

CANADIAN NEUROLOGICAL SCIENCES FEDERATION

NEUR NEWS

Annual Edition 2016





Vision

The improved wellbeing of children and adults with diseases, disorders and injuries of the nervous system and the prevention of these conditions.

Mission

To support the neuroscience professions in Canada, and particularly those members of the CNSF's Societies, through education, advocacy, membership services and research promotion.

NOTES ABOUT THE MISSION:

EDUCATION includes the annual CNSF Congress, The Canadian Journal of Neurological Sciences (The Journal), and all other continuing professional development (CPD) activities.

ADVOCACY includes activities such as building public awareness about diseases, disorders and injuries of the nervous system, and advocacy for improved public policy and increased medical research. Such advocacy may be direct or in collaboration with other organizations, including the Neurological Health Charities of Canada.

MEMBERSHIP SERVICES include services delivered to the four constituent Societies of the CNSF and their individual members, the services offered to Society members, the research to identify member needs, and other related activities.

RESEARCH PROMOTION includes clinical research undertaken in partnership with other organizations.

Values

EXCELLENCE IN EDUCATION

Continuing professional development is a cornerstone of the success of the individual practitioner, the profession and the member societies. Accordingly, all of the CNSF's educational efforts must reflect excellence in their quality, relevance and delivery.

REPRESENTATIVE AND INCLUSIVE

The CNSF is a federation of Societies representing diverse and collegial medical professionals with a common focus on diseases, disorders and injuries of the nervous system. Accordingly, the CNSF must reflect and engage these Societies and their members in how it works and what it does.

A STRONG AND EFFECTIVE VOICE

The wellbeing of individuals with diseases, disorders and injuries of the nervous system and, where possible, the prevention of these conditions, comprise an important vision. The work of the member societies and their respective members is also important. The CNSF must advocate with a strong and effective voice knowing that its mission and vision have unique and important value to society.

RESPONSIBLE STEWARDSHIP

The CNSF's financial resources are secured from the dues paid by the professionals of its constituent Societies and from commercial sponsors who support its vision and mission. The CNSF has an obligation to the professionals of its constituent Societies to manage these resources wisely, maintain good governance practices, and conform to the standards established on behalf of society by the responsible agencies (e.g. governments, the RCP&SC, provincial and territorial regulatory bodies).



Messages from the CNSF President & CEO

It is once again time for the Annual Edition of the **NEURO|NEWS**. Time seems to fly by. It has been a busy year, with lots of positive motion.

As you know, the Journal was outsourced to Cambridge University Press in 2014. The CJNS is now online only. The move has been a successful one, and since then the CNSF has saved a lot of money and, more importantly the CJNS has expanded its readership and improved its impact factor by 30% to 1.55.

Once again, a lot of thought and effort have been put into organizing the annual Congress. This year, we welcomed Alex Henri-Bhargava onto the Scientific Program Committee, as Vice Chair. He, along with Chair Tejas Sankar, have brought innovation and energy to the fore. The program for this year's congress is outstanding, and I encourage all of you to attend. There are brand new Courses this year, and major innovations to come.

In this 'annual edition', let me once again take the opportunity to thank our sponsors who contribute so generously towards the CNSF and our Congress. There would not be a Congress without their 'unconditional' support. Please take the time to visit the Exhibit Hall and thank our many supporters and view new innovations in the Neurosciences.

I want to also thank the members of the CNSF who teach at our sessions/ courses and present their research at the Congress. You are participating in the education of your peers, and your dedication and contribution to the CNSF is appreciated by both the attendees and the organizers. I thank you personally for your efforts.

This year, the number of abstracts received was near an all-time high, and we hope that the attendance will be as well. Quebec City is a wonderful place to visit.

We have decreased the price for Resident registration and this seems to have had a positive effect.

The Residents are our future, and I look forward to the many innovations we are planning for 2017 to get them involved in the Congress at all levels.

This year I would like to share some of the accomplishments of our member societies. The CNSS has been working on a position paper on the right to die, and there will be a joint symposium on the subject at our Congress. Dr Guy Rouleau and McGill, through the CNS and the support of the CNSF, are making a bid for the World Congress of Neurology. As well, the World Federation of Neurology and the Canadian Neurological Society are announcing a New Department Visit Program to provide educational opportunities for young Neurologists living in Central and South America. The Canadian Neurological Society will be the host society of this department visit program.

Many of our members are working on the Choosing Wisely campaign and would love more members to participate. Others are looking at developing guidelines or approving guidelines from other societies or adapting them to the Canadian reality. Please let us know if you want to get involved.

Please help us make the **NEURO|NEWS** great by submitting any interesting news or studies that you are aware of, and let us know of any projects you would like to involve your colleagues in.

I hope you enjoy the content of this newsletter and all the related CNSF information.

And, I hope to see all of you at the Congress in Quebec City. I know that this year's Congress will be outstanding.

Yours Truly,

Jeanne Teitelbaum
President
CNSF

NEURO|NEWS is a bi-monthly publication of the CNSF which is used to communicate relevant CNSF and member Society activities, member profiles, information on the Journal and activities of our major Committees such as Continuing Professional Development, Scientific Program, Advocacy, Clinical Practice Guidelines and provide information and highlights of the Congress. We also utilize the **NEURO|NEWS** to promote Membership services and benefits, and acknowledge the support that "industry" provides to the CNSF throughout the year.

NEURO|NEWS is intended to more clearly and succinctly detail CNSF activities and how the volunteers comprising the CNSF Board and the CNSF Committees are working hard on your behalf to provide you with the many benefits of joining one, or more, of the four Societies which comprise the Federation.

We hope you find this 'annual edition' of the **NEURO|NEWS** both informative and of value.

Thank you.

Dan Morin
Chief Executive Officer
CNSF





The Canadian Neurological Sciences Federation (CNSF) &
the Neurological Sciences Foundation of Canada (NSFC)
Board of Directors & Committee Chairs



Jeanne **Teitelbaum**
CNSF/NSFC PRESIDENT
CNS Member



J. Max **Findlay**
CNSF/NSFC PAST PRESIDENT
CNSS Member



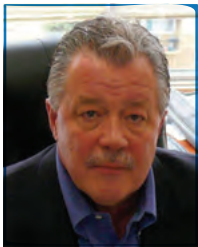
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CNSF/NSFC VICE-PRESIDENT
CACN + CSCN Member



Kesh **Reddy**
CNSF/NSFC VICE-PRESIDENT
CNSS Member



Michael **Hill**
CNSF/NSFC VICE-PRESIDENT
CNS Member



Dan **Morin**
CNSF/NSFC BOARD MEMBER
CNSF CEO



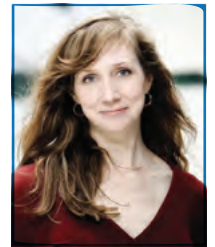
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CNSF/NSFC BOARD MEMBER
CACN President



Cecil **Hahn**
CNSF/NSFC BOARD MEMBER
CACN Vice-President



Colin **Chalk**
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Ian **Fleetwood**
CNSF/NSFC BOARD MEMBER
CNSS President



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CNSS Vice-President



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CNSF At-Large



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CNSS Member



Tejas **Sankar**
CNSF SPC CHAIR
CNSS Member



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CJNS EDITOR-IN-CHIEF
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CNS Member



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CNSF/NSFC BOARD MEMBER
CNS Resident Rep



Leyila **Kaseka**
CNSF/NSFC BOARD MEMBER
CACN Resident Rep



Bill **Wang**
CNSF/NSFC BOARD MEMBER
CNSS Resident Rep



2016 Congress Planning Committee

The Canadian Neurological Sciences Federation (CNSF) is composed of 4 Societies: Canadian Neurological Society (CNS), Canadian Association of Child Neurology (CACN), Canadian Neurosurgical Society (CNSS), and the Canadian Society of Clinical Neurophysiologists (CSCN).

Members from each of the 4 Societies have representation on the Professional Development Committee (PDC) and the Scientific Program Committee (SPC) which together comprise the 2016 Congress Planning Committee.

Joe Megyesi | CNSF PDC Chair

Aleksandra Mineyko |

CNSF PDC Vice-Chair

Tejas Sankar | CNSF SPC Chair

Alexandre Henri-Bhargava |

CNSF SPC Vice-Chair

Chintankumar Shah | CACN PDC Rep

Shannon Venance | CNS PDC Rep

Rudolf Arts | CSCN PDC Rep

Craig Campbell | CACN SPC Rep

James Perry | CNS SPC Rep

Gelareh Zadeh | CNSS SPC Rep

Danielle Andrade | CSCN SPC Rep

Seyed Mirsattari | CSCN SPC Rep

Leyila Kaseka | CACN Residents Rep

Bill Wang | CNSS Residents Rep

Theo Mobach | CNS Residents Rep

Kesh Reddy | CNSF Vice-President

Sharon Whiting | CNSF Vice-President

Jeanne Teitelbaum | CNSF President

Dan Morin | CNSF CEO

Highlights of the 2016 CONGRESS

Informed by feedback from attendees at the 2015 Congress, the SPC met on a bi-monthly basis beginning in summer 2015 to iron out the program for the 2016 Congress. Several innovative additions are now part of the Congress program, including:

- A joint CNS/CNSS session on Physician Assisted Death
- Clinical Case Studies focused on interactive and practical discussions of clinically-relevant scenarios
- Novel, multidisciplinary courses: Tumor-related Epilepsy, Innovations in Neuroscience Education, Disorders of Consciousness, Neuro-infectious diseases.

WE LOOK FORWARD TO AN EXCITING & INFORMATIVE 2016 CONGRESS!

CNSF Distinguished Service Award

Dr. G Bryan Young

This is an award given to a senior member of the CNSF who has made an outstanding, notable or special contribution to the Canadian Neurological Sciences Federation, and to the Federation's Societies or the CJNS (Journal); through participation in the CNSF's committees, involvement in the Congress, performance of administrative duties, or involvement in promoting the CNSF and its member societies.

Bryan joined the Canadian Neurological Society in 1976 during his neurology residency, and joined the Canadian Society of Clinical Neurophysiologists in 1978. He has served as Secretary-Treasurer and President of the CSCN. He was a member of the CJNS Editorial Board for many years and then became Editor-in-Chief from 2007-2013. Bryan served on the CNSF Board of Directors from 1990-1996 and again from 2007-2013.

He has also chaired Task Forces for the Guidelines for the Diagnosis of Brain Death and for National Standards for EEG, which were published in the CJNS.

He has Chaired and presented at numerous educational sessions at the CNSF Congress over the past 30 years. In 1991, Charles Bolton and Bryan founded the Canadian Neurocritical Care Group, which has continued to flourish as an affiliate Society of the CNSF under the capable leadership of Draga Jichici and Jeanne Teitelbaum.

Bryan continues to contribute articles and to review manuscripts for the CJNS.





Benefits of Membership

COMMUNITY OF CLINICAL NEUROSCIENTISTS

The community of clinical neurologists, neurosurgeons, pediatric neurologists and neurophysiologists is a robust and growing family that has made a long-standing, international, and ongoing contribution to clinical neuroscience. The community provides continuing medical education for its members, teaching for residents, students and clinical fellows. There is strong clinical and discovery-based research in Canada. Networking in this group provides opportunity for training (e.g. fellowships), for collaboration across the country and for mutual learning.

ANNUAL CONGRESS

Our Federation, assisted by the Professional Development and the Scientific Program Committees, hosts an Annual Canadian Congress geared towards the continued professional development learning needs of Neurologists, Neurosurgeons, Pediatric Neurologists, Neurophysiologists and Neuroscientists. Our Congress is an accredited learning activity; therefore you earn Continuing Maintenance of Certification credits. Gather with your colleagues and friends from across the country. Learn, Mentor, Share, Teach, Collaborate, Advocate. Members attend the CNSF Annual Congress at a generously discounted registration fee which is generally a saving equal to your Society membership.

ANNUAL SOCIETY PRIZES

Members have the opportunity to win valuable Society prizes by submitting Abstracts to the Congress and papers to the Society competitions. There are 6 first place prizes available to Junior members or an Active member within two years of receiving their certificate. Each valued at approximately \$2500. Winners have the privilege of presenting their work at a Platform session at the Congress. There are also \$500 second place prizes which may be awarded.

All details and submission information is available in the "Call for Abstracts" online.

THE CANADIAN JOURNAL OF NEUROLOGICAL SCIENCES

The Canadian Journal of Neurological Sciences is the official publication of our four member Societies. The Journal is an internationally recognized, peer reviewed medical journal. Members receive an online subscription to the Canadian Journal of Neurological Sciences (CJNS).

CNSF Members and Journal subscribers have exclusive access to the most current year of this publication.

If an author requests immediate open access for an article, in accordance with CIHR Granting requirements, the repository upload fee is \$2,000 / article for first open access repository upload. CNSF Members pay only \$1,000 for this service if requested.

Members have access to additional information on our CNSF website using their password login

Our website contains Congress information, Advocacy information and general Society information. The site includes: access to CJNS Journal articles back to Issue 1 in February 1974. View Neuro Careers postings, Society Newsletters, Society Prize information, access for annual dues payments, Society Governance items (such as council representatives and their responsibilities), Member Directories, Society bylaws, resource links, calendar of events, and more.

CNSF & The Affiliates & Associates

The CNSF and its **Affiliate Societies** work collaboratively whenever possible throughout the year. The CNSF values and appreciates this partnership.

One of the most important tasks the Affiliates undertake is to assist the CNSF, when requested, in providing leadership and planning for Congress sessions which fall within their area of expertise. They are:

- Canadian ALS Research Network (CALS)
- The Canadian Brain Tumour Consortium
- The Canadian Headache Society
- The Canadian League Against Epilepsy
- The Canadian Movement Disorders Group
- The Canadian Network of MS Clinics
- The Canadian Neurocritical Care Society
- The Canadian Neuromuscular Group
- The Canadian Stroke Consortium
- The Consortium of Canadian Centres for Clinical Cognitive Research (C5R)

Associate Societies of the CNSF are professional societies that have similar goals to the CNSF. They are:

- Canadian Association of Neuroscience Nurses (CANN)
- Canadian Association of Electroneurophysiology Technologists Inc. (CAET)
- The Association of Electromyography Technologists of Canada (AETC)
- Canadian Association for Neuroscience (CAN)
- Canadian Association of Physical Medicine & Rehabilitation (CAPM&R)

Benefits of Membership



RESIDENTS

First-year residents can apply for complimentary first-year membership, paid by their member Society. Membership dues for subsequent years of residency is only \$80/year.

Congress registration fees for resident members are \$250 for both pre and post Early Bird. This registration fee includes access to all Congress courses/sessions, course notes, luncheons, breaks and the Residents Social. Non member resident rates are \$775, so this benefit of membership is substantial.

Residents also help organize a resident social event. At this event, senior staff discuss their careers, Fellowship directors with positions to fill are looking to meet interested residents and will be available to discuss Fellowship options and career opportunities. This is a major networking event, specifically designed for CNSF residents.

Resident members also receive the 'benefits' listed in the sections explained above.

The CNS, CNSS and CACN, all have a resident representative that sits on the CNSF Professional Development and Scientific Program Committees, which determine the scientific program for each year's Congress. The resident representative attends the CNSF Board of Directors meetings, as well as their respective Society Board meetings.

Resident members are welcome to contact their society resident representative with any issues, concerns or ideas that they would like to see discussed.

NEW INITIATIVES:

A mentorship program for resident members interested in Journal article review is being considered by the Editor of the Journal. Resident members will be paired with senior reviewers on pertinent submissions. This program should be in place in 2016.

Currently, CNSS provides two (2) \$500 prizes for the best Platform Abstract and two (2) \$500 prizes for the best Poster Abstract. We are looking to expand this to CACN and CNS for 2017.

Our Member Societies

CNSF members belong to one, or more, of our four constituent Societies:

CANADIAN NEUROLOGICAL SOCIETY (CNS)



Canadian Neurological Society Société canadienne de neurologie

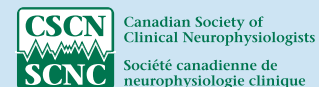
CANADIAN ASSOCIATION OF CHILD NEUROLOGY (CACN)



CANADIAN NEUROSURGICAL SOCIETY (CNSS)



CANADIAN SOCIETY OF CLINICAL NEUROPHYSIOLOGISTS (CSCN)



The four member societies of the CNSF are the actual 'owners' of the Federation and the CJNS Journal.

**Not a member of the CNSF?
(CNS, CACN, CNSS, CSCN)**

**Would you like to become a member
of one of the CNSF Societies?**

Would you like to take advantage of these Benefits of Membership? Just download the appropriate Society Application form by choosing your society of interest at:

www.cnsfederation.org or contact
Donna Irvin at: donna-irvin@cnsfederation.org



Escalier du Faubourg

Québec City boasts nearly 30 sets of stairs that link the Upper Town with the Lower Town. Each stairway has its own personality and history.

Take a walk in Québec City

Escalier du Faubourg

Also known as the Sainte-Claire or Le Soleil Stairs, Escalier du Faubourg was built out of wood some time before 1858 and rebuilt in iron in 1889. The current version dates back to 1931. In the opinion of historian Yves Beaugard, this three-level staircase is the city's "most graceful and soaring." From the top, you'll have a splendid view of the Saint-Roch district and the Laurentian mountain range. You'll notice a portrait of the mayor of the time (1882–1890), François-Charles-Stanislas Langelier, built into the iron arch decorating the stairs.

Lépine Stairs

Built out of wood in 1857, this stairway was demolished and rebuilt in iron in 1883. Officially given the name Lépine in 1986 after a nearby funeral home, this stairway is undeniably one of Québec City's loveliest. The finely worked wrought iron arches at each end seem woven out of floral symbols. They also bear the names of the prominent citizens who made the construction possible. The arch at the bottom is the original, while the one at the top is a copy.

Some claim that at one time you could witness a strange spectacle while descending the stairs. In back of the funeral home, fresh corpses were washed outside. Truth? Or urban legend?

Breakneck Stairs

The Breakneck Stairs linking côte de la Montagne with rue du Petit-Champlain were built in 1635, making this the city's oldest stairway. In 1660, this staircase appears on a map of the village that grew into Québec City. The stairs have been restored several times since then, including once in 1889 by the city's celebrated architect and engineer Charles Baillargé. Local residents gave it the name Breakneck because of the steep incline.

Cap-Blanc Stairs

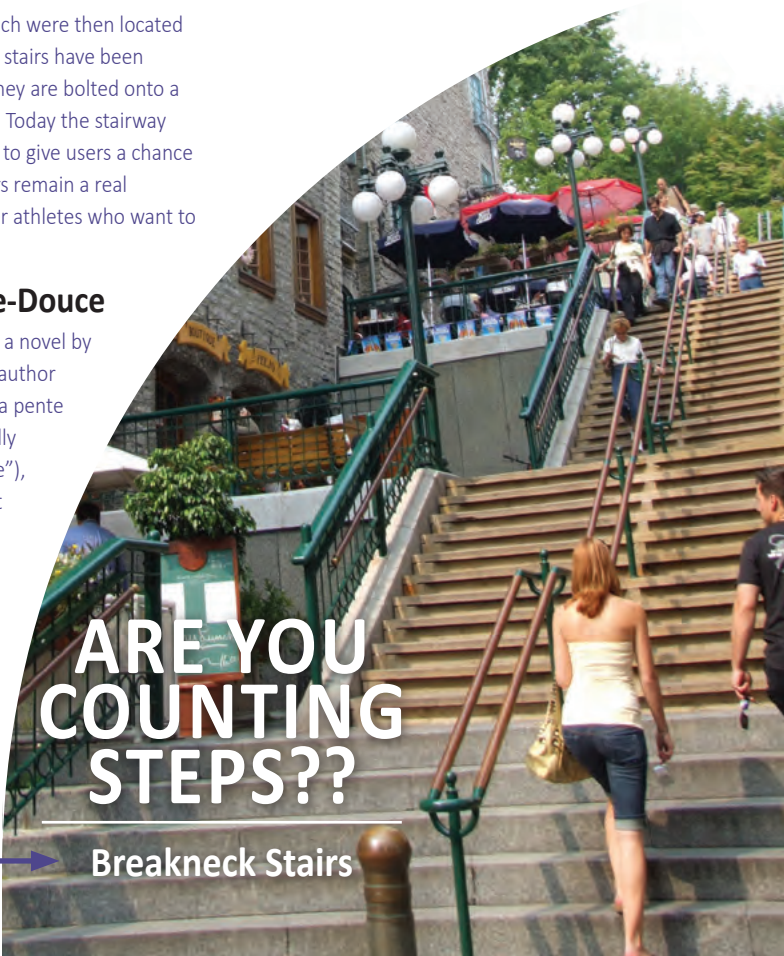
Québec City's longest staircase was built out of wood in 1868. At the time, it was used by the workers of the Cap-Blanc district to walk to work in the Cove Fields munitions factories, which were then located on the Plains of Abraham. The stairs have been rebuilt many times, because they are bolted onto a rock wall subject to rockslides. Today the stairway includes a number of landings to give users a chance to catch their breath. The stairs remain a real challenge for joggers and other athletes who want to test their physical condition.

Escalier de la Pente-Douce

This stairway was named after a novel by Roger Lemelin, a Québec City author whose first novel, *Au pied de la pente douce* (The Town Below, literally "at the foot of the gentle slope"), was published in 1944. It dealt with daily life and the colorful characters of his Québec City neighborhood, Saint-Sauveur, and was quite controversial at the time.

Charles-Baillargé Stairs

In 1980 this stairway was named for Charles Baillargé, Québec City's architect and engineer from 1866 to 1899. He was responsible for numerous structures now considered part of the city's heritage, including several stairways. Formerly known as the Buade Stairs, these received an outstanding facelift based on 1893 plans by Baillargé himself. To get to them, go down impasse du Chien d'Or to the corner of rue Buade. The stairs take you to côte de la Montagne, from where you can admire historic surroundings that include parc Montmorency, rue des Remparts, and the Québec Seminary.



ARE YOU COUNTING STEPS??

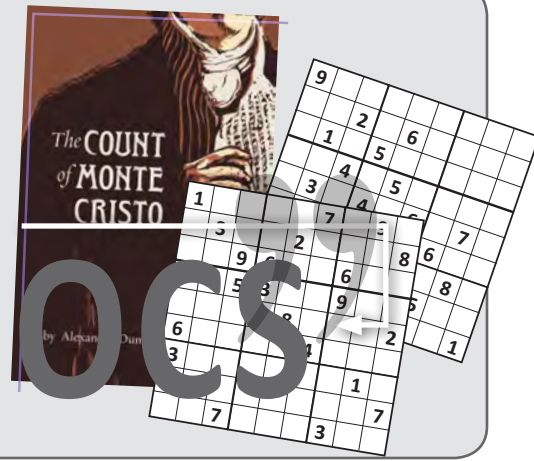
Breakneck Stairs

Number of Steps:	
Charles-Baillargé Stairs	35
Escalier du Faubourg	99
Lépine Stairs	118
Breakneck Stairs	59
Escalier de la Pente-Douce	133
Cap-Blanc Stairs	398

We asked two CNSF members for their views on work and life.

“Quotes from Docs”

Here’s what they had to say...



Ian Fleetwood
Clinical Associate Professor
Victoria General Hospital

Was there a defining moment that led you to choose the neurosciences as your career, and why?

For me it was the first surgical case on the first day of my first neurosurgery rotation as a third-year medical student at St. Boniface General Hospital in Winnipeg (November 2, 1992). Drs. Norman Hill and Monica Furer were operating on a pilocytic astrocytoma in an 17 year old girl in the sitting position... And the rest is history.

What is your favorite book and why?

“The Last of the Crazy People” by Timothy Findley. This was a page-turner for me and had me engaged on the same level as “To Kill a Mockingbird” and “The Catcher in the Rye”. Highly recommended.

What was the greatest piece of advice you have received?

In my final year of residency, Dr. Mike Hunter at Foothills Hospital in Calgary advised me

at the scrub sink one morning to protect my personal time and realize that there is always someone else who can do the job if you are not there... Like most of us, I’m not sure that I followed his advice, but as I look back over the first half of my career, those were definitely words of wisdom.

What do you do when you have down time?

I don’t really have down time. I coach minor hockey and I’m on the Executive of our local minor hockey association, which is nearly a full time job! I’ve been working hard for the last couple years on establishing a female hockey program in Saanich, which was lacking when I moved here 4 years ago. We’ve tripled our female enrollment in the last two years, so we are starting to achieve a critical mass to move forward successfully.

What do you think of when you hear the words brain health?

Sudoku

What one thing could everyone do to stay brain healthy?

Elaborative rehearsal.

How has your career in medicine created value in your life?

Relationships with patients, trainees and colleagues have made me richer and the problem-solving and conflict resolution skills needed to be successful in medicine are very applicable outside the hospital as well.

What advice would you give to someone aspiring to be successful?

I think everyone aspires to be successful under their own terms. My advice would simply be to never assume you know what will happen next, which in essence means be prepared for anything!

Was there a defining moment that led you to choose the neurosciences as your career, and why?

Seeing a patient in first year medical school with Alice in Wonderland syndrome and the fact that neurology and brain function is interesting enough to be featured in art and literature.

What do you do when you have down time?

Mountain bike.

What do you think of when you hear the words brain health?

Yes, please.

What is your favorite book and why?

The Count of Monte Cristo.

Which technology could you do without?

Email.

What one thing could everyone do to stay brain healthy?

It’s probably different for everyone. Thinking about what it means for each individual is a good start.

How has your career in medicine created value in your life?

The privilege of interacting with patients and families that face struggles with courage and grace reminds me to be mindful of what I have.



Aleksandra Mineyko
Clinical Assistant Professor
University of Calgary



Industry Updates

The CNSF's Industry Updates section of our website, formerly known as the Virtual Exhibit Hall (VEH), is where we showcase the CNSF's supporters.

Industry updates highlights the products and services offered by our supporters and their contributions to the Canadian Neurological Community.

Please take time to visit:
www.iu.cnsfederation.org



Neuro Careers

www.cnsfederation.org/careers

Looking for a new career opportunity? Looking to advertise a position at your center?

You should check out Neuro Careers!

Neuro Careers is a classified advertising resource on the CNSF website and linked on the CJNS page in Cambridge Journals Online. Direct ad links are also included in the CNSF members' newsletter, the Neuro|News.

Classified ads are posted online for 2 months, for less than \$500. They open as a full page PDF complete with color, graphics and company logos.

Neuro Careers is a great way to advertise job opportunities and Fellowships to Neurologists, Neurosurgeons, Pediatric Neurologists, Neurophysiologists and related health care professionals.

To find out more, contact Donna at 403-229-9544 or donna-irvin@cnsfederation.org.

Clinical Practice Guidelines (CPGs)

In June, 2010, the CNSF Board of Directors created a Practice Guidelines (PG) Committee to develop recommendations on how to handle requests to endorse best-practice guidelines. On November 02, 2010, the PG Committee affirmed that the endorsement of Clinical Practice Guidelines is an appropriate role for the CNSF and considered a set of criteria and processes that had been drafted based on the principles and policies developed by the Canadian Stroke Network for its "Stroke Strategy".

The Practice Guidelines Committee concluded that under present circumstances, the most feasible role for the CNSF and its constituent Societies will be to encourage and support the development of best-practice guidelines by other groups such the Affiliate Societies and, if requested, to consider the endorsement of these guidelines, recognizing that:

- Clinical Practice Guidelines are being increasingly used by policy-makers, accreditation bodies, and governments as well as clinicians,
- The processes for developing best-practice guidelines have evolved from being consensus documents prepared by "experts" to guidelines based on evidence-based analyses and qualitative grading techniques, and
- Endorsement of practice guidelines by the CNSF and/or the constituent Societies will require a process that takes into account these contemporary standards for guidelines development and implementation.



Novartis Pharmaceuticals Canada Inc. is one of the country's leading healthcare companies committed to improving the health of Canadians. We strive to discover and develop medicines that make a real difference. There can be no delay. Patients are waiting.

CNSS's Lifetime Achievement Award



This award is given to a senior (including retired) individual who has made an outstanding, notable or special contribution to neurosurgical teaching, practice or science.

2016's recipient is Dr. Renn Holness, MBBS, BSc, FRCSC.

Renn was born in Jamaica and attended Blake Preparatory School and Jamaica College, where he was a competitive athlete and won the 100, 200 and 440 yard sprints in 1960 and 1961. He went on to study medicine at the University of the West Indies, he then studied at Guy's Hospital in England, earning a BSc in Anatomy before returning to UWI to complete his Bachelor of Medicine, Bachelor of Surgery (MBBS) in 1968.

RENN HAS RECEIVED NUMEROUS HONOURS OVER THE YEARS INCLUDING:

2010: Honorary degree in medicine (DSc) from UWI

2010: Recognition from Caribbean College of Surgeons for contributions to Caribbean Neurosurgery

2006: Who's Who in Black Canada 2

2006: Pelican Award for a UWI graduate who has contributed significantly to the development of the University or has made an outstanding contribution to Jamaica

2005: Dr. John Savage Memorial Award for International Health at Dalhousie University

2005: Key Note Address, UWI Medical Alumni Association

2004: Caribbean Health Research Council Award of Excellence

2003: Guest of Honour, 1st Caribbean Neurosciences Symposium

2000: Queen Elizabeth II Health Sciences Centre Distinguished Service Award

1998: UWI 50th Anniversary Alumni Achievement Award

1996: UWI Distinguished Graduate Award

He performed an internship at Port-of-Spain General Hospital in Trinidad from 1968-1969 before completing a residency in General Surgery at University of Michigan in 1972. He moved on to Neurosurgical training at Dalhousie University in Halifax and University of Toronto, successfully completing RCPSC examinations in 1976. He joined the staff at Dalhousie in 1977, initially as a Lecturer.

Then he served as Program Director for the Residency Program from 1983 – 1990 and by 1987 had become Professor and Head of the Division of Neurosurgery, a position which he held until 2000. Thereafter, he served as the Director of Undergraduate Surgical Education in the Department of Surgery until 2006.

Clinically, he made several groundbreaking contributions. He was a co-author on the original description of the cervical interlaminar clamp in 1984 (a.k.a. "Halifax Clamp"), which was a revolutionary development in posterior cervical spinal stabilization at the time and remained in use for decades. He was also the first neurosurgeon in Canada to perform fetal tissue transplants for Parkinson Disease in 1992. He was a local site Principal Investigator for many international studies. Although competent in all aspects of Neurosurgery, Renn excelled in cerebrovascular surgery, pituitary surgery and skull base surgery. As in many aspects of life, Renn was an early adopter of endovascular therapy for cerebral aneurysms and presented a CCNS Abstract on the "paradigm shift" in aneurysm treatment in 2001, at a time when most international experts were still skeptical of the efficacy of the new technique.

Renn was an active member of the Canadian Neurosurgical Society,



-serving as a Council Member (1985 – 1988); Secretary-Treasurer from 1990-1993; President-Elect in 1993-1994 and then as President for a one-year term in 1994-1995.

He was an Examiner for the RCPSC Examination in Neurosurgery from 1986 – 1991 and later became Chief Examiner for the RCPSC Examinations in Neurosurgery from 1997 – 2000. He also served as an External Reviewer for the RCPSC on many several occasions.

Throughout his career in Halifax, Renn remained active in international medicine. He delivered decommissioned but serviceable surgical equipment from Canada to Jamaica, while at the same time arranging for Jamaican trainees to come to Canada for electives and longer periods of training, often at personal expense. He also coordinated treatments for Jamaican patients in Canada and the United States, again using personal resources. He used sabbatical time in 1993 and 2000 to return to UWI to teach in Barbados and Nassau.

In 2009, he retired from clinical practice at Dalhousie University and returned to Jamaica, working for the last 7 years to develop a new neurosurgical program in Montego Bay. He has done this with limited institutional resources, few colleagues around for support, but endless perseverance and passion. He remains active in teaching medical students and residents at the University of the West Indies.



The 2016 Advocacy Report builds on the recent Bray, Huggett Canadian Journal of Neurological Sciences publication cited here;

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Neurological Diseases, Disorders and Injuries in Canada: Highlights of a National Study

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ABSTRACT

The National Population Health Study of Neurological Conditions, a partnership between Neurological Health Charities Canada and the Government of Canada, was the largest study of neurological diseases, disorders, and injuries ever conducted in Canada. Undertaken between 2009 and 2013, the expansive program of research addressed the epidemiology, impacts, health services, and risk factors of 18 neurological conditions and estimated the health outcomes and costs of these conditions in Canada through 2031. This review summarizes highlights from the component projects of the study as presented in the synthesis report, Mapping Connections: An Understanding of Neurological Conditions in Canada. The key findings included new prevalence and incidence estimates, documentation of the diverse and often debilitating effects of neurological conditions, and identification of the utilization, economic costs, and current limitations of related health services. The study findings will support health charities, governments, and other stakeholders to reduce the impact of neurological conditions in Canada.

NHCC is now uniquely positioned to use these research findings to inform a participatory action research agenda for collective impact consistent with the recommendations of the 2015 Unleashing Innovation Report to which the Chair of the Advocacy Committee provided input.

The timing of these directions is propitious given the results of the 2015 Federal Election. We are bearing witness to a PMO that, through K. Telford and J. Butts, the latter long associated

with Prime Minister Trudeau, is very much data driven with respect to ushering in what can only be referred to as a disruptive agenda focused on consumer needs, as highlighted in the Bray Huggett publication.

At the 2016 Academic Health Sciences Network Annual Symposium held 25 February in Ottawa, attended by the Chair of the Advocacy Committee, there was consensus that this government will direct itself to a broad data driven inclusivity agenda. Indeed, the Chair of the Advocacy Committee in a role that extends NHCC directions as a member of Every Canadian Counts Coalition can bear witness to these directions by virtue of two ECCC informed advocacy meetings as of the date of this report, one with the Parliamentary Secretary to the Prime Minister, and the second with the Minister of Sport and Disability.

In parallel with these informed advocacy directions, NHCC member groups including Brain Injury Canada, March of Dimes Canada, and Ontario Neurotrauma Foundation are directing themselves to the participatory action research agenda for collective impact referred to above. The feasibility of these directions has been validated by ONF's Spinal Cord Injury Knowledge Mobilization Network, a pan-Canadian initiative for patient needs-driven care standardization on seven rehabilitation sites in five provinces accounting for 80% of the SCI demographic. Testimony to its Collective Impact directions all participating sites have achieved 90% threshold Required Organization Practices for pressure ulcer assessment as determined by Accreditation Canada.



Garth M. Bray receiving the 2015 CNSF Distinguished Service Award

Advocacy Report



As noted above, SCI KMN represents a pan-Canadian exemplar for transformative clinical impacts for persons with lived experiences and for society. It synergizes the necessary and sufficient evidence-based Health and Social Sciences methods of Intervention, Narrative, and Cause Contribution Analysis using standardized measures of Cause, Change, Performance, and Impact with the potential for scaling to facilitate and coordinate emerging Canadian expertise to build capacity for patient engagement and empowerment. This will be accomplished through creation of a national applied methods hub for neurological conditions. Hub oversight of Collective Impact directions are focused as follows:

1. Build Culture of Continuous Improvement
2. Eliminate Disparities
3. Leverage Existing Assets and
4. Engage Local Expertise and Community Voice

In the interests of an inclusivity agenda, more narrowly described as ‘patient hood’, to build capacity for chronicity co-management for better illness experience, healthcare utilization, and healthcare outcomes, it is imperative that academia, federal and provincial health research funders, charities, and above all patients and caregivers who are fulsomely engaged and empowered come together to integrate Unleashing Innovation Themes

- 1 - Patient Engagement and Empowerment and
- 2 - Health System Integration and Workforce Modernization

To these ends, and modelled on the Australian National Disability Insurance Scheme and its formative Disability Investment Group report, MODC, NHCC member groups and ECCC are directing themselves to development of a National Inclusivity Research Institute – a centre of excellence to lead and promote inclusivity research and its application in Canada.

All of the above-noted directions will require priority attention directed to capacity building through training modernization as referred to above, a refrain also being promoted in Canada by the Clinical Investigator Trainee Association of Canada (CITAC) as noted by our University of Alberta colleague Jack Jhamandas, VP Research, AFMC at the recent Academic Health Sciences Network 2016 symposium.

To these ends, the CIHR Institute of Health Services and Policy Research has launched the Canadian Health Services and Policy Research Alliance. The Chair of the Advocacy Committee is a member of the Training Modernization Working Group which will convene an invitational workshop 31 March 2016 to review Working Group recommendations aligned to a pan-Canadian vision and strategy for health services and policy research and to plan future directions.

CHAIR:
Richard Riopelle

COMMITTEE MEMBER:
Michael Hill



Exhibitor's Reception

Don't forget...

**Wednesday, June 22nd
5:15pm to 7:15pm
Exhibit Hall**

Join your colleagues in the Exhibit Hall for a welcome reception for our supporters and exhibitors on Wednesday at 5:15pm. This is an excellent opportunity to network with colleagues while checking out the latest development regarding medical devices, pharmaceuticals and new opportunities and achievements within the neuroscience field. Visit the exhibitors often, and as many as you can, throughout the week to thank them for their support of the CNSF.



Exhibitors & Sponsors

abbvie

Booth 304

Exhibitor

Abbvie is a global, research-based biopharmaceutical company formed in 2013 following separation from Abbott Laboratories. The company's mission is to use its expertise, dedicated people and unique approach to innovation to develop and market advanced therapies that address some of the world's most complex and serious diseases. AbbVie employs approximately 26,000 people worldwide and markets medicines in more than 170 countries. For further information on the company and its people, portfolio and commitments, please visit www.abbvie.ca. Follow @abbvie on Twitter or view careers on our Facebook or LinkedIn page.

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Exhibitor

BIOCODEX is relying on a global network of scientists and partners, allowing to acquire, over the years, expertise in specific therapeutic areas, such as in orphan disease in children epilepsy, and now enables patients in over 100 countries to have access to its innovative medication. Powered by an industrial vision and innovation, BIOCODEX is committed to provide the best care to patients, emphasizing work on the long term in a constant dialogue with healthcare professionals.

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Cambridge Journals publishes over 340 peer-reviewed academic journals, including journals published on behalf of over 100 learned societies, which form the latest in research and discovery across a range of topics. Many of these journals are the leading academic publications in their fields and together they form one of the most valuable and comprehensive collections of research available today. Across the world, Cambridge Journals are available online and in print - keeping scientists, researchers and scholars abreast of crucial developments in research.

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NEUROSURGERY: Surgical devices for the treatment of brain tumors, hydrocephalus, and other neurological disorders requiring surgical intervention, including products to help patients needing critical care.

NEUROMODULATION: Making a meaningful difference for patients who suffer from severe spasticity, and the team of healthcare professionals who treat them.

Eisai

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Gold Sponsor

Eisai strives to find and develop new compounds that improve the lives of people in Canada in the areas of neurology and oncology. Our neurology products include: Fycompa, for the adjunctive therapy in the management of partial-onset seizures in adult patients with epilepsy who are not satisfactorily controlled with conventional therapy and Banzel, for the adjunctive treatment of multiple seizure types associated with Lennox Gastaut-Syndrome in children 4 years and older and adults. Our oncology products include Halaven, for the treatment of patients with metastatic breast cancer who have previously received at least two chemotherapeutic regimens, Aloxi, for the prevention of chemotherapy induced nausea and vomiting, and Gliadel Wafer, for the treatment of newly diagnosed glioma and recurrent malignant glioblastoma.

EMD Serono

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EMD Serono is a Division of EMD Inc., Canada. EMD Inc., Canada, is an affiliate of Merck KGaA, Darmstadt, Germany. In Canada, EMD Serono provides innovative drug therapies that address unmet medical needs in the areas of neurodegenerative diseases, fertility and endocrinology.



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IMRIS Deerfield Imaging

Booth 321

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Integra Canada ULC

Booth 320

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The recommended starting dose is 50 mg twice daily (100 mg per day). Based on individual patient response and tolerability, the dose may be adjusted between 25 mg twice daily (50 mg per day) and 100 mg twice daily (200 mg per day). Maximum recommended daily dose of BRIVLERA™ is 200 mg, administered in two equal intakes.

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AED = Antiepileptic Drug

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Indications and Clinical Use

Adults (≥18 years of age): ^{Pr}BRIVLERA™ (brivaracetam) is indicated as adjunctive therapy in the management of partial-onset seizures in adult patients with epilepsy who are not satisfactorily controlled with conventional therapy. BRIVLERA™ (brivaracetam) injection for intravenous use is an alternative when oral administration is temporarily not feasible.

Geriatrics (≥65 years of age): The clinical experience with BRIVLERA™ in elderly patients with epilepsy is limited (29 elderly patients aged between 65 and 80 years). No dose adjustment based on age is necessary. In general, dose selection for an elderly patient should be judicious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

Pediatrics (<18 years of age): The safety and efficacy of BRIVLERA™ in pediatric patients (<18 years of age) have not been established and its use in this patient population is not indicated.

Contraindications

Patients who are hypersensitive to this drug or to any ingredient in the formulation or component of the container.

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Hematologic Abnormalities: BRIVLERA™ can cause hematologic abnormalities. In the Phase 3 controlled adjunctive epilepsy studies, a total of 1.8% of BRIVLERA™-treated patients and 1.1% of placebo-treated patients had at least one clinically significant decreased white blood cell count

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Bronchospasm and Angioedema: BRIVLERA™ can cause hypersensitivity reactions. Rare cases of bronchospasm and angioedema have been reported in patients taking BRIVLERA™. If a patient develops hypersensitivity reactions after treatment with BRIVLERA™, the drug should be discontinued and an alternative considered.

Serious Dermatologic Reactions: Multi-organ hypersensitivity syndrome (also known as Drug Reaction Eosinophilia and Systemic Symptoms or DRESS) is a serious condition sometimes induced by antiepileptic drugs. Typically, although not exclusively, DRESS initially presents with fever and rash, then with other organ system involvement that may or may not include eosinophilia, lymphadenopathy, hepatitis, nephritis, and/or myocarditis. Because DRESS is variable in its expression, other organ system signs and symptoms not noted here may also occur. Organ involvement may be more severe than skin involvement. If any of these hypersensitivity reactions are suspected and an alternative cause cannot be established, BRIVLERA™ should be discontinued and alternative treatment started.

Suicidal Ideation and Behaviour: Suicidal ideation and behaviour have been reported in patients treated with antiepileptic agents in several indications. All patients treated with antiepileptic drugs, irrespective of indication, should be monitored for signs of suicidal ideation and behaviour and appropriate treatment should be

considered. Patients (and caregivers of patients) should be advised to seek medical advice should signs of suicidal ideation or behaviour emerge.

Other Relevant Warnings and Precautions

- BRIVLERA™ should be withdrawn gradually because of the risk of increased seizure frequency and status epilepticus
- Somnolence and fatigue
- Dizziness and disturbance in gait and coordination
- Psychotic and non-psychotic behavioural disorders
- Potential reduced exposure to oral contraceptives
- Contraception in women of childbearing potential
- Pregnant women, nursing women, patients going through labour and delivery
- Fertility
- Not indicated for use in pediatric populations (<18 yrs)
- There were insufficient numbers of patients 65 years of age and older in double-blind, placebo-controlled studies (n=29) to adequately assess the safety and efficacy of BRIVLERA™ in this population. No BRIVLERA™ dose adjustment based on age is necessary.
- Patients with renal impairment
- Patients with hepatic impairment

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Please consult the product monograph at <http://webprod5.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp>, or call 1-866-709-8444 to find more important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The product monograph is also available by calling us at 1-866-709-8444.

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KEGO Corporation

Booth 120

Exhibitor

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Leica Microsystems

Booth 315

Exhibitor

Leica Microsystems announces the Leica M720 OH5 with Horizontal Optics and Leica M525 OH5 Neurosurgical microscopes, plus the first surgical microscope with built-in 3D HD video recording.

LifeLabs

Booth 105

Exhibitor

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Mizuho America, Inc.

Booth 219

Exhibitor

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Natus

Booth 106

Exhibitor

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Booth 204

Exhibitor

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Roxon Medi-Tech Ltd.

Booth 104

Exhibitor

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Sanofi Genzyme

Booth 216/313

Silver Sponsor

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At Sanofi Genzyme Canada, one area of significant unmet medical need where our experts have focused their attention is Multiple Sclerosis (MS). Finding effective treatments for a complex disease like multiple sclerosis is no easy task, but our MS research is spearheaded by top experts employing some of the most advanced and creative scientific problem-solving skills in the industry.

Sanofi Genzyme Canada is pleased to offer LemtradaR, a unique therapy with a novel dosing regimen. Lemtrada further complements Genzyme's current oral therapy, AubagioR (teriflunomide), a once-a-day oral therapy, both approved by Health Canada for the treatment of Relapse-Remitting Multiple Sclerosis.

Stryker

Booth 122

Exhibitor

Together with our customers, Stryker is driven to make healthcare better. We are collaborating more than ever across our Neurotechnology and Spine businesses to develop solutions for a range of customers. From being an innovation leader in implants and navigation systems to providing Complete Stroke Care, we help solve critical needs in healthcare and are committed to growing our Neurotechnology offering. We are focused on education and training to support innovation and we surround our customers with the programs and resources they need to serve their patients more effectively. Stryker's six business units addressing the needs of the Neurotechnology and Spine market include: Craniomaxillofacial, Interventional Spine (IVS), Navigation, Neurovascular, Neuro Powered Instruments (NSE) and Spine.

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Booth 121

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The Canadian Neurological Society and the Canadian Neurosurgical Society, member societies of the CNSF, are accredited providers of the Royal College's Maintenance of Certification (MOC) program. The CNSF is committed to providing relevant Continuing Professional Development (CPD) opportunities to its members and to neurologists and neurosurgeons, in general.

We thank the Professional Development (PD) and Scientific Program (SP) Committees for their time, effort and energy in working collaboratively to develop the 2016 CNSF Congress.




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Valeo Pharma Inc.

Booth 323

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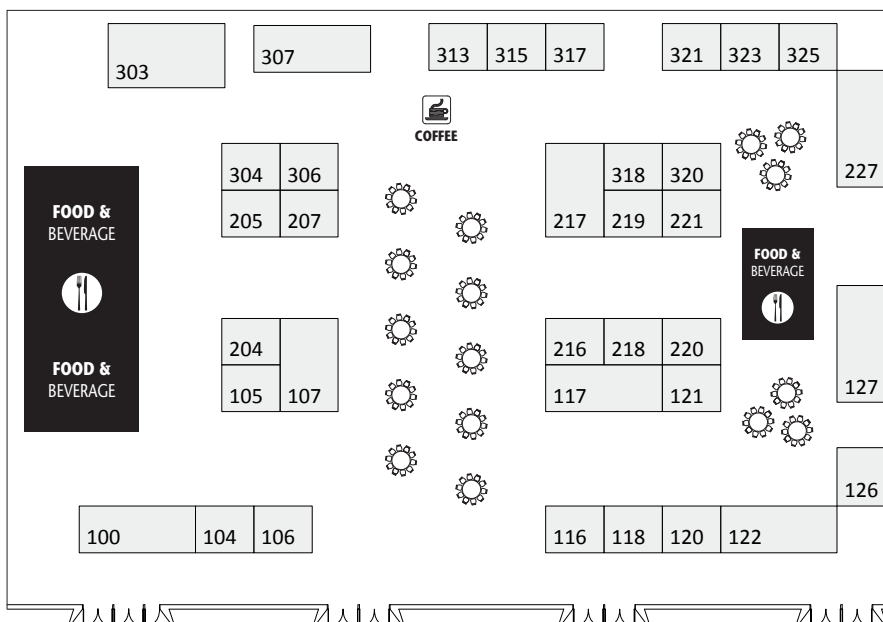
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Booth 205

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The CNSF's major supporters are listed below, none of whom have had any input into the CNSF's CPD programs, the Congress, nor the Journal. Most importantly, our Congress courses, programs and speakers are selected independently by our SPC/PDC Committee and the CNSF Board.

Platinum



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UCB, which includes the sponsorship of the hotel branded key cards, support of a Lunch n' Learn on Epilepsy, the Epilepsy Video Clinical Case Study, the Exhibitors' Reception, the purchase of an Exhibit booth, Neuro|News advertising and a Fellowship Grant to CSCN for 2016/2017

BIAGEN IDEC which includes a Lunch 'n Learn on Multiple Sclerosis Practice Audits, the purchase of 2 Exhibit booths and the advertising in Neuro|News.

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GRIFOLS, which includes the support of the Neuromuscular Course and Neuromuscular Clinical Case Study, the purchase of a booth and a Fellowship Grant to CSCN for 2017/2018.

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Bronze



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