

Moving Along

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Editorial

This second 2001 issue of *Moving Along*, the official newsletter of The *Movement Disorder Society* (MDS), will follow-up and expand on some of the features of the first, after the encouraging feedback received. We intend to expand on the planned series of "Controversy" articles that in the last issue dealt with the role of fetal transplantation in the treatment of Parkinson's disease (PD), which followed the publication of the first double-blind trial on such a procedure in the spring of 2001. This series of articles is intended to spark discussions on controversial issues in movement disorders. In the current issue, we would also like to include the readership of *Moving Along* in this discussion. We strongly invite you to send comments and statements on these controversies and suggest further themes you are interested in discussing (e-mail to info@movementdisorders.org). Excerpts may be published in upcoming issues of this Newsletter. In addition, we want to provide our readers the possibility to vote on the controversial issues. The vote can be posted through the MDS website (www.movementdisorders.org/movdis.html), by e-mail (info@movementdisorders.org) or by fax (001 414 276 3349).



Irene Litvan, MD



Thomas Gasser, MD

The controversy in the current issue will focus once again on an important topic, the surgical treatment of late-stage PD. Subthalamic deep-brain stimulation (DBS) has received increasing attention as

QUESTIONS	
1. Do you think that Pallidotomy should be abandoned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did your opinion on the usefulness of pallidotomy change after reading the current <i>Moving Along</i> controversy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What issues would you like to read about in future "controversies"?	
a. _____	
b. _____	
c. _____	

a treatment modality and has all but displaced pallidotomy in the operating room in many centers. The question therefore arises: *Should pallidotomy be abandoned?* Dr. Alim-Louis Benabid, one of the pioneers of DBS, will argue in its favor, while Dr. Malon DeLong, on whose groundbreaking work much of present surgical treatment in PD is based, will emphasize the advantages of this procedure, which make it, in his opinion, a viable and in some cases, even a preferred surgical option. We are particularly keen on learning about the opinion of our readers on this important topic.

We will continue with the other newly added newsletter features, like the public policy statement (in this issue contributed by Dr. Mizuno on the social burden of PD in Japan) and the MDS task force reports (in this issue contributed by Dr. Sampaio on the work of the task force on evidence-based therapy).

As a preface to this issue of *Moving Along*, I am proud to bring you up-to-date on the outstanding educational opportunities, member-focused initiatives and global outreach activities implemented over the past few months, as well as those currently in development.

On July 26-27, the MDS Officers and International Executive Committee met in Helsinki to discuss operational, governance and administrative issues, and to review new and ongoing MDS initiatives and activities. Overall, MDS presented itself as a society on a steady path of success in achieving its missions and goals. One of the highlights of the meeting was the editor's announcement that our journal has made a significant jump forward regarding its impact factor ranking from 1999 – 2000. The impact factor of *Movement Disorders* went up from 2.5 to 3.7, ranking us at 13th place out of 136 clinical neurology journals and moving our journal into the top 10%. Congratulations to our journal editors and their board!

To enhance the experience of younger members in MDS, an e-mail survey was sent in September to the MDS membership soliciting the interest of those forty years of age and under in forming a committee addressing the needs of younger members. MDS is planning to convene a meeting during the 2002 International Congress to determine the future direction of this program.

Through its commitment to assisting the healthcare profession in Developing Countries, MDS is developing a Visiting Professorships Program. This program will provide education to healthcare professionals in Developing Countries, to further enhance the quality of treatment and care for individuals with movement disorders. Our goal is to educate physicians and other healthcare professionals, about movement disorders and their management, and provide educational materials about movement disorders and their treatment. The European Section of MDS has – in collaboration with the EFNS – already contributed visiting lecturers to events in Trest, Czech Republic, of which Dr. Dirk Dressler and Dr. Carlo Colosimo participated, and most recently Chisinau, Moldava, where Dr. Carlo

Colosimo, Dr. David Burn and Dr. Peter Moore presented.

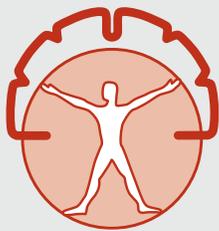
Other activities on the educational front of MDS include an ongoing program of dystonia workshops focussing on the use of botulinum toxin, which have been organized in the United States – last in October in Seattle, Washington. MDS will also be collaborating with the American Academy of Neurology in 2002-2003 in order to offer regional programming in the United States addressing the treatment of dystonia and spasticity.

The European Section is presently developing a CD-ROM for dissemination to all MDS members on muscle targeting for botulinum toxin injection. Dr. Peter Moore is the co-ordinator for this exciting project, with Dr. Cynthia Comella acting as MDS consultant and a review panel comprised of Professors Werner Poewe, Andrew Lees, Eduardo Tolosa and Günter Deuschl. Plans are on the way to organize a series of workshops on the use of botulinum toxin also in Europe.

Unfortunately, due to the tragic events of September 11, the Wilson's Disease Symposium was cancelled. The meeting organizers are currently looking at options for rescheduling this meeting in 2002. During the past few months, as the unthinkable news of the September 11 attacks spread across the world, the hearts and sympathies of the international community have gone out to all who have been touched by the tragedy.

The International Symposium on Mental and Behavioral Dysfunction in Movement Disorders organized by Dr. Bédard and his colleagues in Montreal, Canada, however, went ahead as an MDS co-sponsored event from October 10 – 13, 2001, and was highly successful despite the reverberations of the September 11 tragedy.

Recently the MDS membership was presented with amended bylaws to our society and asked to register their approval. This had become necessary to bring our current documents into compliance with New York state law. One of the important changes in our new bylaws relates to



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The *Movement Disorder Society*
 Administrative Secretariat
 Caley A. Kleczka
 Director of Administration
 611 East Wells Street
 Milwaukee, Wisconsin 53202 USA
 Tele: +1 414 276 2145
 Fax: +1 414 276 3349
 E-mail:
 ckleczka@movementdisorders.org

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Controversies in the Treatment of Parkinson's Disease

Why Pallidotomy Should Not Be Abandoned

— Malon DeLong, MD

Pallidotomy for the treatment of Parkinson's disease has, in most centers, been largely replaced by deep brain stimulation (DBS) of the subthalamic nucleus (STN) and to a lesser extent of the pallidum. The most obvious reasons for this shift are that DBS is less invasive, the side effects associated with stimulation are reversible and that the degree of benefit can be optimized by adjusting stimulation parameters. More importantly, DBS can be performed bilaterally with minimal risk of speech impairment. Advocates for DBS also point to the potential neuroprotective effect of DBS and argue that pallidotomy may compromise the effectiveness of future treatments because of the permanent interruption of the motor circuitry of the basal ganglia. These, however, are theoretical arguments, lacking hard support. Also, there are no data to support the contention that unilateral pallidotomy is less effective than unilateral DBS or that the long-term results are less enduring.

In my opinion, pallidotomy remains a viable, and even a preferred surgical option for certain patients, in particular asymmetric patients with prominent tremor or drug-induced dyskinesias who require only unilateral surgery. Older patients or others with reduced life expectancy are also appropriate candidates for pallidotomy. In addition, pallidotomy offers significant advantages over DBS. Pallidotomy is far less expensive, there is no need for time-consuming adjustments of stimulation parameters or replacement of batteries, and the patient is freed from the risk of infection and mechanical breakdown of leads or of the stimulator. Obviously for patients in many parts of the world access to the device and follow up for adjustments are totally impractical, even in rural areas of many developed countries.

It remains uncertain whether unilateral pallidotomy offers any long-term advantage over DBS or visa versa. One could argue that pallidotomy involving the sensorimotor portions of the inner pallidal segment (GPi) is less likely to lead to the development of the behavioral or cognitive impairments that are increasingly reported with DBS of the STN. It is now clear, however, that when pallidotomy involves more rostral or medial portions of the GPi there is a risk of cognitive impairment. Because lesion placement appears to be so critical for the final outcome of the procedures, optimal pallidotomy may require greater skill and accuracy on the part of the surgeon than does DBS. Although there is concern over creating an additional

lesion in an already diseased brain it must also be considered that chronic unphysiologic electrical stimulation could also cause untoward effects, including sprouting and maladaptive neuroplastic change. The permanent interruption of abnormal neural activity in motor circuits by ablative procedures such as pallidotomy may be preferable if this were true.

With the available data it is difficult to advocate bilateral pallidotomy because of the increased risk of speech impairment. If, however, the basis of this were better understood or if complications could be avoided by a change in lesioning techniques (e.g., use of a fiber-sparing neurotoxin) this too might become a viable surgical option. Certainly, unilateral pallidotomy can be followed by pallidal stimulation on the contralateral side if the need develops. Whether bilateral stimulation has any advantage over combined pallidotomy and stimulation has not been determined. Thus, before abandoning pallidotomy we should do the necessary studies and compare the different procedures head-to-head. ●

Why Should We Abandon Pallidotomy?

— Alim-Louis Benabid, MD, PhD

Treatments are living entities, they are born, culminate and die. They even may, as a Phoenix, resuscitate, for another span of time. Such has been pallidotomy's life story.

Born from Hassler's concepts and Cooper's deductions, it was abandoned when Cooper realized he was actually doing thalamotomies. Revived by Leksell, it was abandoned again by him, when results did not match expectations. Resuscitated again in the 90's by Laitinen and Hariz and supported by DeLong's basic work, pallidotomy has enjoyed a new reputed life, largely because it was addressing at this point in time a totally new disease, of iatrogenic origin, represented by levodopa-induced dyskinesias. The efficiency of pallidotomy on levodopa-induced dyskinesias is obviously unmatched, except maybe by the Central Median-Parafascicularis Nucleus (CM-Pf) target. This by itself could justify its continuing survival. Then why should we still abandon it? There are many reasons:

1. The first, and main one, is that levodopa-induced dyskinesias can be suppressed as well by decreasing the drug dosage, which is consistently allowed by chronic high frequency stimulation of the subthalamic nucleus.

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MDS-European Section~Moving Forward

— Professor Andrew J. Lees, Chairman, European Section

The European Section of MDS is moving forward at a rapid pace. We were delighted to be able to report on a number of ongoing and planned initiatives when the MDS Officers and International Executive Committee met in Helsinki in July. Please remember that if you are a member of MDS and you live in Europe, you are automatically a member of MDS-ES and your participation in our activities is welcomed most warmly.

The Deep Brain Stimulation Workshop held in Kiel, Germany in June. This enthusiastically received workshop brought together 50 international faculty members and 50 participants to discuss, review and standardize current procedures in deep brain stimulation.

Formal affiliation with the European Federation of Neurological Societies. Members of the MDS-ES Executive Committee have negotiated a formal affiliation with the EFNS, effective from 2002. MDS-ES is now responsible for the annual EFNS congress movement disorders program, including the plenary symposium, the teaching course, the European Basal Ganglia Club invited lecture and the satellite symposia.

To see the Movement Disorder program for EFNS Vienna 2002, visit www.efns.org/efns2002. Please support MDS-ES by registering for the Congress and by participating in the Movement Disorder activities.

EFNS Teaching Lectureships. MDS-ES has sponsored five invited lectureships to EFNS teaching courses in Eastern Europe, funded by an unrestricted educational grant from Elan Europe. Invited lecturers, Dr. Carlo Colosimo, Dr. Dirk Dressler, Dr. David Burn and Dr. Peter Moore, have given generously of their time to support this important teaching initiative. EFNS have expressed their gratitude and have asked us to continue working with them in bringing education on movement disorders to colleagues in this area.

Coming Soon: Botulinum toxin workshops. MDS-ES is planning a series of workshops on the use of Botulinum toxin within Europe. Further details will be circulated to MDS-ES members once venues and speakers have been confirmed.

Coming in 2002: International Workshop on Parkinsonism and Dementia. This important workshop on *Parkinsonism and Dementia: Synucleinopathies, Tauopathies and Beyond* has been arranged under the Chairmanship of Professor Murat Emre and Professor Andrew Lees. The venue is Istanbul, Tur-

key, May 9-11, 2002. Please put this in your diary! The Turkish Medical Association has awarded 14 hours of CME credit for this activity. Full details of the workshop can be obtained from:

Vista Tourism
Meclisi Mebusan Cad.m No: 83
Vista Plaza, Kat:6-7
80190 Salipazari-Karakoy
Istanbul, Turkey
Tel: +90-212 293 93 08
Fax: +90-212-244 12 33
e-mail: events@vistatourism.com
web: www.vistatourism.com

Coming in 2002: Alpine Basal Ganglia Club meeting. The next meeting of the Alpine Basal Ganglia Club will be held in Croatia Plitvice National Park, September 18-21, 2002. Details of the meeting may be obtained from:

Professor Maya Relja, MD, PhD
Department of Neurology
Zagreb University Medical School
Kispaticeva 12
ZAGREB 10000
Croatia
Tel: +385-1-23 88 345
Fax: +385-1-23 218 46
e-mail: mrelja@mef.hr

Movement Disorders

The impact factor of our journal has jumped spectacularly to 3.7, and we invite your continued submission of papers to either the Eastern or Western offices. Please visit the journal's website at www.interscience.wiley.com/jpages/0885-3185/ and consider submitting high quality digital video material for posting directly onto the website.

European Section Objectives

The MDS-European Section is determined to develop into the premier organization for promulgating new research and therapeutic endeavors in movement disorders throughout Europe. Our formal affiliation with the EFNS will encourage general neurologists to develop a special interest in movement disorders and become members of MDS. We plan to provide training guidelines for use in Europe, and criteria for Movement Disorder Centers of excellence. We will help and encour-

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age colleagues in Eastern Europe to develop the field of movement disorders and will ensure that top opinion leaders from the Americas are actively involved in MDS-ES courses. We plan to develop fruitful links with neuroscientific groups involved in basal ganglia research through pan-European collaborations and focused workshops on scientific topics.

Your involvement in these activities and objectives is crucial to the success of the field of movement disorders within Europe and I look forward to working with you over the next year to further this exciting program. Do encourage your colleagues and junior staff to join The *Movement Disorder Society*, and to collaborate with us in promoting our specialty throughout Europe. ●

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Editorial

Caley Kleczka has joined the MDS staff as Director of Administration. We welcome her with enthusiasm. She assumes the role previously held by Kim Stanton, who has accepted a new position with the American Academy of Allergy, Asthma and Immunology. We deeply thank Kim for all her help in the editorial process of *Moving Along*. Her enthusiasm and thoughtfulness will be hard to replace.

We wish all our readers a peaceful and happy Holiday Season and our best wishes for a happy, healthy and successful New Year! ●

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 concern? A complaint? A compliment? Each issue will include a sample of the reader responses we've received. All materials submitted become the property of MDS.

Address your communications to:
 Editor: *Moving Along*
 MDS
 611 East Wells Street
 Milwaukee, WI 53202
 Tele: +1 414 276 2145
 Fax: +1 414 276 3349
 E-mail: info@movementdisorders.org

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President's Letter

the requirement to hold annual business meetings instead of the former practice of only assembling the membership once every two years on the occasion of our international congresses. I am pleased to report that the amended MDS bylaws were approved at that time and will be made available to members on the MDS website and in print version. The 2001 MDS business meeting was held on November 30 in Miami and the practice of annual business meetings will continue in future years.

Lastly, the International Congress Organizing Committee (ICOC), chaired by Dr. William C. Koller, is moving forward with the planning of an exciting, informative scientific program and a variety of social events for our 7th International Congress, November 10-14, 2002 in Miami, Florida, USA. Dr. Koller's article in this issue of *Moving Along* contains additional details of the 7th International Congress. ●

Continued from page 3...

Why Should We Abandon Pallidotomy?

2. Second, the reported improvement on clinical scale scores does not match in magnitude the results of chronic high frequency stimulation of the subthalamic nucleus, neither in time as the improvement rate decreases along time. If this is still the best treatment for dyskinesias, this is not true for the other symptoms of Parkinson's disease.
3. Third, bilateral pallidotomies are still plagued with a too high rate of complications, and most reports are about unilateral pallidotomy.
4. Fourth, medication is usually not significantly decreased.
5. Fifth, pallidotomy creates an additional lesion in an already sick brain, which is irreversible, as are the complications when they happen.

On the other hand, abandonment of pallidotomy is made easier by the existence of an alternative procedure, which is not even pallidal stimulation, but subthalamic nucleus high frequency stimulation. This procedure can be safely performed bilaterally, is adjustable to patient's needs, does not create irreversible lesions, and might even be neuroprotective. Moreover, in case a new, highly performing, not dyskinesia inducing, treatment would become available, the patient would have his stimulators turned off and would not keep as a memory an iatrogenic brain lesion. ●

SIC-statement

— Thomas Gasser, MD

The Scientific Issues Committee (SIC) of The *Movement Disorders Society* is currently engaged in several tasks. The SIC has reviewed the work submitted by the Evidence-Based Medicine Task Force on the treatment of Parkinson's disease (See Dr. Sampaio's article, on page 7). In addition, in an attempt to standardize the use of clinical diagnostic criteria for the different parkinsonian disorders for everyday clinical practice and clinical research, the SIC has called for a Task Force that is reviewing existing criteria for the diagnosis of these disorders. The members of this Task Force led by Dr. Litvan are: Drs. Kalish Bhatia, David Burn, Christopher Goetz, Anthony Lang, Ian McKeith, Niall Quinn, Kappil Sethi, Cliff Shults, and Gregor Wenning. The lack of appropriately validated diagnostic criteria remains a challenge to both movement disorders specialists and general neurologists. It is the hope of the Task Force that a critical review of existing criteria will allow the clinician to choose the diagnostic criteria that have less drawbacks, rather than those that are more known.

Finally, a report of a task force led by Tom Gasser on the current status of molecular genetic diagnosis in movement disorders is in the final stages of revision, and will be made public in the near future. ●

MDS Membership Update ~ 2002 Dues Renewal

2002 is going to be an exciting year for MDS, with the 7th International Congress of Parkinson's Disease and Movement Disorders, global educational initiatives, and enhanced Web site services, just to name a few. MDS's success is because of you, our members. So, continue reaping the benefits of membership and be on the look out for the second dues renewal notice in early January 2002. ●

Burden of Movement Disorders in Japan

— Yoshikuni Mizuno, MD

Parkinson's disease is the most common movement disorder in Japan. Its prevalence is approximately 1/1000, about half of that in western countries, however, as the population of Japan is 120 million, the number of patients is estimated to be 120,000.

Many antiparkinsonian drugs are available, including levodopa/carbidopa, levodopa/benserazide, bromocriptine, pergolide, talipexole, cabergoline, selegiline, amantadine HCl, l-threo-dops, and anticholinergics. Antiparkinsonian drugs are rather expensive, particularly new drugs such as the dopamine agonists and the monoamine oxidase inhibitors.

Today, practically all Japanese people have medical insurance. Coverage depends on the severity of the illness. For patients in stages I and II, 70-90% of medical expenses are covered depending on the types of insurance. If patients are in a Hoehn and Yahr state III or above, 100% of the medical expenses are reimbursed by their local government.

One of our problems is slow marketing of antiparkinsonian drugs. In Japan, we do not have pramipexole, ropinirole, entacapone, or Sinemet CR. In addition, drugs for the treatment of levodopa-induced psychosis and depression are rather limited.

We have an organization for patients and caregivers, the Japanese Parkinson's Disease Association, but only 5% of the patients participate in it. Still, many patients are reluctant to appear in public. Our job as neurologists specialized in movement disorders is to improve the quality of life of the patients and their families, so that they can enjoy their lives as we do. To this effect, we are to conduct a Global Parkinson's Disease Survey (GPDS) to study the factors influencing the quality of life of Parkinson's disease patients. In addition, it would be of interest for the Japanese neurologists to know more people with movement disorders in the Asian countries and to do something for them. ●

Task Force on Evidence-Based Medicine in Movement Disorders

— Cristina Sampaio MD, PhD, Chair

Aims

The generic goal of this task force is to promote the use of an evidence-based approach in the prevention, diagnosis and treatment of movement disorders. The availability of robust clinical data is paramount to this objective; thus, it is also the intent of the task force to contribute methodological expertise for the design and conduction of high-quality clinical studies.

Members

Francisco Cardoso, Carl Clarke, Christopher G. Goetz, Bob Holloway, Bob van Hilten, Peter Moore, Olivier Rascol, Cristina Sampaio.

Background

Evidence-based medicine (EBM) is a *tool* to improve the quality of care delivered in a particular setting. There are many definitions of EBM, but the one by David Sackett summarizes well the essence of the process: “*Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available, external clinical evidence from systematic research.*”

The practice of EBM implies that individual physicians do have quick access to the relevant, external clinical evidence. Since this access also means the ability of evaluating and interpreting the data, skills that are not always well developed, there is need to produce updated databases of critically selected data, ready for use, and to develop the skill of critical appraisal of clinical studies.

The Cochrane Collaboration is one of the most well established enterprises dedicated to producing high-quality, systematic reviews of clinical trials pertaining to therapeutic interventions. The Cochrane Collaboration includes the Movement Disorder Cochrane Review group (MovDisCRG), active since 1995. Several members of the present task force are also active collaborators of the MovDisCRG.

A couple of years ago, The *Movement Disorder Society* (MDS) decided to produce a comprehensive, “evidence-based review of Parkinson’s disease therapeutic interventions.” This

project, chaired by Prof. Werner Poewe, enrolled more than thirty movement disorder specialists and methodologists nominated by MDS. The review is now about to be published (end of 2001).

As a means of giving continuity to this effort, the present task force was created with the aims expressed above. Thus, the areas of action of the task force are twofold: education and methodology expertise.

Education refers mainly to the development of skills for producing high-quality clinical studies and for critical appraisal of the studies already available. The educational strategy will include classic methods of teaching, hence the course in clinical trials methodology planned for 2002. Further, other methods of education, namely on-line via the Internet, will be explored.

Methodology expertise is to be made available by means of “Points to Consider” documents. These are documents developed to provide methodological advice on selected topics. Topics will be identified by the task force on the basis of perceived difficulty in addressing them in clinical studies, due to methodological pitfalls; and/or because available clinical trials are insufficient to provide a clear answer; and/or because there is an unmet need for adequate clinical trials. The task force intends to consult outside its own ranks whenever necessary in order to assure the availability of specific know-how. The first “Point to Consider” document will discuss clinical trials on neuroprotection.

The task force will not engage in the development of treatment guidelines because these should be developed at a national or regional level. However, the task force might consider giving sporadic technical support to groups of MDS members aiming to produce such guidelines. Nevertheless, the task force will build a Web-based database of treatment guidelines related to movement disorders, available worldwide.

The task force is firmly convinced that, in liaison with other MDS-specific committees, it can contribute by giving physicians interested in movement disorders a new forum where they may find useful tools both for everyday clinical practice and for planning their clinical research. ●

Meetings

Expert Course and Workshop on Deep Brain Stimulation, Salzau/Kiel, Germany, 3-7 June 2001

— Güenther Deuschl, Course Director, Kiel, Germany

The MDS-ES has opened a new line of courses organized as a special benefit for MDS members. The first of these courses was dedicated to the education of specialists for deep brain stimulation of movement disorders. Fifty participants from twenty-one countries were selected by the Educational Committee out of ninety applicants already experienced with this new treatment. Over the course of the meeting, the faculty of twenty-seven members from the major implantation centers worldwide covered all the major topics from the basic sciences to the detailed care of these patients. Areas of extensive discussion included:

- Anatomy and physiology of the basal ganglia and thalamus
- Indications and patient selection suitable for surgery
- Locating the optimal site for implantation
- Side effects, optimizing medical treatment and stimulation post-implantation

The presence of the faculty during the entire meeting and the informal atmosphere of the countryside castle contributed to the success of this highly interactive and motivating course.



The ratings were high and 100% of the participants voted for repeating this course. The program was accredited by the German Society of Neurology and the EFNS and participants received a document from the MDS acknowledging their education as a specialist for the treatment of patients with deep brain stimulators. The Proceedings of the Workshop will be published as a supplement to the MDS journal, *Movement Disorders*. ●

Miami Congress Program Promises Global Perspective

— William C. Koller, MD, Chair, International Congress Organizing Committee

The International Congress Organizing Committee (ICOC) has made great progress toward the success of MDS's 7th International Congress of Parkinson's Disease and Movement Disorders, set to take place in beautiful South Beach, Miami, Florida, November 10-14, 2002.

Scientific program developed

The 7th International Congress promises to provide diverse, global perspectives on scientific and global topics relative to movement disorders. The ICOC is committed to faculty representation from young scientists and colleagues from numerous countries throughout the world. The plenary session agenda will certainly evoke delegate interest by focusing on current issues as well as new treatments and studies in the field of movement disorders.

Wine and cheese seminars, modeled after the popular "tapas" seminars from the 6th International Congress in Barcelona,

will offer scientific and clinical approaches to movement disorders through a variety of topics including:

- Autonomic nervous system dysfunction in neurodegenerative disease;
- Advances in stiff man's syndrome;
- Treatment options in tremor disorders;
- Management of levodopa-induced hallucinations/behavioral disturbance;
- Patient selection/monitoring for surgery in PD;
- Update on Huntington's disease;
- How to evaluate clinical trials in movement disorders;
- Restless leg syndrome and sleep problems in PD;
- Diagnosis and management of motor complications;
- Parkinsonism – PSP, MSA, CBGD: Clinical update;
- Gene therapy for PD;
- Ataxias;

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- The basics of protein accumulation;
- Botulinum toxins: What is new?
- Recent advances of Wilson's disease/dopa-responsive dystonia;
- Dementia with Lewy Body;
- Systemic diseases that cause movement disorders;
- Pediatric movement disorders;
- Magnetic stimulation in movement disorders;
- Speech disorders in movement disorders.

To enhance discussion and interaction during wine and cheese sessions, attendance will be limited to a maximum of seventy-five participants per session; separate registration will be required.

Video sessions will also return for the Miami Congress. Video presentations of atypical movement disorders will engage delegates and generate clinical discussions. To ensure greater interaction, video sessions will also be limited to a maximum of seventy-five participants.

Social events

Miami has long been famous for its tropical beaches and natural beauty, and has earned a reputation as an important arts and cultural center. The Miami Local Organizing Committee has created an exciting social events schedule, taking advantage of the diversity of Southern Florida.

The Welcome Reception, directly following the Opening Ceremony on Sunday evening, November 10, will take place on the Great Lawn of the Fontainebleau Hilton, congress headquarters. The Atlantic Ocean will provide the backdrop for this gathering of congress delegates and guests, to include steel drum music, cocktails and hors d'oeuvres.

Miami's Seaquarium, adjacent to beautiful Biscayne Bay, will be the location for the congress banquet on Wednesday evening, November 13. Taking advantage of the casual Floridian lifestyle, guests will be encouraged to dress informally and stroll through the park before dinner, enjoying the many aquariums with more than 100 species of marine life, including the Florida manatee. Special flipper dolphin and killer whale shows will be featured, followed by dinner and dancing. Reservations may be made via the congress registration form.

An exciting package of optional tours will also be offered, including an intra-coastal waterway tour of local sites; an airboat exploration of the Everglades, home to a number of rare and endangered species; a tour of the historic Art Deco district of Miami's South Beach; and a variety of shopping excursions.

Preliminary program brochure to be released in early 2002

Interested participants will have the opportunity to review the complete congress program in February 2002, when the preliminary program and registration materials become available. In addition to the printed brochure, information may be accessed via the MDS Web site at: www.movementdisorders.org.

Call for abstracts

The call for abstracts will also be included with the preliminary program. The preferred means of abstract submission is via the Internet. Abstracts will be accepted beginning January 15, 2002. The deadline for paper/disk submissions is May 15; Internet submissions are due May 31, 2002.

Sponsorship and exhibit opportunities

The Sponsorship Opportunities and Exhibitor Prospectus brochure has generated a great deal of interest from industry and related partnership organizations. To obtain a copy, please access the MDS Web site, or contact the Congress Secretariat:

MDS Congress Secretariat
 611 East Wells Street
 Milwaukee, WI 53202, USA
 Tel: +1 414 276 2145
 Fax: +1 414 276 3349
 E-mail: congress@movementdisorders.org
 Web site: www.movementdisorders.org ●

THE MOVEMENT DISORDER SOCIETY'S
 7th International Congress of Parkinson's
 Disease and Movement Disorders



MIAMI
 FLORIDA

NOVEMBER 10-14, 2002
 FONTAINEBLEAU HILTON



Announcements

Symposium on Movement Disorders:

The Alpine Basal Ganglia Club

The Plitvice Lake National Park, Croatia

September 18-21, 2002

Organized by:

Medical School University of Zagreb

Croatian Medical Association

First Announcement

Join your colleagues at the 4th Alpine Basal Ganglia Club Symposium, September 18-21, 2002, at Plitvice Lake—one of the most beautiful national parks in Middle Europe. The program of the meeting is structured around major themes and invited honorary lectures, including:

- Clinical overview of tauopathies and synucleopathies;
- Dementia in Parkinson's disease;
- Use of functional imaging in Parkinson's disease and dementia;
- Therapeutic intervention in the Basal Ganglia disorders;
- Other extrapyramidal disorders;

Plus free communications, poster session, video session.

Chairman of the Local Organizing Committee:

Prof. Maja A. Relja

International Advisory Board:

Leontino Batistin (Padua), Carlo Colosimo (Rome), Petr Kanovsky (Brno), Erwin Ott (Graz), Zvezdan PirtovÓek (Ljubljana), Werner Poewe (Innsbruck), Peter Riederer (Würzburg), Evžen Ružička (Prague), Laszlo Vecsei (Szeged)

Preliminary list of invited speakers:

A. Carlsson (Sweden) – Honorary lecture
 L. Battistin (Italy)
 D. Brooks (UK)
 T. N. Chase (USA)
 C. Colosimo (Italy)
 N. Giladi (Israel)
 A. Gordin (Finland)
 C. N. Homann (Austria)
 M. W. Horstnik (The Netherlands)
 P. Jenner (UK)
 A. J. Lees (UK)
 P. Kanovsky (Czech Republic)
 C. W. Olanow (USA)
 Z. Pirtovšek (Slovenia)
 W. Poewe (Austria)
 G. Ransmayr (Austria)
 P. Riederer (Germany)
 E. Ružička (Czech Republic)
 P. Schnider (Austria)

M. Ćalkovi-Petriši (Croatia)

L. Vecsei (Hungary)

B. VodouÓek (Slovenia)

G. Wenning (Austria)

For more information, contact:

Prof. Maja Relja, MD, PhD

Department of Neurology, Medical School

Zagreb University

KBC-Kispaticeva 12

10 000 Zagreb, Croatia

Telephone: +385-1-2388 345 or 45 66 843

Fax: +385-1-2321 846 or 45 66 843

E-mail: mrelja@mef.hr ●

Congratulations

The *Movement* Disorder Society is pleased to announce that Caley Kleczka has joined the MDS staff as Director of Administration. She assumes the role previously held by Kim Stanton, who has accepted a new position with the American Academy of Allergy, Asthma and Immunology.



Caley is a graduate of the University of Guelph in Ontario, Canada, where she completed a Bachelor of Arts degree with an emphasis in the Biological Sciences and Psychology. Before coming to Executive Director, Inc., MDS's association management company, Caley worked in both the hospitality and advertising industries. Prior to coming onboard with MDS, Caley was an Administrator with the American Academy of Allergy, Asthma and Immunology.

Now with the MDS Secretariat's office at Executive Director, Inc., Caley looks forward to helping MDS further its mission and strategic goals. Other staff members include Kay Whalen, MDS Consulting Partner, Karen Henley, Associate Executive Director, Sally Kolf, Director of Meetings, Jennifer Paap, Meetings and Exhibits Manager, Kimberly Childs, Program/Membership Manager and Lisa Seidl, Administrative Assistant.

You can reach the MDS Administrative Secretariat at:

MDS Administrative Secretariat

611 E. Wells Street

Milwaukee, WI 53202 USA

Telephone: +1 414 276 2145

Fax: +1 414 276 3349

E-mail: info@movementdisorders.org

For information regarding article submission to *Moving Along* contact Kimberly Childs by e-mail at kchilds@movementdisorders.org. ●

Announcements

The Fourth International Dystonia Symposium

The Dystonia Medical Research Foundation is pleased to announce that the (postponed) Fourth International Dystonia Symposium has been rescheduled. Chairpersons, Drs. Stanley Fahn, Mark Hallett, and Mahlon R. DeLong, have scheduled the meeting at the Emory Conference Center in Atlanta, Georgia for the dates of June 13-15, 2002. It is anticipated that the plenary sessions will be the same as previously planned, including the same topics and speakers.

New abstracts for this meeting will be accepted and are due by March 15, 2002. Registration deadline is May 13, 2002. For more information please contact the Dystonia Medical Research Foundation at 312-755-0198 or log onto www.dystonia-foundation.org. ●

Grant Announcements

The National Ataxia Foundation

The National Ataxia Foundation invites research proposals for one-year projects in areas of basic or clinical science that are related to the sporadic or hereditary ataxias.

Preference will be given to proposals from new or young Researchers, or proposals which are new or innovative. Project Funding is usually in the range of \$5,000 - \$20,000 and is viewed as seed money.

The application deadline is June 30 of each year for projects beginning on January 1 of the following year.

For questions or application, please contact: National Ataxia Foundation, 15500 Wayzata Blvd., #750, Wayzata, MN 55391, USA; TEL: (612) 473-7666; FAX: (612) 473-9289; E-mail: Naf@mr.net; Web site: www.ataxia.org

American Parkinson's Disease Association, Inc.

George C. Cotzias Memorial Fellowships

Three year Fellowships of \$210,000 (\$70,000 for each of three consecutive years) for medical doctors working on Parkinson's disease. Deadline: March 1, 2002.

Research Grants

One year grants of \$35,000 and more for investigators at the beginning of their scientific career. Deadline: March 1, 2002.

Medical Students Summer Fellowships

Summer \$2,000 Fellowships for medical students to perform active supervised laboratory or clinical research on Parkinson's disease. Deadline: January 31, 2002.

The funding Cotzias Memorial Fellowships, Research Grants and Medical Students Summer Fellowships will be for individuals affiliated with US institutions. Cotzias Fellowships will be awarded only to US citizens.

For further information and applications please contact: Paul Maestroni, DVM, Director of Scientific & Medical Affairs, American Parkinson Disease Association, Inc., 1250 Hylan Blvd., Suite 4B, Staten Island, NY 10305, USA; TEL: (718) 981-8001; FAX (718) 981-4399; E-mail: PaulM@apdaparkinson.com

Parkinson's Disease Foundation

Parkinson Research Grants (2001-2002)

We invite you to submit a proposal for the International Research Grants Program (IRGP) of the Parkinson's Disease Foundation.

The IRGP (formerly known as the PDF's Extramural Grants Program) is the oldest and largest competitive program providing private support for Parkinson's research. It is designed to support projects of the highest scientific caliber that are also directly relevant to the study of the causes and cure of Parkinson's disease; complementary to, not duplicative of, other research in the field; potentially leading to research proposals to the National Institutes of Health and other sources of federal support.

The current program offers one-year grants of up to \$35,000, none of which can be applied to institutional overhead. Investigators who receive funding from PDF may not (i) submit any other proposal to the PDF during the same year, nor (ii) receive funding from other foundations for the same project during that year. The Foundation also requests that all published work include credit to the PDF for its support.

Both basic and clinical proposals are eligible for support. Preference will be given to scientists who are at an early stage in their professional careers.

Applications for the grant cycle beginning July 1, 2002 will be accepted after November 1, 2001. Detailed guidelines will be available at that time.

To obtain submission information please contact: Associate Director, Midwest Office, Jeanne Lee Rosner, 833 West Washington Blvd., Chicago, IL 60607; TEL: (312) 733-1893. E-mail: info@pdf.org; Web site: www.pdf.org ●

February 17-19, 2002

International Workshop on Parkinson's Disease and Other Movement Disorders
Chennai: India

April 3-6, 2002

3rd World Congress in Neurological Rehabilitation
Venice, Italy

April 13-20, 2002

American Academy of Neurology 54th Anniversary Meeting
Denver, CO

April 26-28, 2002

1st Mediterranean Congress of Neurology
Limassol, Cyprus

May 9-11, 2002

International Workshop on Parkinsonism and Dementia:
Synucleinopathies, Tauopathies and Beyond
Istanbul, Turkey

May 14-18, 2002

6th Congress of the European Society for Clinical
Neuropharmacology (ESCNP)
Budapest, Hungary

June 5-8, 2002

The 34th Nordic Neurology Conference
Reykjavik, Iceland

June 9-11, 2002

International Conference 2002: Basic and Therapeutic Aspects of
Botulinum and Tetanus Toxins
Hannover, Germany

June 13-15, 2002

4th International Dystonia Symposium
Atlanta, Georgia

September 18-21, 2002

4th Alpine Basal Ganglia Club Symposium
The Plitvice Lake National Park, Croatia

September 22-25, 2002

2002 Annual Congress of Neurological Surgeons
Philadelphia, PA

October 13-16, 2002

127th Annual Meeting of the American Neurological Association
New York, NY

October 26-30, 2002

6th EFNS Congress 2002 European Federation of
Neurological Societies
Vienna, Austria

November 2-7, 2002

32nd Annual Meeting of the Society for Neuroscience
Orlando, FL

November 11-14, 2002

The *Movement* Disorder Society's 7th International Congress of
Parkinson's Disease and Movement Disorders
Miami, FL ●

**New Opportunities Placement
Information**

To place an advertisement or for more information, contact Kimberly Childs.
The *Movement* Disorder Society
611 East Wells Street
Milwaukee, WI 53202
Telephone: +1 414 276 2145
Fax: +1 414 276 3349
E-mail: kchilds@movementdisorders.org

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