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**ACN FORMING JUNIOR NETWORK  
YOUR INPUT WANTED**

The Association of California Neurologists (ACN) plans to develop a new Junior Member Network. What exactly is a Junior Member Network? That is yet to be determined -- and we need your input! What would make it useful and meaningful for its members?

Some initial objectives put forward for the network include:

- All California trainees (residents & fellows) become ACN members soon after starting training
- Trainee members have a voice in shaping ACN agenda and pathway to participating in or helping to develop ACN projects
- Trainee members have a mechanism for communicating among themselves to generate ideas, network, etc.
- ACN has mechanism to specifically target trainees to keep them updated on issues the ACN is working on

Future ideas could include:

- Networking website (access to fellowship listings, job postings, communication among members);
- Mentorship program (becoming active in legislative issues, local activism, etc.);
- Separate junior newsletter looking at issues relevant to trainees (how to get educated on billing, practice issues, contracting, etc/interesting cases recruiting for junior and full ACN projects)

The beauty of the ACN Junior Membership is that it is free and can unite trainees across the state with common interests and goals as well as educating them on issues relevant to their career field in the state of California and beyond.

What do you think would be beneficial from a network like this? Any brainstormed ideas would be appreciated! Are you a junior member interested in helping to form the initial network? Let us know! Please contact either Nick Szumski, MD at [nszumski@mednet.ucla.edu](mailto:nszumski@mednet.ucla.edu) or Peggy Pearce at [peggypearce2@sbcglobal.net](mailto:peggypearce2@sbcglobal.net)

# Thank You

The ACN Board of Directors and Consultants would like to thank all you for your continued support of ACN. Because of you, ACN is one of the largest state societies. ACN continues to represent neurologists on scope of practice, mandatory reporting, Medicare reimbursements, neuroimaging, patient advocacy, pay for performance and various CMA councils and committees. Please help us stay strong and encourage fellow neurologists to join ACN. ACN is on the web – see <http://acn.aan.com> for a membership application and a schedule of 2009 events. As all of you know, Health Care is currently a hot legislative topic. ACN will continue to represent California neurologists.

**THANKS TO ALL OF YOU WHO COMPLETED OUR SURVEY ON THE 2008-2009, DUES INVOICE**

*Here are the results*

Members who would attend a Northern California meeting.....	67
Members who would attend a Southern California meeting.....	76
Members who would attend Seattle Affiliate meeting.....	62
Members concerned with reimbursements.....	82
Members concerned with Legislation/Advocacy.....	65
Members concerned with quality CME.....	44
Members concerned other issues.....	3
Members interested in serving on the ACN Board or Committees.....	29
Members interested in serving on CMA Committees or Councils.....	22
Juniors interested in forming a Resident Network.....	8

*ACN will be using the results of this survey!*

## CJD and Rapidly Progressive Dementia Research at UCSF

Ben Raudabaugh, B.S. And Michael Geschwind, M.D.-PhD.

The University of California, San Francisco, (UCSF) Memory and Aging Center (MAC) runs an active clinical research program on rapidly progressive dementias (RPDs), including Jakob-Creutzfeldt disease (CJD). CJD is a rapidly progressive fatal neurodegenerative disease caused by the transformation of the normal prion protein accumulation into an abnormally shaped prion protein (a “prion”) in neurons. Our center has been referred more than 1300 suspected prion cases over the past seven years RPDs caused by conditions other than prion disease often can mimic the symptoms of CJD. In approximately 20% of cases referred to our center with a putative diagnosis of CJD, we find another etiology for the rapidly progressive dementia (RPD). Importantly, many of these other conditions are reversible or treatable, emphasizing the need for comprehensive evaluation and accurate diagnosis. We have found that MRI is very helpful for CJD diagnosis, while many of the putative CSF biomarkers are misleading.

Brain MRI, particularly DWI/ADC images, is an invaluable tool for accurate CJD diagnosis. FLAIR and, particularly, DWI MR images have high sensitivity (91-2%) and specificity (94-5%) for CJD diagnosis. A recent UCSF study assessing the diagnostic utility of MRI for CJD among 61 prion subjects and 20 non-prion RPD controls found a sensitivity of 97.9% and specificity of 100% of MRI for sporadic CJD (sCJD).<sup>6</sup> We have identified specific MRI features that often help differentiate CJD from non-prion RPDs. A classic and virtually pathognomonic presentation of sCJD includes hyperintensity of the cingulate, the striatum (with an anterior-posterior gradient), and at one neocortical gyrus (especially precuneus, angular, parahippocampal, superior and middle frontal gyrus). Hyperintensities are typically greater on DWI than on FLAIR. DWI abnormalities are often due to restricted diffusion and therefore hypointense on ADC MRI sequences. Curiously, the rolandic cortex is typically spared on T2 and DWI MRI in CJD.

The 14-3-3 CSF protein has been heavily relied upon as a biomarker for CJD. but its clinical utility is quite controversial. Other CSF biomarkers have been suggested to have diagnostic utility for CJD, including S100B, neuron specific enolase (NSE), and total-tau. Experience at UCSF has shown the 14-3-3, NSE and total-tau protein have rather poor sensitivity (53-69%) for sCJD. The 14-3-3 has poor specificity (69%), while NSE and total-tau may be somewhat better with 86 and 95% specificity, although the sample size is still small for these latter two. We continue to explore the utility of these and other biomarkers for CJD.

The UCSF MAC is currently running the first U.S. CJD treatment trial; although enrollment of new patients has ended, referrals of patients with suspected prion disease or other RPDS for other research studies or clinical assessment are always welcome. A new NIH-funded research study began in September 2008 to develop earlier diagnosis of human prion diseases and improved ability to diagnosis causes of RPD. Subjects with genetic prion disease are also an active part of the UCSF MAC clinical research CJD program. The UCSF MAC continues to work closely with the UCSF Institute for Neurodegenerative Disease, under the direction of Nobel Laureate Dr. Stanley Prusiner, on a new NIH-funded program project grant to develop treatments for CJD. The UCSF MAC's new website on CJD, [www.memory.ucsf.edu/cjd/](http://www.memory.ucsf.edu/cjd/), funded by the Michael Homer Family Fund, is a great way to learn more or to communicate with their program.

*(for references used in this article please contact the ACN executive office)*

## IF YOU HAVE A CASE OF CJD, PLEASE REPORT TO YOUR LOCAL HEALTH DEPARTMENT

Creutzfeldt - Jakob disease (CJD) and other Transmissible Spongiform Encephalopathies (TSEs) recently have become reportable diseases in California. Caused by prions, whose mechanisms of action and transmission are still elusive, these rare, fatal, and progressive neurological diseases are difficult to diagnose, and as of yet, untreatable.\* It is the neurologist or the neuropathologist who is most likely make the diagnosis and who may be asked to report the disease and review patients' risks for the disease.

With an incidence of approximately 1 case per million people, CJD is the most common of the TSEs. In California, that's about 30 cases of CJD per year. Variant CJD (vCJD), though often confused with other forms of CJD, is a distinctly different clinical entity. In 1996, the first cases of vCJD were reported in the United Kingdom. Transmission is believed to have occurred primarily through the consumption of tissue from cattle infected with Bovine Spongiform Encephalopathy, commonly known as Mad Cow Disease. To date, there have been only 3 cases of vCJD in the United States, all linked to exposures abroad ([http://www.cdc.gov/ncidod/dvrd/vcjd/other/News\\_06122008.htm](http://www.cdc.gov/ncidod/dvrd/vcjd/other/News_06122008.htm)). There have not been any domestically acquired vCJD cases in the United States. Variant CJD, but not classical/sporadic CJD, may be transmissible through blood transfusion from blood donated by an infected individual. For this reason, individuals who lived in the U.K. between 1980 and 1996 are currently banned from donating blood in the U.S.

To assess the burden of prion disease, monitor trends, and possibly detect any novel forms of disease or transmission, such as with vCJD, the California Department of Public Health (CDPH) made CJD and other TSEs reportable in 2007. CDPH's surveillance case definition requires that the diagnosis of CJD or TSE be made either clinically by a neurologist or confirmed by biopsy or autopsy tissue. When you make the diagnosis of CJD, you should contact your local health department. A case report form will be filled out for each case. Your local health department also may contact you for information needed to complete this form if they receive a report from another source.

We encourage clinicians to get brain tissues for confirmation of clinical diagnoses of CJD or TSE. The National Prion Disease Pathology Surveillance Center (NPDPSC) at the Case Western Reserve University in Cleveland, Ohio is the national reference laboratory for human prion diseases and provides free diagnostic laboratory testing for prion-related disease. It can also arrange for autopsy and shipping of tissue samples through their autopsy network. For details regarding the collection and shipment of clinical specimens, see the NPDPSC's website (<http://www.cjdsurveillance.com>) or call (216) 368-0587.

For basic information on CJD surveillance in CA, conducted with the California Emerging Infections Program (CEIP), you can visit the CEIP website at <http://www.ceip.us/cjd.htm>.

\* Of note, the University of California, San Francisco is currently conducting the only clinical trial for treatment of CJD in the country; see the UCSF website <http://memory.ucsf.edu/cjd/research/cjdresearch> for more information.

# ACN Events

**February 12, 2009 – Don't miss Dr. Christopher Giza's presentation: "From Concussion to Coma: The Many Faces of Traumatic Brain Injury" - Hotel Nikko, San Francisco (during UCSF's 42<sup>nd</sup> Recent Advances), noon to 2:00 p.m.**

To register see <http://acn.aan.com> , contact Peggy Pearce – 916 457-2236, [peggypearce2@sbcglobal.net](mailto:peggypearce2@sbcglobal.net) or fax the enclosed registration form to 916.457-2211.

*Please join us for lunch and a short ACN Annual Business meeting*

**61<sup>st</sup> Annual Meeting of the San Francisco Neurological Society**

**February 27 – March 1, 2009**  
Casa Munras Hotel, Monterey

**Tuesday, April 28 – Seattle Affiliate Meeting** – If you are planning to attend the AAN Annual Meeting in Seattle, please join the ACN Board of Directors for an interactive meeting.

*To help us coordinate with AAN contact:  
[peggypearce2@sbcglobal.net](mailto:peggypearce2@sbcglobal.net) if you will be attending.*

**10<sup>th</sup> Cal Neuro Alliance – April 27 & 28, 2009**, Grand Sheraton, Sacramento. If you have a strong, interest in patient advocacy and will not be attending the AAN Annual Meeting, how about supporting the Cal Neuro Alliance.

*Contact Peggy Pearce (916 457-2236,  
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## MEDICARE UPDATE

Dr. Marc Nuwer, ACN Past President, recently attended the first California Advisory Committee with Palmetto GBA, the new Medicare carrier. The process of converting from NHIC to Palmetto went slowly, as might be expected for any such large and complex \$20 billion transition. Most problems should be fixed by now.

Many problems were left over from last springs conversion to using the National Provider Identification numbers for physicians and practices. Many additional transition problems were encountered as billing systems adjusted to new IT requirements.

Old NHIC carrier policies were replaced by new Palmetto policies. Palmetto now will deal with all of California, Nevada, Hawaii and Guam. This is the new Medicare Region 1. The carrier policies will be unified in that region. Palmetto looked through all the applicable policies in effect before the transition, and chose to put into effect the least restrictive ones. As such, policies in general will be either the same or less restrictive.

Region 1, Medicare Part B – Palmetto website: <http://palmettogba.com/J1B>  
This website contains links to many forms, policies and procedures and provides contact information.

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### *In Memoriam*

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*Dr Mark Levine*

*Dr John Menkes*

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**We are on the Web!**  
**See us at**  
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## ACN's Mission...

To stimulate and foster improvements in all aspects of the health care of patients with disorders of the nervous system.

To encourage the association of professional neurologists and advancement of the practice of neurology in California.

To promote continuing education and advancement in scientific and clinical techniques and methods of neurological medicine.

## What does ACN do for you ?

### ACN represents you in:

Medicare Contract Advisory  
Committee  
CMA & the House of Delegates  
Industrial Medical Council  
Access to Specialty Care  
Coalition  
American Academy of  
Neurology  
California NeuroAlliance  
Blue Shield Medical Policy  
Committee

### ACN addresses major issues:

Mandatory Physician Reporting  
Workers' Compensation  
Scope of Practice (*EMG & the  
PT*)  
Punitive Pain Control  
Legislation  
Chloral Hydrate & Sleep Studies

### ACN presents annual meeting: Scientific Sessions (*CME*)

## ACN

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