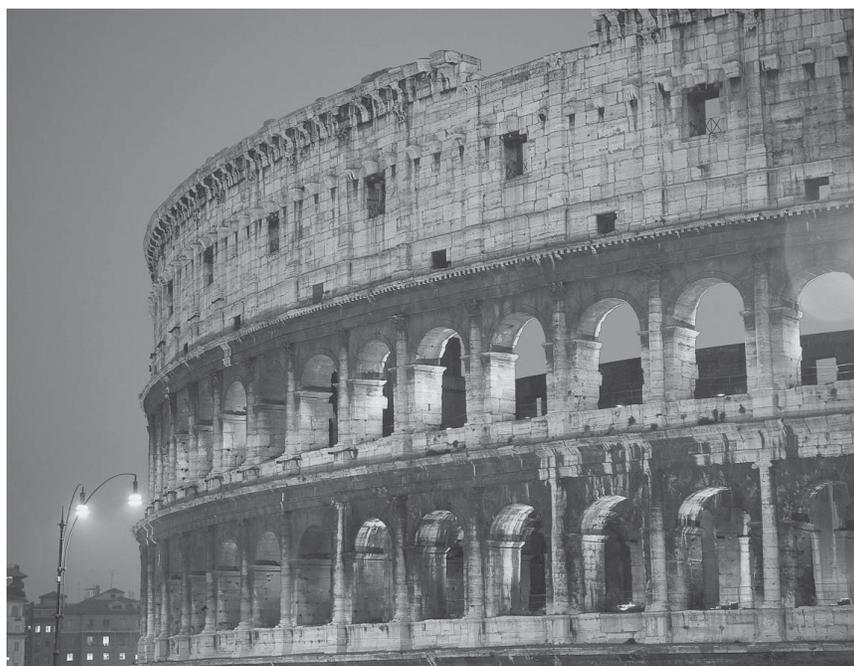
Rome Congress Scientific Program: Something for Everyone

The Congress Scientific Program Committee (CSPC) is making great progress in developing a truly outstanding scientific program for MDS's 8th International Congress of Parkinson's Disease and Movement Disorders in Rome, Italy from June 13-17, 2004.

The Rome Congress promises to provide a diverse, but comprehensive, perspective on the scientific and clinical topics important to those with an interest in Movement Disorders. The CSPC is committed to faculty representation from young scientists and clinicians from countries throughout the world. Multiple formats and topics will be offered to ensure all delegates have an opportunity to increase their knowledge and interest in current issues in the field of Movement Disorders:

*Afternoon sessions featuring Italian cuisine will be featured throughout the Congress week, similar to the popular Wine and Cheese Seminars from the 7th International Congress in Miami in 2002. Each session will offer an expert's view on Movement Disorders through a variety of topics. Seminars will have limited registration to encourage discussion and interaction with presenters.

*Due to outstanding reviews from the Miami Congress, Video Sessions will also return in 2004. Video presentations of atypical Movement Disorders will engage delegates and gener-



ate clinical discussions. To ensure greater interaction, video sessions will be limited to a maximum of seventy-five participants.

*Plenary and Parallel sessions will continue to offer a variety of popular topics in lecture format from renowned neurologists and Movement Disorder specialists from around the world. Each presenter will offer his/her perspective and information on the latest studies and research on Parkinson's disease and other Movement Disorders. Plenary topics will be set in context by the Chairs of each session.

*Delegate feedback from the 2002 Miami Congress has indicated a great interest in Poster Sessions. The CSPC has elected to feature Poster Sessions each day of the Congress for the maximum amount of time available, to ensure delegates have the opportunity to discuss the findings and research with as many abstract presenters as possible. The Call for Abstracts will be available this fall in the Preliminary Program, as well as on the MDS Web site: www.movementdisorders.org.

MDS will continue to update you on exciting Congress Scientific Program features in future issues of *Moving Along* and on the MDS Web site at www.movementdisorders.org!

Continued from cover...

In neurology, the actual number of promotions of women to the rank of professor was remarkably only 50% of the predicted number based on male cohort promotion rates⁴. Cohorts were matched by the number of years since graduation, track (tenure and non-tenure) and discipline. The problem is so pervasive that in the six years between 1995 and 2001 the percentage of promotions to full professor in neurology increased only 2%. The number of women department chairs in neurology is also very low compared with other disciplines. In 2001, four out of 125 (3%) department chairs of neurology were women whereas nationally in all disciplines 6% of chairs are women. Thus while progression up the academic ladder is about average for women neurologists compared to other disciplines, it is still much poorer than for men and the assumption of the leadership role of chair is a very unlikely outcome for women academic neurologists.

Disparities in Promotion Rates between Men and Women in Neurology

Part II: What are the causes and what are the potential solutions?

— Laura Schweitzer, Vice Dean for Faculty and Administrative Affairs, University of Louisville School of Medicine, Louisville, KY, USA

The underlying cause of the scarcity of women leaders in academic medicine and the low proportion of full professor women has been investigated at length and several hypotheses have been forwarded¹. The most commonly held hypothesis is referred to as the *pipeline hypothesis*. This states that there are fewer women than men that are available for promotion to full professor². Departmental chairs, the primary initiator of promotions to full professor, hold this belief³. The pipeline hypothesis fails to stand up to scrutiny when cohort studies are done matching qualifications and time in rank with men and women⁴⁻⁶.

Qualified women are available and are not being promoted. In a recent analysis of our own promotions at the University of Louisville, I found that women took 1.2 years longer than men to be promoted. At promotion, these women had 2.4 more peer-reviewed publications and almost double the amount of extramural funding for the five years prior to promotion than the men did. This occurred even after a targeted mentoring program for associate professor women was put in place that increased our percentage of promotions to full professor from 0% women to 30%.

If the pipeline is full and qualified women are ready, then what are the causes underlying low promotion rates? Attitudes about women certainly contribute. In a recent investigation of departmental chairs and their attitudes toward the promotion of women faculty, a “prominent theme was that women are less likely to be

References

1. Bickel, J., Wara, D., Atkinson, B. F., Cohen, L. S., Dunn, M., Hostler, S., Johnson, T. R. B., Morahan, P., Rubenstein, A. H., Sheldon, G. F., & Stokes, E. (2002). Increasing women's leadership in academic medicine: Report of the AAMC project implementation committee. *Academic Medicine*, 77, 1043-1061.
2. Nora, L. M. (2002). Academic medicine gets a poor report card—What are we going to do? *Academic Medicine*, 17, 1062-1066.
3. Bickel, J., Clark, V., Yamagata, H., & Lawson, R. M. (2002). *Women in U.S. Academic Medicine*. Washington, D.C.:AAMC Press.
4. Nonnemaker, L. (2000). Women physicians in academic medicine: New insights from cohort studies. *The New England Journal of Medicine*, 342, 399-405.

encouraged by their chairs to engage in behaviors that are conducive to moving up the ladder³.” There is also a lower probability that women will have mentors that foster their careers⁷. Women perceive gender bias in promotion proceedings and are resigned to it, whereas men believed that the promotion review is more unbiased, objective and based on merit⁸. Finally, women themselves had a lower rate of expectation to be promoted,⁷ and as we know, expectations are commonly self-fulfilling prophecies.

Several suggestions have been brought forward to advance women in academic medicine⁹. In a recent paper, Nora¹⁰ suggests that institutions should routinely survey barriers to women's advancement that may be particular to that institution so that remedies may be proposed. In addition, holding chairs responsible for advancing women faculty during their periodic chair reviews or annual assessments is a way to help insure that women will be treated equitably.

Two notable women leaders in academic medicine, Page Morahan and Janet Bickel¹¹, recently suggested that the cultural norms that have inadvertently disadvantaged women should be identified and ended. One example is the typical rigid tenure clock that ticks away during a woman's most reproductive years. Similarly, the common practice of medical rounds early in the morning and important meetings held after work hours disadvantage women that have family responsibilities.

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HIPAA (Health Insurance Portability and Accountability Act) and Patient Privacy Regulations

— Matt Farrer, PhD and Mary Hulihan, MPH, Mayo Clinic, Jacksonville, FL, USA

The Department of Health and Human Services has developed the first-ever federal privacy standards to protect patients' medical records. The new standards took effect on April 24, 2003 and apply to most health insurers, pharmacies, doctors, and other health care providers. The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals, and other covered entities can use patients' personal medical information (www.hhs.gov). Also affected by these new standards are those involved in patient-related medical research, including the field of medical genetics. But what, exactly, does this mean for researchers and participants?

The truth is those research facilities that have closely followed the rules set by their individual institution's review boards should notice very little, if any, change at all to their current protocols and procedures. Most legitimate research facilities are already so well-regulated that all of the new HIPAA standards have been followed for quite some time. This means that no samples being worked on by laboratory personnel can in any way be recognized as belonging to a particular individual. While basic information such as gender, age, and disease status, are known by those analyzing the data resulting from the lab's work, specific information such as name, address, and/or social security number are in no way linked to samples.

Since HIPAA standards are federally regulated, the rules apply to all U.S. institutions that work with genetic material. If a sample or information is transferred to an institution other than that to which it was originally given, this new group must also apply these HIPAA regulations. HIPAA standards emphasize absolute confidentiality. These guidelines will reassure subjects that their kind gift and generous participation may never be used in a negative way. Rather, genetic samples will be used as intended – to benefit mankind through the development of novel treatments, targeting the specific causes of disease, and made possible through molecular genetic research. For an illustration of this approach in Parkinson's disease see www.mayo.edu/fpd.

COVER STORY

Continued from page 7...

I have found that clearly communicated, objective guidelines that eliminate the ambiguity of the standards used to judge promotion help women know when they are qualified and are an encouragement to self nomination. This knowledge instills in women confidence that they have reached the goals needed for promotion. In addition, targeted mentoring aimed at the routine screening of all eligible associate professor women to see if they are ready, and the encouragement of women to self promote, will also surely move more women along the way to promotion to full professor.

References

1. Bogdewic, S. P., Baxley, E. G., & Jamison, P. K. (1997). Leadership and organizational skills in academic medicine. *Family Medicine*, 29, 262-265.
2. Nickerson, K. G., Bennett, N. M., Estes, D. & Shea, S. (1990). The status of women in one academic medical center: Breaking through the glass ceiling. *Journal of the American Medical Association*, 264, 1813-1817.
3. Yedidia, M. J., & Bickel, J. (2001). Why aren't there more women leaders in academic medicine? The views of clinical department chairs. *Academic Medicine*, 76, 453-568.
4. Carr, P., & Friedman, R. (1993). Comparing the status of men and women in academic medicine. *Annals of Internal Medicine*, 119, 908-913.
5. Tesch, B. Wood, H. M., Helwig, A. L., & Nattinger, A. B. (1995). Promotion of women physicians in academic medicine: Glass ceiling or sticky floor? *Journal of the American Medical Association*, 273, 1002-1005.
6. Kaplan, S. H., Sullivan, L. M., Dukes, K. A., Phillips, C. F., Kelch, R. P., & Schaller, J. G. (1996). Sex differences in academic advancement: Results of a national study of pediatricians. *The New England Journal of Medicine*, 335, 1282-1289.
7. Fried, L. P., Francomano, C. A., MacDonald, S. M., Wagner, E. M., Stokes, E. J., Carbone, K. M., Bias, W., B., Newman, M. M., & Stobo, J. D. (1996). Career development for women in academic medicine: Multiple interventions in a department of medicine. *Journal of the American Medical Association*, 276, 898-905.
8. Carr, P. L., Ash, A. S., Friedman, R. H., Szalacha, L., Barnett, R. C., Palepu, A., & Moskowitz, M. M. (2000). Faculty perceptions of gender discrimination and sexual harassment in academic medicine. *Annals of Internal Medicine*. 132, 889-96.
9. Richman, R. C., Morahan, P. S., Cohen, W. D., McDade, S. A. (2001). Advancing women and closing the leadership gap: The ELAM program experience. *Journal of Women's Health and Gender Based Medicine*, 10, 271-278.
10. Nora, L. M. (2002). Academic medicine gets a poor report card—What are we going to do? *Academic Medicine*, 17, 1062-1066.
11. Morahan, P. & Bickel, J. (2002). Capitalizing on women's intellectual capital in the professions. *Academic Medicine*, 77, 110-112.

MDS European Section Offers Educational Opportunities

Workshop on Botulinum Toxins in Neurological Practice

Institute of Neurology, Queen Square, London, UK

New date: January 30, 2004

Dr. Kailash Bhatia is coordinating an international faculty to present the first MDS-ES workshop on Botulinum Toxins in Neurological Practice, following the successful workshop series organized in the USA by MDS in association with the American Academy of Neurology. Topics for the workshop in London include: Dystonia: Classification, clinical features and evaluation; Current medical and surgical treatment of dystonia; Mechanisms of action of Botulinum toxins; Cervical dystonia; Blepharospasm and oromandibular dystonia; Musician's dystonia; and Limb dystonia.

Afternoon breakout sessions will demonstrate muscle identification and injections. To receive further information and registration details, contact Karen Henley, MDS European Office at khenley@movementdisorders.org.

European Federation of Neurological Societies (EFNS) Congress

Helsinki, Finland

August 30 – September 2, 2003

MDS-ES is responsible for the Movement Disorders content of the EFNS Congresses. An excellent program has been developed for the Helsinki Congress.

Saturday, August 30: Movement Disorders Teaching Course

- What is Parkinson's Disease? - Andrew Lees
- Pathogenesis and Management of the long-term L-Dopa Syndrome - Eldad Melamed
- Dementia and Parkinson's Disease - David Burn

- Practical Indications for SPECT and MR in Parkinson's Disease - Walter Pirker
- The Practical Role of Genetics in Movement Disorders - Thomas Gasser
- What's New in Dystonia? - Alberto Albanese
- Fidgets, Twitches and Jerks – What's New? - Eduardo Tolosa
- Stroke and Movement Disorders? - Werner Poewe

Sunday, August 31: MDS-ES Annual Section Meeting

Monday, September 1: Plenary Session: Frontiers in Movement Disorders

- Evidence Based Medicine: Pharmacotherapy and/or Functional Neurosurgery - Christina Sampaio
- Movement Disorders and Sleep Disorders - Wolfgang Oertel
- Stem Cell Research – Its Therapeutical Potential in Movement Disorders - Roger Barker

Monday, September 1: European Basal Ganglia Club

The invited lecture is on Etiopathogenesis and Therapeutic Strategies in Dystonia and will be presented by Joseph Jankovic, Houston, TX, USA. Video

submissions of interesting or unusual Movement Disorders are invited. They should show unusual manifestations or aspects of common Movement Disorders, or unusual cases, and the diagnosis should be known. People who wish to show videos should contact one of the following three discussants: Professor Andrew Lees at alees@ion.ucl.ac.uk, Professor Werner Poewe at werner.poewe@uibk.ac.at or Professor Eduardo Tolosa at etolosa@clinic.ub.es.

EFNS Academy for Young Neurologists and Trainees

MDS-ES thanks invited lecturers, Prof. Marie Vidailhet, Dr. Tom Warner and Dr. Jan Roth, who participated in the EFNS Academy for Young Neurologists and Trainees in Staré Splavy, near Prague, on May 9, 2003. The Movement Disorders program of the Academy was designed by MDS-ES, and included discussion on basal ganglia lesions, dystonia diagnosis and treatment, and Huntington's disease and other choreatic syndromes. Eighty young neurologists from Eastern Europe participated in the course. MDS-ES gratefully acknowledges the sponsorship of the Association of British Neurologists, which supported the lectureship of Dr. Tom Warner.



The EFNS Academy for Young Neurologists and Trainees, May 9, 2003, Staré Splavy

MDS Members Respond Enthusiastically to Educational Needs Survey

MDS members showed strong support of leadership efforts to gauge their continuing medical education (CME) needs. Central to MDS's 2002-2005 Strategic Plan is the development of a comprehensive education program that is accredited by the Accreditation Council for Continuing Medical Education (ACCME). To provide a foundation for this effort, the Education Committee of MDS recently developed and implemented an On-line Needs Assessment Survey for its members.

With the specific goals of assessing preferred educational formats, identifying educational topics of interest, and determining motivators and barriers to member participation in CME, the survey ran from February 7th through February 19th of 2003. A total of 419 MDS members responded, corresponding to a 25% response rate. This rate represented a marked increase over previous surveys. All members who responded to the survey were included in a drawing. Congratulations to Dr. Wen-Juh Hwang of Taiwan's National Cheng Kung University who won the drawing and chose the new Christopher Goetz Neurology Text as his prize!

Overall, respondents demonstrated a tremendous interest in continuing with educational programs related to topics in Parkinson disease and Parkinsonism. Another major area of interest was the differential diagnosis and treatment of Movement Disorders. The preferred format for educational programs was the traditional lecture but with more extensive discussions and audience participation. Web based educational activities were also of interest, particularly among the younger responders. (See Needs Assessment Survey Results Summary)

The results of this educational needs assessment continue to be analyzed. This information will provide the framework for the development of educational programs that specifically address the interests of the MDS membership and support the core educational mission of The *Movement Disorder Society*.

NEEDS ASSESSMENT SURVEY RESULTS SUMMARY

Who Responded

- 68% practicing physicians, ¼ of whom have practiced less than 5 years and ¼ of whom have practiced more than 20 years
- 62% working in academic institutions
- 22% working in hospitals

Learning Format Preferences

- 79% want real time interaction with colleagues
- 76% favor lectures with audience involvement
- 73% prefer case presentations or simulations
- 71% find hands-on skills workshops and courses spread out over two or three sessions the most helpful

Topic Preferences

- 82% want more Parkinsonian syndrome and Parkinson's disease continuing medical education (CME)
- 79% requested additional CME on Atypical Parkinsonism, as well as Diagnosis and Treatment of Movement Disorders
- 75% are eager to learn more about Dystonia and Gait Disorders
- 73% want to attend CME dealing with Drug Induced Movement Disorders
- 70% indicated desire for further education on Dyskinesias

Motivators to CME Participation

- 96% participate due to interest and/or relevance of topic to one's practice
- 88% motivated by desire to learn new diagnostic/therapeutic/management approaches
- 75% prompted by need for refreshers on common and/or difficult clinical problems

Barriers to CME Participation

- 74% deterred by time required to reach the program
- 72% dissuaded by program cost

Years in Practice/CME preferences

- Interest in traditional lectures increases with increasing years of practice
- Preference for computer-based activities, hands-on skills workshops, case presentations, and courses spread out over two or more sessions decline with increasing years of practice
- General interest in all CME topics diminish as years of practice increase

Geographic Location/CME preferences

- North America and Europe/Mediterranean regions favor real time interaction with colleagues, hands-on skills workshops, case presentations, lectures with audience involvement and course spread out over two or more days
- Asia/Pacific region largely favors these formats as well, however is more desirous of self-study learning options
- Latin American/Caribbean region primarily favors computer-based and other self-study learning formats

Meetings

Transcranial Magnetic Stimulation in Movement Disorders

S. Margherita Ligure, Italy, 14-15 March 2003

— Giovanni Abbruzzese, MD, Organizer, Department of Neurosciences, University of Genoa, Italy

An international meeting on Transcranial Magnetic Stimulation (TMS) was recently held in Santa Margherita Ligure (in the heart of the “Riviera Ligure”) with the sponsorship and economic support of The *Movement* Disorder Society. TMS is an exciting research tool for clinical neurophysiology that allows investigating functional organization of the motor system. The most common application of TMS has been in the field of Movement Disorders. TMS studies have increased our knowledge on the pathophysiological mechanisms underlying various disorders. The aim of the meeting was to present and discuss the use of TMS in the pathophysiology, diagnosis and treatment of Movement Disorders. The faculty included twenty invited speakers (both clinicians and basic scientists). More than 170 registered delegates from fourteen countries attended the meeting. Mark Hallett (Bethesda, MD, USA) and Alfredo Berardelli (Rome, Italy) chaired the first two sessions dealing with the basic principles of single, paired, and repetitive TMS. The second day provided a thorough update on the use of TMS in Parkinson’s disease, atypical parkinsonisms, chorea, dystonia and motoneuron diseases. The meeting was closed by a session chaired by John Rothwell (London, UK) on new aspects of TMS research such as pharmacology, cognition, plasticity and on the possible therapeutic effects of repetitive TMS. During the meeting, more than sixty original communications were presented during two oral and poster sessions chaired by Reiner Benecke (Rostock, Germany). The excellent level of the faculty and the presentation of both clinical and basic findings were largely appreciated by the audience. The informal atmosphere favored participation and discussion that contributed greatly to the success of the meeting.

Treatment of Dystonia Workshops Receive Rave Reviews

Diagnosis and proper treatment of dystonia are often delayed because of a clinician’s lack of familiarity with the disorder. Although chemodenervation with botulinum toxin (BTX) plays an increasingly important role in the management of dystonia and other neurologic conditions, therapy with BTX has been limited by the lack of physicians trained in its use.

In an effort to increase awareness of dystonia and train physicians in the use of BTX therapy, The *Movement* Disorder Society

(MDS) and the American Academy of Neurology (AAN) have jointly developed *Treatment of Dystonia: Workshops Demonstrating the Use of Botulinum Toxin*. These programs offer a critical overview of the clinical spectrum, pathophysiology, and treatment of dystonia, with an emphasis on BTX therapy.

The first Treatment of Dystonia Workshop this year was led by Workshop Director, Dr. Karen Blindauer, at the Medical College of Wisconsin in Milwaukee, Wisconsin, USA. Dr. Janice Massey served as Workshop Director for the second workshop at Duke University Medical Center in Durham, North Carolina, USA. Both workshops received rave reviews from participants for their informative lectures, knowledgeable faculty and small group, live patient demonstration sessions. Workshop enrollment was limited to offer participants an opportunity to observe patients with a variety of dystonia sub-types and view live BTX injection procedures by workshop faculty.

MDS and AAN plan to offer an advanced treatment of dystonia workshop this fall in Denver, Colorado, USA. It will be designed to enhance clinicians’ established knowledge of dystonia, spasticity and BTX injections. Due to the success of the workshops in 2003, the AAN and MDS plan to offer six courses in 2004 throughout the US. For further information about the advanced workshop this fall, please contact Julia Marshall, Workshop Coordinator, by e-mail: jmarshall@movementdisorders.org or Tel: +1 414-276-2145.

Announcements/Job Openings

MDS Provides New On-line Services to Members

In Summer 2003, The *Movement* Disorder Society (MDS) launched a campaign to provide additional on-line services to members of MDS. This newly designed Web site at www.movementdisorders.org offers a contemporary look, increased navigational capabilities, and added information about the Society and the field of Movement Disorders.

Phase two of the Web site re-design will include an on-line membership directory for members only, additional details on the 8th International Congress of Parkinson’s Disease and Movement Disorders in Rome, Italy, June 13-17, 2004 and updates on MDS educational courses, workshops, and training programs.

Please take the time to visit the new Web site at www.movementdisorders.org. Any questions or comments about the site can be directed by e-mail to info@movementdisorders.org.

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Announcements/Job Openings

Continued from page 11...

New from WE MOVE

Updated and Expanded Online Dystonia Resources

- Updated dystonia information for lay and professional audiences
- Searchable E-MOVE news service archives on dystonia
- Dystonia resource packet (office tool set) with re-designed TWSTRS laminate, examination record, injection record, and detailed anatomical drawings. Downloadable and printer-friendly files of various dystonia rating scales are available at www.wemove.org/dys_rs.html.
- Dosing laminate entitled “*Adult BTX-A Therapy: Management of Dystonia with Botulinum Toxin Type A. Suggested Adult BOTOX Starting Doses*”
- The long-awaited *Dystonia Monograph* is in its final, prepublication stage
- The newly updated and expanded Dystonia Teaching Slide Set is now online at www.wemove.org/dys_dysv2.html. This teaching tool is available as a downloadable PowerPoint slide set or as an easy-to-navigate, user-friendly, Web-viewable module. The set features 138 slides with extensive, footnoted slide-by-slide narratives, dosing information, tables, and anatomical drawings.

This WE MOVE Dystonia Initiative is funded by an unrestricted educational grant from Allergan, Inc. For more information, please visit the WE MOVE Web site at www.wemove.org or call (212) 875-8312.

Susanne Klein-Vogelbach - Prize 2003

Deadline: September 30, 2003

The “Susanne Klein-Vogelbach - Prize for the Research of Human Movement” is awarded to researchers in neuroscience, orthopedics and anatomy whose work is oriented to a better understanding of the underlying principles of human movement and its rehabilitation. Movement in this context is not restricted to locomotion, rather it covers all kinds of muscular-induced human movement including mime and music.

Authors who have published a scientific paper in this area within the last two years or whose paper has been accepted for publication are entitled to submit their application. Papers in English or German will be preferred. References from a third party are not required. Excluded are papers which have already been submitted for a prize. The prize is endowed with

10.000 CHF (Swiss Francs).

Applications must contain three copies of the submitted paper, a short summary of the content, and a list of publications.

Please send your application (no special form required) by September 30, 2003 at the latest to:

Georg u. Susanne Klein-Vogelbach-Stiftung
Attn. Mrs. Walti
Seestrasse 127
CH-8027 Zürich, Switzerland
E-mail: ew@klosterfrau.ch
Fax: +41 1 208 94 12
Web site: <http://home.t-online.de/home/blewerich/KVPrice2003.htm>

Open Position for Neurologist

Memorial Hospital of Rhode Island is seeking a neurologist, who will qualify at the Assistant Professor level at Brown Medical School. Must be ABPN Board eligible or certified in neurology, preferably with fellowship training in movement disorders. Must be qualified to provide expert care for movement disorders and to assist with expansion of an existing movement disorders patient care service and teaching service. The successful applicant will be expected to share outpatient and inpatient clinical services, teaching of medical, neurology and psychiatry housestaff and fellows in geriatric neurology, geriatric psychiatry, and geriatric medicine, as well as engage in pharmacologic and other clinical research in movement disorders. The Memorial Hospital of Rhode Island Hospital is an EOE/AA employer and actively solicits applications from minorities, women and protected persons. Review of applications will begin immediately and continue until the position is filled or the search is closed. Send C.V. and names of three references to Dr. Joseph Friedman, Search Chairperson, Department of Medicine, Division of Neurology, 111 Brewster Street, Pawtucket, RI 02860, Tel: 401-729-3757, E-mail: Joseph_Friedman@mhri.org.

Movement Disorder Specialist – Southern California

Have it all: Life in one of the most beautiful regions in the United States and a private practice affiliated with the young but rapidly growing *California Neuroscience Institute* at St. John's Regional Medical Center in Oxnard, California. Your practice will draw from the Central California Coast to the

CONTINUED ON PAGE 13

Announcements/Job Openings

Continued from page 12...

West San Fernando Valley, an enormous population currently served by only one specialist. Association with the Institute at St. John's means association with one of the most comprehensive DBS programs in the country, a small but exciting research lab and the opportunity to participate in and help guide its growth. For more information about this opportunity, please contact Kimberly Seidman, Director of the California Neuroscience Institute. E-mail: Kseidman@chw.edu; Tel: (805) 988-7599; Fax (805) 988-8992.

Junior Movement Disorder Position

The Department of Neurology at the University of Louisville is seeking a full-time Board Eligible or Board Certified Neurologist with a completed Fellowship training in Movement Disorders. ECFMG Certification for foreign candidates is essential. The position is designed for a clinician-scientist at the Instructor or Assistant Professor level who wants to succeed in Academic Medicine. The successful candidate will be responsible for the clinical care of Movement Disorder patients in inpatient, consultation, and outpatient settings. He/she will participate in the development and conduction of research studies.

The position is funded by the Department of Neurology of the University of Louisville, one of the major state Universities in KY, and offers a competitive salary and generous benefits package. The successful candidate will achieve intensive experience in clinical assessment and management of patients with unusual Movement Disorders, participation in ongoing clinical research studies and development of original research projects. The position is oriented towards strengthening skills for a career in clinical neuroscience research and offers opportunities to develop areas of professional interest. Interested candidates should send a resume, statement of career interests and objectives, and three letters of recommendation to:

Irene Litvan, M.D.
 Director, Movement Disorder Program
 Department of Neurology
 University of Louisville
 500 South Preston
 A Building, Room 113
 Louisville, KY 40202
 Phone: 502-852-3655/ FAX: 502-852-6344
 E-mail: i.Litvan@louisville.edu

*Women and minorities are encouraged to apply.
 The University of Louisville is an Equal Opportunity Employer.*

Postdoctoral Fellowships Available

Department of Neurodegenerative Disorders, of the Hertie-Institute for Clinical Brain Research, Center of Neurology, University of Tübingen, Germany

The research of the Department is focused on the molecular and genetic basis of neurodegenerative diseases and Movement Disorders and the development of novel methods in diagnosis and treatment.

We are presently seeking highly motivated researchers focusing on the molecular biology and genetics of Parkinson's disease. Current projects include the generation and characterization of animal models as well as the biochemical study of interacting genes and proteins (using gene expression profiling) and the genetic analysis of patient populations.

The department is closely interacting with the other departments of the Neuroscience Center (Dept. of General Neurology, Dept. of Cognitive Neurology, Dept. of Neurobiology) as well as with other groups (Human Genetics, Neuroimaging, Neuropathology) with a major interest in the Neurosciences. The resulting synergies should allow the institute to evolve to one of the leading centers for brain research.

Applications to:

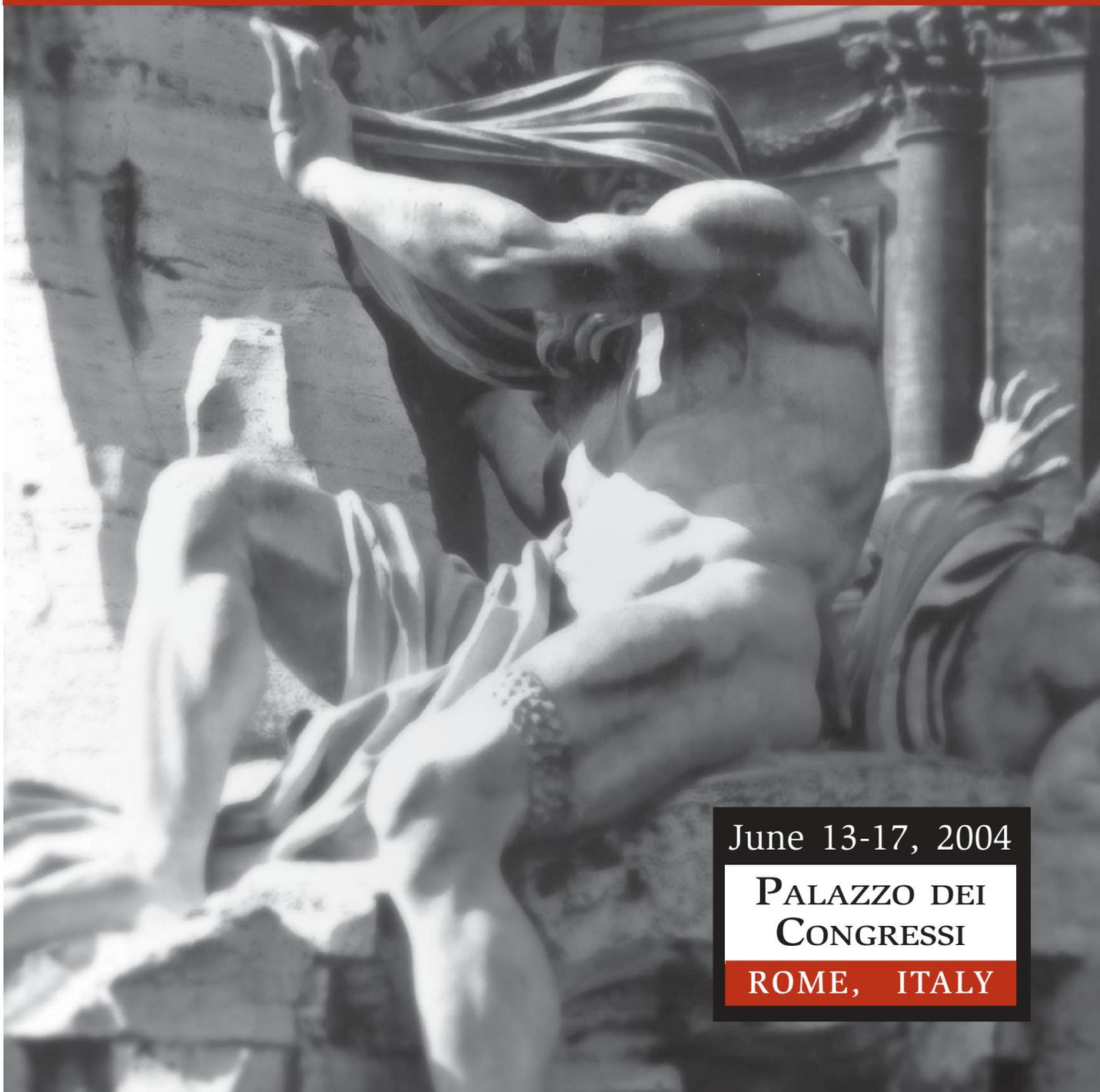
Prof. Dr. Thomas Gasser
 Department of Neurology and
 Hertie Institute for Clinical Brain Research
 Hoppe-Seyler Str. 3
 72076 Tübingen, Germany
 Tel: 07071-29 86529
 Fax: 07071-29 4839
 E-mail: thomas.gasser@med.uni-tuebingen.de

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8TH INTERNATIONAL CONGRESS OF
PARKINSON'S DISEASE & MOVEMENT DISORDERS



June 13-17, 2004

PALAZZO DEI
CONGRESSI

ROME, ITALY

2003

August 16-19, 2003

World Congress on Huntington Disease 2003, Toronto, Canada. Organized by the Research Group on HD and the WFN, the International Huntington Association, the Huntington Study Group and the Huntington Society of Canada. For more information contact: iha@huntington-assoc.com; Web site: www.hsc-ca.org

August 22-24, 2003

21st Annual International Conference of the Benign Essential Blepharospasm Research Foundation, (BEBRF) Inc. Crowne Plaza Hotel, Philadelphia, PA. Contact: BEBRF; TEL: +1-409-832-0788; E-mail: bebrf@ih2000.net

August 30-September 3, 2003

7th European Federation of Neurological Societies Congress. Helsinki, Finland. Contact: EFNS, Neurological Hospital Rosenhugel, Riedelgass 5, A-1130, Vienna, Austria; TEL: 43-1-880-00-270; FAX: 43-1-88-92-581; E-mail: headoffice@efns.org

September 16-20, 2003

27th International Congress of Clinical Neurophysiology/The 50th Anniversary of the American Association of Electrodiagnostic Medicine Annual Scientific Meeting. San Francisco, California. Contact: AAEM, 421 First Avenue SW, Suite 300E, Rochester, MN, 55902; TEL: +1-507-288-0100; FAX: +1-507-288-1225; E-mail: aaem@aaem.net

October 1-4, 2003

Child Neurology Society Annual Meeting. Miami Beach, FL, USA. Contact: Child Neurology Society, 1000 West County Road E, Suite 290, St. Paul, MN 55126; TEL: +1-651-486-9447; FAX: +1-651-486-9436; E-mail: nationaloffice@childneurologysociety.org; Web site: www.childneurologysociety.org

***October 8-10, 2003**

Design, Conduct and Interpretation of Clinical Trials in Movement Disorders. Lisbon, Portugal. Offered by The Movement Disorder Society. Contact: Sofia Mata, Faculdade de Medicina de Lisboa-Piso 4, Instituto de Farmacologia e Terapeutica Geral, Av. Prof. Egas Moniz, 1649-028 Lisboa, Portugal; TEL: +351 21 780 21 20; FAX: +351 21 780 21 29; E-mail: smata@fm.ul.pt or sofia.mata@sapo.pt; Web site: www.movementdisorders.org

***October 10-13, 2003**

Psychogenic Movement Disorders. Aberdeen Woods Conference Center, Atlanta, GA, USA. Sponsored by The Movement Disorder Society. Contact: Meeting Organizer, Mark Hallett, MD, NINDS, NIH Bldg. 10, Rm. 5N226, Bethesda, MD, 20892-1428; TEL: +1-301-496-1561; FAX: +1-301-402-1007; E-mail: mark_hallett@nih.gov

October 18-19, 2003

National Spasmodic Torticollis Association National Symposium 2003. Gold Coast Hotel, Las Vegas, NV, USA. Contact: NSTA, 9920 Talbert Avenue, Suite 233, Fountain Valley, CA, 92708, USA; TEL: +1 714-378-7837; FAX: +1 714-378-7830; E-mail: NSTAmail@aol.com; Web site: www.torticollis.org

October 18-23, 2003

Congress of Neurological Surgeons 53rd Annual Meeting. Colorado Convention Center, Denver, CO, USA. Contact: Congress of Neurological Surgeons, 10 North Martingale Road, Suite 190, Schaumburg, IL, USA, 60173; TEL: +1-847-240-2500; FAX: +1-847+240-0804; E-mail: info@1cns.org

October 19-22, 2003

128th Annual Meeting of the American Neurological Association. San Francisco, CA, USA. Contact: American Neurological Association, 5841 Cedar Lake Road, Suite 204, Minneapolis, MN 55416; TEL: +1-952-545-6284; FAX: +1-952-545-6073; E-mail: lorijanderson@msn.com

***October 25, 2003**

Treatment of Dystonia: Advanced Workshop Demonstrating the Use of Botulinum Toxin. Denver, Colorado, USA. Contact: Julia Marshall, MDS Meetings Coordinator; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: jmarshall@movementdisorders.org; Web site: www.movementdisorders.org

November 5-8, 2003

14th International Symposium on the Autonomic Nervous System. St. Thomas, U.S. Virgin Islands. Contact: Anita Zeller, AAS Executive Secretary, American Autonomic Society, 5458 193rd St. W., Farmington, MN 55024; TEL: +1-651-463-4119; FAX: +1-651-463-2009; E-mail: zeller.anita@mayo.edu; Web site: www.americanautonomicsociety.org

November 8-12, 2003

33rd Annual Meeting of the Society for Neuroscience. New Orleans, LA, USA. Contact: Jamie Swank, Society for Neuroscience, 11 Dupont Circle, N.W., Suite 500, Washington, D.C. 20036; TEL: +1-202-462-6688; FAX: +1-202-462-9740; E-mail: info@sfn.org; Web site: http://web.sfn.org

***December 3-6, 2003**

2nd Parkinson's Disease and Movement Disorders Symposium. National Neuroscience Institute, Singapore. Contact: Dr. Louis Tan, 11 Jalan Tan Tock Seng, Singapore 308433; TEL: 65-6357-7171; FAX: 65-6357-7137; E-mail: louis_tan@ttsh.com.sg; Web site: http://www.nni.com.sg

***December 6-7, 2003**

World Parkinson's Day International Symposium. Mumbai, India. Contact: Ms. Katie M. Vania; TEL: 91-22-206-8787; FAX: 91-22-283-6926; E-mail: ktvania@vsnl.com

2004

January 12-16, 2004

15th International Congress on Parkinson's Disease. Beijing, China. Contact: XV International Congress on Parkinson's Disease; c/o International Convention Services; Chinese Medical Association; 42 Dongsi Xidajie; Beijing 100710, China; TEL: 86-10-6524-9989 ext. 2456; FAX: 86-10-6512-3754 / 6524-4086; E-mail: xvicpd@chinamed.com.cn

***January 15, 2004**

Management of Parkinson's Disease Symptoms: An Evidence-Based Review. Miami Beach, Florida, USA. Contact: Jody McCarthy, MDS Director of Education; TEL: +1 414-276-2145; FAX: +1 414-276-3349; E-mail: jmccarthy@movementdisorders.org; Web site: www.movementdisorders.org

***January 30, 2004**

Workshop on Botulinum Toxins in Neurological Practice. Queen Square, London, United Kingdom. Contact: Karen Henley, MDS Associate Executive Director; E-mail: khenley@movementdisorders.org; Web site: www.movementdisorders.org

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***February 20-21, 2004**

First Symposium on Paediatric Movement Disorders. Barcelona, Spain. Contact: Marta Pla, Suport Servicio, Calvet, 30.08021, Barcelona, Spain; TEL: +34 93 2017571; FAX: +34 93 2019789; E-mail: martapla@suportserveis.com

March 14-16, 2004

First Congress of The Cuban Society of Clinical Neurophysiology. Meliá Havana Hotel, Havana, Cuba. Contact: Dr. Calixto Machado, MD, PhD, President, First Congress of The Cuban Society of Clinical Neurophysiology, Instituto de Neurología y Neurocirugía, 29 y D, Vedado, Apartado Postal 4268, Ciudad de La Habana 10400; TEL: 537-553022 Ext. 218; FAX: 537-202 8382; E-mail: nfccubana@infomed.sld.cu/braind@infomed.sld.cu; Web site: http://www.sld.cu/eventos/nfccubana/index.htm

April 24-May 1, 2004

American Academy of Neurology 56th Annual Meeting. San Francisco, CA, USA. Contact: American Academy of Neurology, 1080 Montreal Avenue, St. Paul, MN 55116; TEL: +1-651-695-1940; E-mail: web@aan.com; Web site: www.aan.com

June 8-12, 2004

Canadian Congress of Neurological Sciences. Calgary, AB, Canada. Contact: Canadian Congress of Neurological Sciences, P.O. Box 5456, Station A, Calgary, AB, T2H 1X8 Canada; TEL: +1-403-229-9544; FAX: +1-403-229-1661; E-mail: brains@ccns.org

June 11-12, 2004

3rd Brain Stem Society Meeting. University La Sapienza, Rome, Italy. Contact: Monica Daliana O.I.C. s.r.l., Viale G. Matteotti 7, 50121 Firenze, Italy; TEL: +39 055 5035205; FAX +39 055 570227; E-mail: m.daliana@oic.it

*** Meetings Sponsored/Endorsed by MDS**

Advertisement Placement Information

Advertising in *Moving Along* is free to non-profit organizations! For more information, contact: Jennifer E. Kehoe, Program Manager
The Movement Disorder Society
611 East Wells Street, Milwaukee, WI 53202
Tel: +1 414-276-2145 • Fax: +1 414-276-3349 • E-mail: jkehoe@movementdisorders.org
Please note all ads appear in paragraph format. When forwarding your ad, please indicate any bolding or capitalization.

***June 13-17, 2004**

8th International Congress of Parkinson's Disease and Movement Disorders. Palazzo dei Congressi, Rome, Italy. Offered by The Movement Disorder Society. Contact: The Movement Disorder Society, 611 E. Wells Street, Milwaukee, WI, USA; TEL: +1-414-276-2145; FAX: +1-414-276-3349; E-mail: congress@movementdisorders.org; Web site: www.movementdisorders.org

June 26-30, 2004

14th Meeting of the European Neurological Society. Barcelona, Spain. Web site: www.ensinfo.com

September 4-9, 2004

8th European Federation of Neurological Societies Congress. Paris, France. Contact: EFNS, Neurological Hospital Rosenhugel, Riedelgass 5, A-1130, Vienna, Austria; TEL: 43-1-880-00-270; FAX: 43-1-88-92-581; E-mail: headoffice@efns.org

October 3-6, 2004

129th Annual Meeting of the American Neurological Association. The Sheraton Toronto, Toronto, ON, Canada. Contact: American Neurological Association, 5841 Cedar Lake Road, Suite 204, Minneapolis, MN 55416; TEL: +1-952-545-6284; FAX: +1-952-545-6073; E-mail: lorijanderson@msn.com; Web site: www.aneuroa.org

October 16-21, 2004

Congress of Neurological Surgeons 54th Annual Meeting. San Francisco, CA, USA. Contact: Congress of Neurological Surgeons, 10 North Martingale Road, Suite 190, Schaumburg, IL, USA, 60173; TEL: +1-847-240-2500; FAX: +1-847+240-0804; E-mail: info@1cns.org

October 23-27, 2004

34th Annual Meeting of the Society for Neuroscience. San Diego, CA, USA. Contact: Society for Neuroscience, 11 Dupont Circle, N.W., Suite 500, Washington DC 20036; TEL: +1-202-462-6688; E-mail: info@sfn.org

October 24-27, 2004

Mental Dysfunctions in Parkinson's Disease. Salzburg, Austria. Contact: Mental Dysfunctions in Parkinson's Disease, Kenes International, 17 Rue du Cendrier, P.O. Box 1726, CH-1211, Geneva 1, Switzerland; TEL: 41-22-908-0488; FAX: 44-847-127-5678; E-mail: PDment2004@kenes.com; Web site: www.kenes.com/PDment2004

Membership at Record High!

As of June 2003, MDS membership is at a record high 1,850 members! We are well on our way to our landmark goal of 2,000 international members. Please continue to encourage your colleagues to join MDS, so they may share knowledge, promote research and guide public policy in the field of Movement Disorders.

The MDS Web site has a new look!

Visit the newly redesigned MDS Web site at

www.movementdisorders.org

New features include:

- Additional on-line services
- Increased navigational capabilities
- Expanded information on the Society and the field of Movement Disorders