



ICCN 2018 Program Planning Committee (PPC) seeks proposals for both scientific symposia and educational teaching sessions for the 31st International Congress of Clinical Neurophysiology (ICCN), which will take place at the Marriot Wardman Park in Washington, DC, USA, May 1-6, 2018.

SESSION FORMATS

Scientific or Clinical Symposia:

- May be based on a scientific theme, expanding cutting-edge knowledge for a topic culminating in a conclusion or summary OR may be based on a clinical theme, expanding current or new clinical knowledge of a topic relevant to current clinical practice.
- Should be planned for 90 minutes and should include no more than three (3) speakers.
- Should utilize a lecture style learning format.

Educational/Teaching Sessions:

- May be based on a well-established scientific or clinical theme and provide an update on an established, contemporary and relevant scientific or clinical topic.
- Should be planned for 90 minutes and should include no more than three (3) speakers.
- Should utilize a lecture style learning format.

While submissions into both categories are welcome, the ICCN PPC shall make the final determination regarding whether a session shall be scheduled as either a scientific or teaching session.

This activity will be planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the sponsorship of ACNS. ACNS is accredited by ACCME to provide continuing medical education for physicians.



PROFESSIONAL PRACTICE GAPS

In compliance with the Updated Accreditation Criteria of the Accreditation Council for Continuing Medical Education (ACCME), the Continuing Medical Education Committee (CME) of the ACNS has identified "professional practice gaps," or the differences between what a health professional is doing or accomplishing compared to what is achievable on the basis of current professional knowledge. The following professional practice gaps and educational needs were identified by a combined effort of the ACNS Program, Course and CME Committees.

Gap #1. Emerging Areas of Practice

New techniques in neurological intraoperative monitoring (NIOM), EEG monitoring in the intensive care unit (ICU EEG), brain and EMG/peripheral nervous system recording and stimulation techniques (NSRS) are rapidly evolving areas of clinical neurophysiology. Few practicing neurologists have adequate training in these techniques. Adult and pediatric physicians as well as neurodiagnostic technologists with competence in these areas are in great demand. Educational activities should cover both basic and advanced methodologies for those practitioners new to NIOM, ICU EEG, and EMG/NSRS and other innovative areas of interest and techniques to highlight advances in the field.

Gap #2. General Practice of Clinical Neurophysiology

Clinical neurophysiology procedures are routinely performed by a large proportion of practicing US neurologists, many of whom have little or no formal training in clinical neurophysiology. Many clinical neurophysiology procedures (e.g. evoked potentials, invasive EEG, advanced EMG procedures) are performed at low volume at many centers and a forum for review and hands-on interpretation are essential to maintain competence in these areas.

Organizing Committee of the International Congress

Professor Mark Hallett *IFCN President* • Professor Paolo Rossini *IFCN Past-President* • Professor Yoshikazu Ugawa *IFCN Secretary*
Professor Reinhard Dengler *IFCN Treasurer* • Professor Ulf Ziemann *IFCN Editors-in-Chief*
Professor Marc R. Nuwer *ICCN Convenor* • Professor Francis Walker *ICCN Secretary* • Professor Peter Kaplan *ICCN Treasurer*
Professor Aatif Husain *ICCN Program Committee Chair*



TOPICS OF EDUCATIONAL NEED

Several specific topics with significant gaps between current practice and ideal practice have been identified via review of the literature, review of clinical neurophysiology fellowship curricula, and surveys of ACNS members and Annual Meeting attendees. For more information please see the complete 2017-18 Gap Analysis and Needs Assessment. Topics of interest and identified need include the following, although additional topics are welcome:

- A. Neurophysiology/neuroanatomy of neurologic conditions
 - 1. Adult epilepsy
 - 2. Pediatric epilepsy (including neonatal)
 - 3. Acute seizure emergencies and status epilepticus
 - 4. Sleep disorders
 - 5. Coma and disorders of consciousness
 - 6. Peripheral neuropathies
 - 7. Muscle diseases
 - 8. Neuromuscular junction disorders
 - 9. Motor neuron disease
 - 10. Autonomic disorders
 - 11. Autoimmune disorders
 - 12. Central demyelinating diseases
 - 13. Infectious/post-infectious disorders
 - 14. Cranial nerve disorders
 - 15. Movement disorders (including torticollis, dystonia)
 - 16. Dementia and cognitive disorders
 - 17. Spinal cord disorders (including degenerative ataxias)
 - 18. Pain (including back pain, complex regional pain disorder, not including headache)
 - 19. Headache and facial pain
 - 20. Spasticity
 - 21. Neuro-ophthalmologic and neuro-otologic disorders
 - 22. Trauma (including traumatic brain injury, concussion, trauma to other parts of the body)
 - 23. Stroke
 - 24. Psychiatric disorders
 - 25. Psychogenic disorders
 - 26. Neurorehabilitation
 - 27. Other disorders

- B. Neurophysiologic testing (to include techniques, instruments, interpretation, uses, safety, etc.)
 - 1. Electroencephalography, including continuous EEG monitoring
 - 2. Electromyography, including single fiber EMG and all other aspects of NCS/EMG
 - 3. Evoked potentials
 - 4. Event related potentials
 - 5. Neurophysiologic intraoperative monitoring
 - 6. Invasive EEG recording
 - 7. Excitability of peripheral nerve and muscle (threshold tracking)
 - 8. Neuroimaging of brain and spinal cord (including MRI, DTI, PET, NIRS, etc.)
 - 9. Neuroimaging of peripheral nerve and muscle (including neuromuscular ultrasound, MR neurography, etc.)
 - 10. Polysomnography and related procedures
 - 11. Functional brain imaging (including MEG, fMRI, EEG, etc.)
 - 12. Noninvasive brain stimulation (including TMS, tDCS, tACS, etc.)
 - 13. Invasive brain stimulation (cortical and subcortical)
 - 14. Neurostimulation, other (including spinal cord stimulation, cranial and peripheral nerve stimulation, etc.)
 - 15. Long latency reflex studies (including H reflex, f waves, silent periods, etc.)

16. Brainstem reflexes (including blink, startle, etc.)
 17. Autonomic studies
 18. Quantitative sensory testing
 19. Cognitive assessment
 20. Neuro-ophthalmologic and neuro-otologic tests
 21. Brain connectivity
 22. Integration of neuroimaging and neurophysiology techniques
 23. Other neurophysiologic tests/testing
- C. Neurophysiology in treatment of diseases (including neurostimulation and chemodeneration as used in treatment of disease)
1. Epilepsy
 2. Acute seizure emergencies and status epilepticus
 3. Neuromuscular disorders
 4. Attention and cognitive disorders
 5. Movement disorders
 6. Pain syndromes
 7. Psychiatric disorders
 8. Autonomic disorders
 9. Sleep disorders
 10. Neurorehabilitation
 11. Other neurological disorders
 12. Other medical disorders
- D. Other topics
1. Neurophysiology education
 2. Business and value determination of neurophysiology
 3. Ethics in neurophysiology
 4. Value determination in CNP
 5. History (of CNP, IFCN, ACNS, other societies)
 6. Clinical research methodology
 7. Sensory/motor physiology
 8. Consumer wearable devices and physiologic assessment
 9. Brain-computer interface
 10. Neurophysiology of control of artificial limbs
 11. Other

In addition to addressing the general practice gaps and specific topics listed above, it is also suggested that proposals include some discussion on treatment considerations as well as relevancy to the pediatric population, when appropriate.

CONTENT VALIDITY

Recommendations involving clinical medicine in a CME activity must be based on the highest level of evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

The Program Planning Committee will assign a weighting to all proposals to ensure adequate balance in the overall program.

CONFLICT OF INTEREST DISCLOSURE

It is the policy of the ACNS to ensure balance, independence, objectivity, and scientific rigor in all of its individually sponsored or jointly-sponsored educational programs. In order to comply with the ACCME's Updated Standards for Commercial Support, ACNS requires that anyone who is in a position to control the content of an educational activity discloses all relevant financial relationships with any commercial interest pertaining to the content of the presentation. Should it be determined that a conflict of interest exists as a result of a financial relationship of a planner of the CME activity, the planner must recuse himself or herself from the planning for that activity or relevant portion of that activity. Should it be determined that a conflict of interest exists as a result of a financial relationship of a proposed presenter at a CME activity, the proposed presenter and the CME Committee must agree on a method to resolve the conflict, as outlined in the ACNS CME Policy on Disclosure and Resolution of Conflicts of Interest.

Failure to provide disclosure information in a timely manner, refusal to disclose a conflict, or the inability to resolve an identified conflict will result in disqualification from this activity, at the discretion of the ACNS CME Committee.

A Financial Relationship is a relationship in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

A Commercial Interest is any proprietary entity producing health care goods or services, used on, or consumed by, patients, with the exception of non-profit or government organizations and non-health care related companies.

Relevant Financial Relationships: ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines "relevant" financial relationships" as financial relationships in any amount occurring within the past 12 months.

Conflict of Interest: Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

SUBMISSION INSTRUCTIONS

To submit your educational or scientific session proposal for consideration, visit <http://iccn2018.acns.org/program>. Step-by-step instructions to submit your proposal online may be found on the Program section of the ICCN website.

Session Proposal Submission Deadline: November 1, 2016

Questions?

Contact the ICCN Secretariat at iccn2018@acns.org or +1-414-918-9803.