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A Message from the Chair

Advanced, multidisciplinary care, research and teaching are the defining characteristics of an academic medical center. The next few pages outline some of the major programs and related contributions made by neurology faculty, residents and staff in 2010. I take great pride in their dedication to patient care, their educational efforts and their growing research contributions.

In 2010 our clinical programs continued to grow. Dr. Rose Domingo, a graduate of our residency training program, returned to AMC to join the neuromuscular division after completing a fellowship at the Cleveland Clinic. Dr. James Wymer joined the neuromuscular division after spending several years as a neurologist in the Albany community. He completed a fellowship at the University of Rochester. Dr. Adolfo Ramirez-Zamora joined the movement disorders division after completing a fellowship at the University of California San Francisco. Dr. Daniel Greenblatt joined the child neurology division after completing a fellowship in pediatric demyelinating disease at Stonybrook University Medical Center. General neurologist Dr. Mary Ann McKee joined us from the University of Michigan at Ann Arbor.

Under the guidance of Dr. Donald Higgins and Dr. Colum Amory, our residency training program was awarded continuing accreditation for 5 years- the maximum possible.

Our research programs continued to grow and received national attention with the inclusion Dr. Ritaccio’s Brain Computer Interface work in both a traveling and permanent exhibit at the Museum of Natural History in New York City.

These achievements would not be possible without the generous support of our benefactors, the support and collaboration of faculty in other departments, and the institutional commitment to excellence.

Michael Gruenthal, MD, PhD
Professor and Bender Chair
Department of Neurology
Alzheimer’s Disease and Related Disorders
Earl Zimmerman, M.D.
Dzintra Celmins, M.D.
Elizabeth Smith-Boivin, MSHA

Epilepsy and Human Brain Mapping
Anthony Ritaccio, M.D.
Bridget Frawley, M.D.
Michael Gruenthal, M.D., Ph.D.
Asygul Gunduz, Ph.D.
Timothy Lynch, M.D.
Gerwin Schalk, Ph.D.
Peter Brunner, M.S.

Parkinson’s Disease and Movement Disorders
Eric Molho, M.D.
B. Kelly Changizi, M.D.
Donald Higgins, M.D.
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Multiple Sclerosis
Krupa Pandey, M.D.
Jeanne Ceballos, NP.

Neuromuscular Disorders and Neurophysiology
Matthew Murnane, M.D.
James Wymer, M.D., Ph.D.
Rose Domingo, M.D.

Neuropsychology
Anne Barba, Ph.D.
Robert Gillen, Ph.D.

Comprehensive Pain Management
Charles Argoft, M.D.
Andras Laufer, M.D. (Anesthesiology)

Pediatric Neurology
Charles Nichter, M.D.
Karen Powers, M.D.
Daniel Greenblatt, M.D.
Valerie Stanley, NP.

Stroke/Neurocritical Care
Gary Bernardini, M.D., Ph.D.
Colum Amory, M.D., M.P.H.
Jennifer Yanoschak, M.D.
Yama Rassouly, NP.

Stratton VA Neurology Service
Donald Higgins, M.D., (Chief)
Arnulf Koeppen, M.D.
Farrukh Shaikh, M.D.
Richard Tomasulo, M.D.
Outpatient Services

In an effort to meet the unprecedented demand for expert clinical services, we continued our expansion of clinical programs and sites. This allowed us to better meet the needs of the region. The quarterly growth in new outpatient visits is shown below.
Inpatient Services

As the only Academic Medical Center in the region, Albany Medical Center offers advanced, subspecialty inpatient services. Over the past decade, the number of patients transferred to Albany Medical Center Hospital has more than doubled. During this period, the number of patients transferred to neurology inpatient services has increased more than five-fold. The advanced level of inpatient care provided by our faculty and neuroscience nurses resulted in transfers from other hospitals in New York, Massachusetts, Vermont and Connecticut. Our unique ability to provide the entire spectrum of medical and surgical treatments for acute stroke, epilepsy and other neurological conditions allows us to serve as a resource for other hospitals in the region. The increasing proportion of transferred patients who are admitted to Neurology is shown below.
Alzheimer’s Disease and Related Disorders

There are many possible causes for memory loss and dementia, including Alzheimer’s disease, frontotemporal dementia, Lewy body disease, metabolic abnormalities and normal pressure hydrocephalus. After a thorough evaluation to identify the underlying cause and develop a treatment strategy, we provides a comprehensive range of support services to assist patients and families who are dealing with the effects of neurological memory disorders caused by age-related dementias. The Alzheimer’s Center is the foremost comprehensive provider of care for patients and families suffering from Alzheimer's disease and related dementias in the greater Capital Region. Through its four components, the Aging and Memory Clinic, the Alzheimer's Disease Treatment Center, the Goldberg Resource Program for Patients and Families, and the Alzheimer's Research Program, the multidisciplinary team provides excellence in patient care, education, and research.

The Neurosciences Advanced Imaging Research Center, a partnership between General Electric Global Research Center and Albany Medical Center’s Neurosciences Institute, includes the only 3T MRI scanner in the region. Our team of physicians and scientists use this technology to identify causes of neurodegenerative disease, evaluate therapeutic interventions, and measure the effectiveness of drugs. In the long term, we hope to identify people at risk for these diseases and institute therapies before the onset of the disease.
Epilepsy and Human Brain Mapping

Epilepsy is a chronic disorder characterized by recurrent seizures and is one of the most common neurological disorders. Seizures can have many symptoms ranging from brief sensations, movements, or confusion to convulsions. The frequency of these episodes range from more than once a day to less than once a year. Because the symptoms and frequency of seizures are so variable, making a diagnosis of epilepsy can be difficult. Some people with epilepsy experience seizures for several years before a correct diagnosis is made.

For over 20 years, Albany Medical Center’s Epilepsy Program has been a leader in the medical and surgical treatment of epilepsy. The success of epilepsy treatment depends on a detailed and accurate evaluation prior to therapy. All of our neurologists have subspecialty training in the diagnosis and treatment of epilepsy. The comprehensive...
diagnostic and treatment options we provide have earned us a designation as the only National Association of Epilepsy Centers “Level 4” center in the region, the highest level of certification.

In 2010 advanced diagnostic and treatment options were provided for more patients than ever before. A recent review of our epilepsy surgery outcomes revealed very favorable results.
Parkinson’s Disease and Movement Disorders

Movement Disorders are a group of conditions characterized by loss of normal movement or the presence of abnormal movements. Although weakness may be a symptom, movement disorders typically result in other problems including slowed movements, difficulty with smooth, coordinated movement, or involuntary movements. A variety of other symptoms may be present as well, depending on the specific condition.

There are many diseases and conditions that result in these symptoms including dystonias, Parkinson’s disease, other Parkinsonian syndromes, Huntington disease and restless legs syndrome. A detailed evaluation by a neurologist with specific training and expertise in movement disorders is often needed to make a diagnosis and develop an effective treatment strategy. All of our neurologists have subspecialty training in the diagnosis and management of these conditions. They have devoted their clinical practice and academic work to this specific area of neurology. The entire staff has extensive experience helping patients and hope is to use this unique experience to improve the lives of patients and their families. As an academic medical center program, we are able to offer advanced diagnostic, treatment and research capabilities, as well as clinical drug trials, botulinum toxin injection and innovative surgical procedures such as deep brain stimulation.
Multiple Sclerosis

Multiple Sclerosis is a condition characterized by recurrent damage to the brain or spinal cord. The symptoms depend on where the damage occurs. Typical symptoms include weakness or sensory loss on one side of the body, impaired vision in one eye or double vision, loss of coordination, or bladder incontinence. In the most common form of multiple sclerosis, symptoms will worsen over minutes or days and then gradually improve over several weeks. The interval between episodes may be weeks or years.

Many other conditions can cause similar symptoms, so a detailed evaluation by a neurologist with special training in multiple sclerosis may be necessary to establish the correct diagnosis. The diagnosis requires a detailed history and examination as well as several tests to look for evidence of multiple sclerosis and exclude other causes. There is no cure for multiple sclerosis, but there are many treatment options which can decrease the number, severity and duration of episodes.

Albany Medical Center has the regions only designated comprehensive multiple sclerosis program affiliated with the National Multiple Sclerosis Society. The subspecialty trained providers see some of the most complex cases of multiple sclerosis. We provide a complete range of treatments including intravenous infusion of medications, implantation and programming of baclofen pumps and participation in research studies designed to identify more effective treatments.
Neuromuscular Disorders and Neurophysiology

Neuromuscular disease is a very broad term that encompasses many diseases that impair the functioning of the muscles either directly (by damaging muscles) or indirectly (by damaging nerves). In addition to weakness, muscle disease may cause twitching, spasming, and muscle pain depending on the nature and severity of the condition. Specialized diagnostic tests are necessary to reveal the specific type of neuromuscular disorder causing these symptoms. Some of these conditions are hereditary, others are symptoms of diseases such as diabetes. Our comprehensive clinical neurophysiology laboratory has state-of-the-art EMG/nerve conduction velocity equipment. Our subspecialty trained and board certified neuromuscular neurologists are experts in the use of this equipment, ensuring accurate information from these complex tests.

Albany Medical Center has the only designated neuromuscular program in the area recognized by the Muscular Dystrophy Association. The subspecialty trained physicians treat a wide variety of hereditary adult and pediatric diseases.
Neuropsychology

Clinical neuropsychology is the science of brain function. Different parts of the brain have specific functions such as vision, memory, the ability to speak, the ability to read, etc. Clinical neuropsychologists are experts in the administration and interpretation of specialized tests to help determine which areas of the brain are not working properly.

Many disorders that affect the brain can cause difficulties with thinking, reasoning, judgment, understanding and memory. A cognitive assessment is used to determine the specific nature of these problems and their severity. The information obtained during the assessment is used to help make a correct diagnosis and prognosis, and to track the effectiveness of treatment.

A neuropsychological assessment involves an interview to gather detailed information about symptoms, medical conditions, habits, education, and other factors needed to plan and interpret the test results. Specific ‘pencil and paper’ tests are then administered, typically over one or more periods of several hours.

Our clinical neuropsychologists are experts in the specialized tests needed for the diagnosis and comprehensive management of Alzheimer’s disease, Parkinson’s disease, epilepsy and other conditions that affect the brain. Their assessments are an essential component of our epilepsy surgery and deep brain stimulation programs. Neuropsychologists work alongside physicians and nurses as part of the multidisciplinary teams dedicated to the diagnosis and treatment of these complex conditions. Each patient undergoes a comprehensive evaluation tailored to their unique circumstances, and the results are reviewed and discussed with the team in order to identify the best possible treatment options.
Pediatric Neurology

A variety of nervous system disorders occur in children. Some of these are unique to children, such as muscular dystrophy, while some also occur in adults, such as headache, involuntary movements, seizures and strokes. Because the symptoms, diagnosis, prognosis and treatment for these conditions are different in children, the special skills and expertise of pediatric neurologists is needed. Our specially trained pediatric neurologists have expertise in diagnosing and treating disorders of the nervous system in children, which comprise their sole area of concentration. Like their adult neuroscience colleagues in the Albany Medical Center academic environment, they have particular subspecialty expertise in a specific area such as muscle disease, headache and demyelinating disorders.
Comprehensive Pain Management

Pain is usually a brief sensation, but in some instances the brain receives constant or repetitive signals which are interpreted as painful, leading to a condition known as “chronic pain.” Symptoms may range from frequent headaches to episodes of sharp, stabbing pain to a constant burning or tingling sensation. These conditions require the expertise of a pain management specialist.

Our comprehensive pain management program uses a multidisciplinary approach to the diagnosis and treatment of chronic pain. The team of specialists includes neurologists, neurosurgeons, anesthesiologists, physiatrists, psychiatrists and others who work together to identify the underlying cause and best treatment options for patients. The team will work to evaluate and manage not only the pain itself but other factors such as anxiety, depression, family issue and quality of sleep – all of which can affect how we feel pain.

A full spectrum of therapies, ranging from simple relaxation techniques to the most advanced implantable devices, is available. A comprehensive treatment plan for chronic pain may include:
- Medication
- Injections
- Spinal Stimulation
- Intrathecal Medication Management
- Chiropractic Treatment
- Psychological Counseling
- Exercise Programs
- Physical Therapy

Our pain specialists are at the forefront of research on chronic pain, working in the laboratory and in the clinic to identify underlying causes and discover better treatments.
A stroke occurs when there’s a disturbance in the amount of blood delivered to part of the brain, resulting in injury to brain tissue. Most strokes are due to a blocked blood vessel, but rupture of a blood vessel can also cause a stroke. The severity of strokes can range from mild to life-threatening, but a stroke is always an emergency requiring rapid diagnosis and treatment.

In the past, strokes often resulted in permanent brain damage and disability. Several new treatment options have changed that. Many people with strokes can now receive treatments that either eliminate or minimize the impairments. In order to be effective, these treatments must be administered urgently, often in less than three hours after the onset of symptoms.

Our Stroke Team is lead by physicians with specialized fellowship training in the diagnosis and treatment of stroke. They offer a full array of treatment options ranging from injections of “clot busting” drugs to clot removal devices that are used to reopen blocked blood vessels. These intravenous clot busting drugs can only be used within 3 hours of the onset of symptoms. At Albany Medical Center, the stroke team has advanced procedures that may treat stroke 6-8
hours after the onset of symptoms, however, all therapies require a stroke victim to get to the hospital right away.

In 2010, over 1000 people with stroke were discharged from Albany Medical Center Hospital. Many of them were transferred from regional community hospitals, including hospitals designated as Stroke Centers by the New York State Department of Health.

In addition to New York State designation, the high standards and outcomes of the stroke team have resulted in special certification from The Joint Commission as well as honors and awards from the American Stroke Association. In 2010, we exceeded the average performance of the 13 other Joint Commission Certified Stroke Centers in New York.
Multidisciplinary Programs

As knowledge of disease states advances, patient problems increasingly cross traditional departmental boundaries. The Neurosciences Institute at Albany Medical Center provides an organizational framework within which we are creating integrated, multidisciplinary programs. This approach gives our patients access to the depth and breadth of faculty expertise from various departments, all working together to provide coordinated care. These programs continued to grow in 2010.

Muscular Dystrophy Association (MDA) clinic- Adult and pediatric neuromuscular neurologists, physiatrists, pulmonologists, cardiologists and others participate in the region’s only program supported by the MDA. The MDA provides care coordination and funds to offset some of the costs associated with genetic testing and healthcare services.

Pediatric brain tumor clinic- Pediatric neurologists, pediatric neurosurgeons, pediatric oncologists and others bring their expertise to assist in the comprehensive management of children with tumors of the nervous system.

Multidisciplinary epilepsy surgery- Neurologists, neurosurgeons, neuropsychologists, EEG technologists and others meet weekly to decide which patients are likely to benefit from surgical treatment for epilepsy.

Comprehensive pain management- Neurologists, anesthesiologists, physiatrists, neurosurgeons and others combine their unique diagnostic and procedural skills for the benefit of patients with chronic pain.
Benfactors

We are indebted to our extraordinarily generous benefactors. Their contributions, ranging from the smallest gift given by a grateful patient to the major gifts given by some of the region’s most important philanthropists, allow us to explore new opportunities for research, disseminate information about our discoveries in the form of seminars and symposia, and provide our residents and fellows with enriching educational experiences. In 2010, Neurology donation account balances rose to $948,000. In addition to supporting educational initiatives and other scholarly activities, these funds enabled unprecedented growth in our research portfolio including eighteen pilot projects.
Research

We remain committed to improving the quality of life of people with diseases of the nervous system, not just by providing state of the art care, but by research designed to create the knowledge to heal.

Despite intense national competition for research funding, our clinical research programs continued to grow in 2010, and we continue to lead the clinical

Faculty publications, resident presentations and research projects for 2010 are listed in the Appendix.
Education

In 2010, neurology faculty continued their active participation in the education of medical students, residents and fellows.

We provided a series of clinical correlations for the first year Neuroscience Course.

Dr. B. Kelly Changizi directed the second year Neuroscience Course. This month long intensive experience provides a comprehensive introduction to clinical neuroscience.

All 4th year medical students spend one month with us learning inpatient and outpatient neurology. They spend time in subspecialty and general neurology clinics, and rotate on our general neurology, neurology consultation and stroke/neurocritical care services.

The Neurology Residency Training Program and Clinical Neurophysiology Fellowship Program had successful site visits, and were fully re-accredited for five years, the maximum possible duration. The rich resources of our faculty, the faculty in other departments and the institutional emphasis on high quality patient care create a collegial environment in which residents rapidly develop advanced skills in neurological diagnosis and treatment. In 2010, we received over 500 applications for 4 positions, and anticipate another highly successful match. The vast majority of our graduating residents enter fellowship training programs, as shown on the next page.
Advanced fellowships provide subspecialty training for neurologists who have completed residency training. We offer fellowship training in Clinical Neurophysiology, Stroke and Movement Disorders.

Clinical Neurophysiology fellows may select between Epilepsy/EEG and Neuromuscular Disease/EMG as the focus of their training, but receive detailed instruction in extracranial and intracranial EEG interpretation, evoked potentials, electromyography and nerve conduction techniques and polysomnography.

Stroke fellows receive intensive training in the medical and interventional management of acute stroke and secondary stroke prevention, management of patients in the Neuroscience Intensive Care Unit and techniques of transcranial Doppler ultrasonography.

Movement Disorder fellows received advanced training in the diagnosis and treatment of the full spectrum of these conditions. They learn advanced management strategies including deep brain stimulation and the use of botulinum toxin.
Residents

PGY1

Hamani Ramani, DO
Olga Taraschenko, MD, PhD
Furmin Tong, MD, PhD
Katie Warren, DO

PGY2

Amber Mitchell, MD
Harsha Nagaraja, MD
Chrystal Reed, MD, PhD
Xianping Zhou, MD, PhD

PGY3

Kelly Donnelly, DO
Manpreet Kaur, MD
Richard Monroe, MD
Kathleen Ward, DO

PGY4

Ryan Gianatasio, MD
Ayman Ibrahim, DO
Rohit Marawar, MD
Rekha Velisetty, MD
June Wang, MD, PhD
Appendix

FACULTY PUBLICATIONS

Dr. Argoфф


Dr. Barba


Dr. Bernardini

Dr. Celmins


Dr. Gruenthal


Dr. Higgins


• Factor, SA, Steenland, NK, Higgins, DS, Molho, ES, Kay, DM, Montimurro, J, Rosen, AR, Zabetian, CP, Payami, H. Postural instability/gait disturbance in Parkinson's disease has distinct subtypes: an exploratory analysis, J Neurol Neurosurg Psychiatry Published Online First: 30 September 2010 doi:10.1136/jnnp.2010.222042


Dr. Koeppen

• Morral JA, Davis AN, Qian J, Gelman BB, Koeppen AH. Pathology and pathogenesis of sensory neuropathy in Friedreich’s ataxia. Acta Neuropathol (Berl) 2010; 120: 97-108

• Koeppen AH, Morral JA, McComb RD, Feustel PJ. The neuropathology of late-onset Friedreich's ataxia. Cerebellum 2010 (in press)

Dr. Molho


Dr. Nichter


Dr. Ritaccio


Dr. Schalk


Dr. Zimmerman


RESIDENT PRESENTATIONS


FACULTY RESEARCH

Dr. Argoff

1. Validation of Positive Sensory Phenomenon in Neuropathic Pain
2. Use of Topical Lidocaine (Lidoderm 5% Patch) to Reduce Pain in Patients with Diabetic Neuropathy: Does the Density and Subtype of Sodium Channels Affect Response?
3. An Open-Label Pilot Study to Assess Potential Mechanisms for Fibromyalgia in Peripheral Tissue Innervation that Could Predict Therapeutic Responsiveness to Milnacipran
4. A Phase 2 Randomized, Double-Blind, Placebo-Controlled, Multi-Center, Parallel Group, Proof of Concept Study of the Analgesic Effects of Tanezumab in Adult Patients With Diabetic Peripheral Neuropathy.
5. Duloxetine (Cymbalta) for Fibromyalgia: An Open-Label Pilot Study to Assess Potential Mechanisms for Fibromyalgia in Peripheral Tissue Innervation that Could Predict Therapeutic Responsiveness to Duloxetine
6. Immunolabeling Evaluation of Five Selected Markers in Skin Biopsies of Patients with Postherpetic Neuralgia (PHN), and Age and Gender-Matched Normal Controls
7. A Multicenter Randomized, Double-Blind, Controlled Study To Evaluate Safety, Tolerability And Preliminary Efficacy Of Two Capsaicin Concentration
Dr. Bernardini

1. RESPECT Trial: Randomized Evaluation of Recurrent Stroke comparing PFO Closure to Established Current Standard of Care Treatment
2. Safety and Efficacy of NeuroFlo Technology in Ischemic Stroke
3. A Study of Care Intensity and Outcomes of Neuroflo
4. The Insulin Resistance Intervention after Stroke (IRIS)
5. Cognitive Outcomes After Cardiac Arrest treated with Therapeutic Hypothermia

Dr. Celmins

1. CONCERT: A Phase 3 Multicenter, Randomized, Placebo-Controlled, Double-Blind Twelve-Month Safety and Efficacy Study Evaluating Dimebon in Patients with Mild-to-Moderate Alzheimer's Disease on Donepezil
2. CONCERT PLUS (DIM18 EXTENSION): An Open-Label Extension of the CONCERT Protocol (DIM18) Evaluating Dimebon (Latrepirdine) in Patients with Alzheimer's Disease

Dr. Changizi

1. Creatine Safety, Tolerability, & Efficacy in Huntington’s Disease (CREST-E)
2. A Double-blind, Placebo Controlled, Randomized, Multicenter Study to Assess the Safety and Clinical Benefit of Rasagiline as an Add on Therapy to Stable Dose of Dopamine Agonists in the Treatment of Early Parkinson's Disease
3. A phase III, double-blind, placebo-controlled randomized trial to determine the efficacy and safety of a low (50 mg/day) and high (100/mg day) dose of safinamide, as add-on therapy in subjects with early idiopathic Parkinson's Disease treated with a stable dose of a single dopamine agonist

Dr. Gruenthal

1. A Randomized, Double-Blind, Parallel-Group, Multicenter Study to Evaluate the Retention Rate, Efficacy, Safety, and Tolerability of Carisbamate, Topiramate and Levetiracetam as Adjunctive Therapy in Subjects With Partial Onset Seizures
2. A Double-Blind, Placebo-Controlled, Dose-Escalation, Parallel-Group Study to Evaluate the Efficacy and Safety of E2007 (Perampanel) Given as Adjunctive Therapy in Subjects with Refractory Partial Seizures
4. A Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Multicenter Study to Evaluate the Efficacy, Safety and Tolerability of Carisbamate as Adjunctive Therapy in Subjects With Partial Onset Seizures, Followed by an Open-Label Extension Study.

5. Efficacy and safety of eslicarbazepine acetate (BIA 2-093) as adjunctive therapy for refractory partial seizures in a double-blind, randomised, placebo-controlled, parallel-group, multicentre clinical trial.

Dr. Higgins

1. Prospective Huntington At Risk Observational Study (PHAROS)
2. Parkinson's Research: The Organized Genetics Initiative (PROGENI)
3. COHORT: Cooperative Huntington's Disease Observational Research Trial
4. Coenzyme Q10 (CoQ) in Huntington’s Disease (2CARE)
5. The PaGeR Study: Parkinson's Genetic Research
6. Cognitive Assessment Battery Beta Study (CAB)
7. A multi-center, North American, randomized, double-blind, parallel group study comparing three doses of ACR16 versus placebo for the symptomatic treatment of Huntington Disease (HART)

Dr. Molho

1. A Randomized, Double-Blind, Placebo-Controlled Study to Assess the Efficacy and Safety of Three Doses of Aplindore MR (1, 3, and 6 mg Twice Daily) in Patients with Early Parkinson Disease
2. A Longitudinal Observational Follow Up of the PRECEPT Cohort (PostCEPT)
3. Effects of Coenzyme Q10 in Parkinson Disease - Phase III (QE3)
4. A Multi-Center, Open-Label Extension Study to Examine the Safety and Tolerability of ACP-103 in the Treatment of Psychosis in Parkinson's Disease
5. CD PROBE-Cervical Dystonia-Patient Registry for Observation of BOTOX Efficacy
6. The effects of a structured, home-based music therapy program on gait patterns, quality of life and mood in Parkinson’s patients
7. EVALUATION OF BLOOD BIOSPECTROSCOPY AS A NOVEL DIAGNOSTIC TEST FOR IDIOPATHIC PARKINSON DISEASE (SPIN-PD)
8. A study To Evaluate The Safety And Efficacy of IPX066 in Advanced Parkinson's Disease
9. A Phase III, Double-blind, Placebo-controlled, Randomized Trial to Determine the Efficacy and Safety of a Dose Range of 50 to 100 mg/day of Safinamide, as Add-on Therapy in Subjects with Idiopathic Parkinson's Disease with Motor Fluctuations, Treated with a Stable Dose of Levodopa, and who may be Receiving Concomitant Treatment with Stable Doses of a Dopamine Agonist, and Anticholinergic and/or Amantadine
10. An Open-Label Extension Study of the Safety and Clinical Utility of IPX066 in Subjects with Parkinson's Disease

11. A Multi-Center, Placebo-Controlled, Double-Blind Trial to Examine the Safety and Efficacy of Pimavanserin in the Treatment of Psychosis in Parkinson's Disease

Dr. Murnane

1. Treatment of Lambert-Eaton Syndrome with 3,4-diaminopyridine
2. Myozyme Temporary Access Program (MTAP)
3. Genzyme-LSD Registry

Dr. Pandey

1. The Establishment of a Patient Registry and Initiation of Related Projects of the New York State Multiple Sclerosis Consortium (NYSMSC)
2. A Multi-Center, Double-Blind, Randomized Study Comparing the Combined Use of Interferon Beta-1a and Glatiramer Acetate to Either Agent Alone in Participants with Relapsing Remitting Multiple Sclerosis (CombiRx-Phase III)
3. JCV Antibody Program in Patients with Relapsing Multiple Sclerosis Receiving or Considering Treatment with Tysabri®

Dr. Ritaccio

1. Brain Computer Interface (BCI) and Electrocorticography (ECoG) Based Mapping of Sensori-Motor and Language Modalities Utilizing Subdural Electrodes in the Human Brain.
2. Treatment protocol for ganaxolone as add-on therapy in adult patients with uncontrolled partial-onset seizures deriving benefit from protocol 1042-0601

Dr. Wymer

1. Clinical Trial of Ceftriaxone in Subjects with Amyotrophic Lateral Sclerosis
2. Reliability Studies: Outcome Measures in Amyotrophic Lateral Sclerosis (ALS) Research

Dr. Zimmerman

1. ALZHEIMER’S DISEASE NEUROIMAGING PROTOCOL (ADNI)
2. A Phase III, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Efficacy and Safety Trial of Bapineuzumab (AAB 001, ELN115727) in Patients with Mild to Moderate Alzheimer’s Disease who are Apolipoprotein E ε4 Non-Carriers.

3. A Phase III, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Efficacy and Safety Trial of Bapineuzumab (AAB 001, ELN115727) in Patients with Mild to Moderate Alzheimer’s Disease who are Apolipoprotein E ε4 Carriers

4. Effect of γ-Secretase Inhibition on the Progression of Alzheimer’s Disease LY450139 Versus Placebo

5. A Phase 3 Extension, Multicenter, Double-Blind, Long Term Safety and Tolerability Treatment Trial of Bapineuzumab (AAB 001, ELN115727) in Subjects with Alzheimer’s Disease who Participated in Study ELN115727-301 or in Study ELN115727-302

6. Alzheimer’s Disease Neuroimaging Grand Opportunity (ADNI-GO)

7. Open-Label Extension for Alzheimer’s Disease Patients Who Complete One of Two Semagacestal Phase 3 Double-Blind Studies (H6L-MC-LFAN or H6L-MC-LFBC)

8. 3T MR Scan Volunteer Study

9. Genetic Studies of Neurodegenerative Diseases

10. Direct Measurements of Trace Elements in Body

11. Raman Spectroscopic Blood Analysis for the Diagnosis of Alzheimer’s Disease