



ANNUAL MEETING PROGRAM

Oct. 15-18, 2024
Savannah, Georgia



American Association of Neuromuscular & Electrodiagnostic Medicine

Including sessions by the Myasthenia Gravis Foundation of America, Peripheral Nerve Society, and Dysautonomia International

GAMUNEX-C delivers the power of proven neuroprotection from inflammation in CIDP²

15+ YEARS OF GAMUNEX-C, 15+ YEARS OF PROVEN TREATMENT^{3,4}

MAXIMUM PURITY AND PROVEN TOLERABILITY^{3,5-8}

The unique manufacturing process:

≥98%
IgG

- Yields a highly purified Ig product with a maximum percentage of IgG (≥98%)
- Minimizes the denaturing of IgG
- Minimizes aggregates that may trigger inflammation and raise tolerability concerns

DEMONSTRATED EARLY AND SUSTAINED IMPROVEMENTS AND PROTECTION^{2,9}

In the ICE study:

>87%
**RELAPSE-
FREE**

- >87% of responders were relapse-free at 48 weeks
- Patient response was seen as early as day 16
- 100% of responders achieved maximal response through week 24
- Zero dropouts due to adverse events in the extension phase

SEE WHAT 15+ YEARS OF EXPERIENCE MEANS AT BOOTH 223

CIDP, chronic inflammatory demyelinating polyneuropathy; IG, immune globulin; IgG, immunoglobulin G.

Indication

GAMUNEX-C is indicated for the treatment of CIDP in adults to improve neuromuscular disability and impairment and for maintenance therapy to prevent relapse.

Please see Important Safety Information and brief summary of Prescribing Information for GAMUNEX-C on adjacent pages.

GRIFOLS

Important Safety Information

GAMUNEX®-C (immune globulin injection [human], 10% caprylate/chromatography purified) is indicated for the treatment of primary humoral immunodeficiency disease (PIDD) in patients 2 years of age and older, idiopathic thrombocytopenic purpura (ITP) in adults and children, and chronic inflammatory demyelinating polyneuropathy (CIDP) in adults.

Thrombosis may occur with immune globulin products, including GAMUNEX-C. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling central vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors. For patients at risk of thrombosis, administer GAMUNEX-C at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur with immune globulin intravenous (IVIG) products in predisposed patients. Patients predisposed to renal dysfunction include those with any degree of preexisting renal insufficiency, diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IVIG products containing sucrose. GAMUNEX-C does not contain sucrose. For patients at risk of renal dysfunction or failure, administer GAMUNEX-C at the minimum concentration available and the minimum infusion rate practicable.

GAMUNEX-C is contraindicated in patients who have had an anaphylactic or severe systemic reaction to the administration of human immune globulin. It is contraindicated in IgA-deficient patients with antibodies against IgA and history of hypersensitivity.

Severe hypersensitivity reactions may occur with IVIG products, including GAMUNEX-C. In case of hypersensitivity, discontinue GAMUNEX-C infusion immediately and institute appropriate treatment.

Monitor renal function, including blood urea nitrogen (BUN), serum creatinine, and urine output in patients at risk of developing acute renal failure.

Hyperproteinemia, increased serum viscosity, and hyponatremia may occur in patients receiving IVIG treatment, including GAMUNEX-C.

There have been reports of aseptic meningitis, hemolytic anemia, and noncardiogenic pulmonary edema (transfusion-related acute lung injury [TRALI]) in patients administered with IVIG, including GAMUNEX-C.

The high-dose regimen (1g/kg x 1-2 days) is not recommended for individuals with expanded fluid volumes or where fluid volume may be a concern.

Because GAMUNEX-C is made from human blood, it may carry a risk of transmitting infectious agents, eg, viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.

Do not administer GAMUNEX-C subcutaneously in patients with ITP because of the risk of hematoma formation.

Periodic monitoring of renal function and urine output is particularly important in patients judged to be at increased risk of developing acute renal failure. Assess renal function, including measurement of BUN and serum creatinine, before the initial infusion of GAMUNEX-C and at appropriate intervals thereafter.

Consider baseline assessment of blood viscosity in patients at risk for hyperviscosity, including those with cryoglobulins, fasting chylomicronemia/markedly high triacylglycerols (triglycerides), or monoclonal gammopathies, because of the potentially increased risk of thrombosis.

If signs and/or symptoms of hemolysis are present after an infusion of GAMUNEX-C, perform appropriate laboratory testing for confirmation.

If TRALI is suspected, perform appropriate tests for the presence of antineutrophil antibodies and anti-HLA antibodies in both the product and patient's serum.

After infusion of IgG, the transitory rise of the various passively transferred antibodies in the patient's blood may yield positive serological testing results, with the potential for misleading interpretation.

In clinical studies, the most common adverse reactions with GAMUNEX-C were headache, pyrexia, hypertension, chills, rash, nausea, arthralgia, and asthenia (in CIDP); cough, rhinitis, pharyngitis, headache, asthma, nausea, fever, diarrhea, and sinusitis with intravenous use (in PIDD) and local infusion-site reactions, fatigue, headache, upper respiratory tract infection, arthralgia, diarrhea, nausea, sinusitis, bronchitis, depression, allergic dermatitis, migraine, myalgia, viral infection, and pyrexia with subcutaneous use (in PIDD); and headache, ecchymosis, vomiting, fever, nausea, rash, abdominal pain, back pain, and dyspepsia (in ITP).

The most serious adverse reactions in clinical studies were pulmonary embolism (PE) in 1 subject with a history of PE (in CIDP), an exacerbation of autoimmune pure red cell aplasia in 1 subject (in PIDD), and myocarditis in 1 subject that occurred 50 days post-study drug infusion and was not considered drug related (in ITP).

Please see brief summary of full Prescribing Information for GAMUNEX-C on next page.

References: 1. Data on file, Grifols. 2. Hughes RAC, Donofrio P, Brill V, et al; on behalf of the ICE Study Group. Intravenous immune globulin (10% caprylate-chromatography purified) for the treatment of chronic inflammatory demyelinating polyradiculoneuropathy (ICE study): a randomized placebo-controlled trial. *Lancet Neurol*. 2008;7(2):136-144. 3. GAMUNEX®-C (immune globulin injection [human], 10% caprylate/chromatography purified) Prescribing Information. Grifols. 4. FDA approves immune globulin product for CIDP. *Neurology Today*. 2008;8(19): 1-35. 5. Lebing W, Remington KM, Schreiner C, Paul HI. Properties of a new intravenous immunoglobulin (IGIV-C, 10%) produced by virus inactivation with caprylate and column chromatography. *Vox Sang*. 2003;84(3):193-201. 6. Alonso W, Vandeberg P, Lang J, et al. Immune globulin subcutaneous, human 20% solution. *Biologicals*. 2020;64:34-40. 7. Schwab I, Nimmerjahn F. Intravenous immunoglobulin therapy: how does IgG modulate the immune system? *Nat Rev Immunol*. 2013;13(3):176-189. 8. Bertolini J. The purification of plasma proteins for therapeutic use. In: Simon TL, McCullough J, Snyder EL, Solheim BG, Strauss RG, eds. *Rossi's Principles of Transfusion Medicine*, 5th ed. John Wiley & Sons; 2016:302-320. 9. Latov N, Deng C, Dalakas MC, et al. Timing and course of clinical response to intravenous immunoglobulin in chronic inflammatory demyelinating polyradiculoneuropathy. *Arch Neurol*. 2010;67(7):802-807.

GAMUNEX[®]-C

Immune Globulin Injection (Human), 10% Caprylate/Chromatography Purified

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use GAMUNEX[®]-C safely and effectively. See full prescribing information for GAMUNEX-C.

GAMUNEX[®]-C, [Immune Globulin Injection (Human), 10% Caprylate/Chromatography Purified]

Initial U.S. Approval: 2003

WARNING: THROMBOSIS, RENAL DYSFUNCTION and ACUTE RENAL FAILURE

See full prescribing information for complete boxed warning.

- Thrombosis may occur with immune globulin products, including GAMUNEX-C. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.
- For patients at risk of thrombosis, administer GAMUNEX-C at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.
- Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur with immune globulin intravenous (IGIV) products in predisposed patients.
- Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. GAMUNEX-C does not contain sucrose.
- For patients at risk of renal dysfunction or failure, administer GAMUNEX-C at the minimum concentration available and the minimum infusion rate practicable.

INDICATIONS AND USAGE

GAMUNEX-C is an immune globulin injection (human), 10% liquid indicated for treatment of:

- Primary Humoral Immunodeficiency (PI) in patients 2 years of age and older
- Idiopathic Thrombocytopenic Purpura (ITP) in adults and children
- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) in adults

DOSAGE AND ADMINISTRATION

Intravenous Administration Only: ITP and CIDP

Indication	Dose	Initial Infusion Rate	Maintenance Infusion Rate (if tolerated)
ITP	2 g/kg	1 mg/kg/min	8 mg/kg/min
CIDP	loading dose 2 g/kg maintenance dose 1 g/kg	2 mg/kg/min	8 mg/kg/min Every 3 weeks

- Ensure that patients with pre-existing renal insufficiency are not volume depleted; discontinue GAMUNEX-C if renal function deteriorates.
- For patients at risk of renal dysfunction or thrombosis, administer GAMUNEX-C at the minimum infusion rate practicable.

Intravenous or Subcutaneous Administration: PI

DO NOT ADMINISTER SUBCUTANEOUSLY FOR ITP PATIENTS

Route of Administration	Dose	Initial Infusion Rate	Maintenance Infusion Rate (if tolerated)
Intravenous (IV)	300-600 mg/kg	1 mg/kg/min	8 mg/kg/min Every 3 to 4 weeks
Subcutaneous (SC)	1.37 x current IV dose in grams/ IV dose interval in weeks	Adult: [†] 20 mL/hr/site Pediatric: [†] 10 mL/hr/site (< 25 kg) 15 mL/hr/site (≥ 25 kg)	Adult: [†] 20 mL/hr/site Pediatric: [†] 10 mL/hr/site (< 25 kg) 20 mL/hr/site (≥ 25 kg) Weekly

[†] Adults: use up to 8 infusion sites simultaneously; pediatric: use up to 6 infusion sites simultaneously; for all ages, ensure infusion sites are at least 2 inches (5 cm) apart.

DOSAGE FORMS AND STRENGTHS

GAMUNEX-C is a sterile solution for injection supplied in 1 g (10 mL), 2.5 g (25 mL), 5 g (50 mL), 10 g (100 mL), 20 g (200 mL), or 40 g (400 mL) single use vials.

CONTRAINDICATIONS

- Anaphylactic or severe systemic reactions to human immunoglobulin
- IgA deficient patients with antibodies against IgA and a history of hypersensitivity

WARNINGS AND PRECAUTIONS

- IgA deficient patients with antibodies against IgA are at greater risk of developing severe hypersensitivity and anaphylactic reactions. Have epinephrine available immediately to treat any acute severe hypersensitivity reactions.
- Hyperproteinemia, with resultant changes in serum viscosity and electrolyte imbalances may occur in patients receiving IGIV therapy.
- Aseptic Meningitis Syndrome (AMS) may occur, especially with high doses or rapid infusion.
- Hemolysis, either intravascular or due to enhanced RBC sequestration, can develop subsequent to GAMUNEX-C treatments. Risk factors include high doses and non-O blood group. Closely monitor patients for hemolysis and hemolytic anemia, especially in patients with pre-existing anemia and/or cardiovascular or pulmonary compromise.
- Monitor patients for pulmonary adverse reactions (transfusion-related acute lung injury [TRALI]).
- Volume overload.
- GAMUNEX-C is made from human plasma and may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent.
- GAMUNEX-C is not approved for subcutaneous use in ITP patients. Due to a potential risk of hematoma formation, do not administer GAMUNEX-C subcutaneously in patients with ITP.
- Passive transfer of antibodies may confound serologic testing.

ADVERSE REACTIONS

The most common adverse reactions observed in $\geq 5\%$ patients were:

- PI:** Intravenous: Cough increased, rhinitis, pharyngitis, headache, asthma, nausea, fever, diarrhea, and sinusitis.
Subcutaneous: Local infusion site reactions, fatigue, headache, upper respiratory tract infection, arthralgia, diarrhea, nausea, sinusitis, bronchitis, depression, allergic dermatitis, erythema, migraine, myalgia, viral infection, and pyrexia.
- ITP:** Headache, ecchymosis, vomiting, fever, nausea, rash, abdominal pain, back pain, and dyspepsia.
- CIDP:** Headache, pyrexia, hypertension, chills, rash, nausea, arthralgia, and asthenia.

To report SUSPECTED ADVERSE REACTIONS, contact Grifols Therapeutics LLC at 1-800-520-2807 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- The passive transfer of antibodies may transiently interfere with the response to live virus vaccines, such as measles, mumps and rubella.

USE IN SPECIFIC POPULATIONS

- Geriatric: In patients over 65 years of age do not exceed the recommended dose, and infuse GAMUNEX-C at the minimum infusion rate practicable.

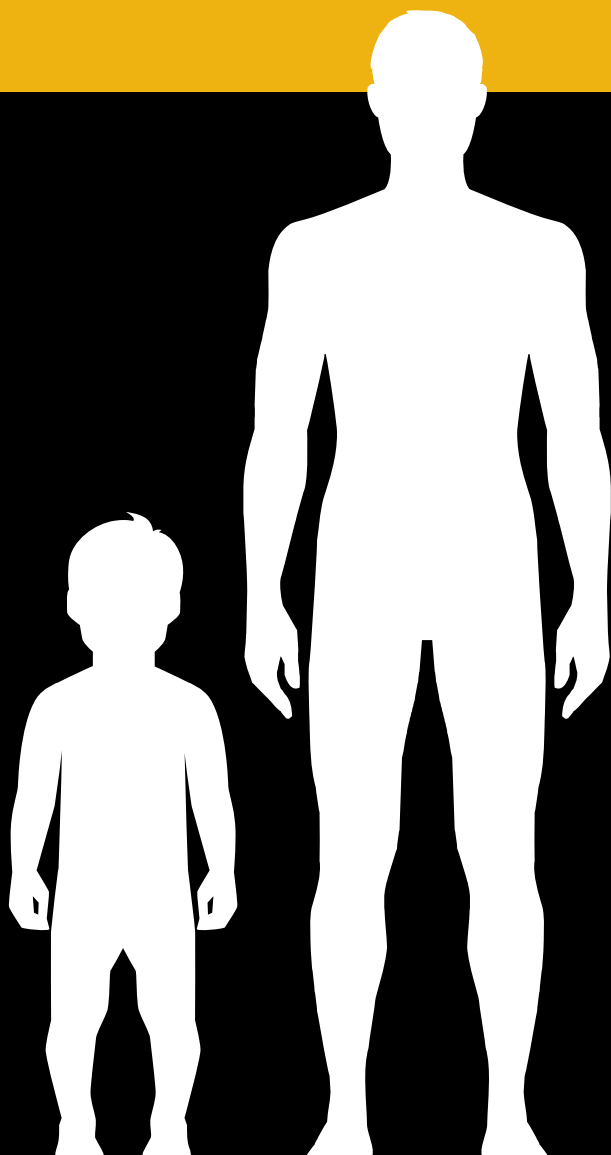
GRIFOLS

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Revised: 1/2020

TRANSITION OF CARE

The Journey to Adult Care from Pediatrics for Neuromuscular Diseases



Join the product theater

Wednesday, October 16th

3:10 - 3:30 PM EDT

Presentation Stage B
Exhibit Hall



Paul McIntosh, MD

Assistant Professor of
Clinical Neurology at
Penn Medicine

Intended for US Healthcare Providers only.

This program is sponsored by Sanofi. Speakers are being compensated and/or receiving an honorarium from Sanofi in connection with this presentation.

This activity will be held during the AANEM Annual Meeting. It is not part of the official scientific program of the AANEM.

“ There has never been a more exciting time to be a practitioner of neuromuscular and electrodiagnostic medicine. Stay involved with AANEM and we will be partners in this journey! ”

Dianna Quan, MD
2024 AANEM & ANF President





Table of Contents

1	President's Welcome
2	Need to Know
4	Annual Meeting Hours
5	Social Events
7	Credit Information
8	Extend the Annual Meeting Experience
9	Hotels & Shuttle Stops
10	Transportation Schedule
11	Savannah Convention Center Maps
13	Westin Savannah Harbor Map
15	Plenary Speakers
17	Customize Your Experience
18	Tuesday Schedule
32	Wednesday Schedule
45	Thursday Schedule
58	Friday Schedule
65	2024 Achievement Awards
70	2024 Abstract Awards
87	Poster Presentations List
93	AANEM Challenge
94	Exhibit Hall Map
95	Exhibitors
107	AANEM Corporate Supporters
109	ANF Contributors
111	AANEM Advocacy Fund Contributors
113	Acknowledgments
115	Abbreviations
116	Speaker Index
119	Statements & Policies

Welcome to the 2024 AANEM Annual Meeting

Welcome to the 2024 AANEM Annual Meeting in historic Savannah, Georgia! I am eager to begin the exciting week ahead, filled with numerous opportunities to broaden medical knowledge, gain valuable insights into the latest trends and innovations, and establish meaningful connections with peers.

This year's plenary sessions will explore the pipeline of discovery and innovation that has been providing groundbreaking treatments for NMDs and the delivery and workforce pipeline that is under pressure to realize the promise of these treatments for all NM patients who need them. The content in the plenary sessions will expand our knowledge and thinking about current and future care delivery models in NM and EDX practice and allow us to become better, more effective practitioners now and in the future. Participate in any of the numerous fundamental or advanced-topic sessions and hands-on workshops to enjoy an even more engaging experience.

After your workshops and sessions, make or renew connections with friends and colleagues at our social events. I invite you to kick off the meeting with me at the President's Reception on Tuesday evening, where we will enjoy drinks and appetizers. On Wednesday, help us celebrate the award-winning researchers at the Abstract Award Reception. Then, relax and connect with your peers as we wrap up the week on Thursday for a casual Happy Hour, where you can network and deepen your relationships within our community.

My first AANEM Annual Meeting in 1998 was incredibly impactful. I continued to attend as I became more involved, and each year, the meeting has exceeded my expectations. Attending the AANEM Annual Meeting is like being a kid in a candy store with all those great workshops and educational sessions. Not only do you have the opportunity to learn from leaders in the field, but also with the small group settings, you have the chance to meet and talk with them. This meeting is an excellent opportunity to enhance your career and educational goals.

If you are unfamiliar with AANEM or are new to the AANEM Annual Meeting, I welcome you to a community of neurologists, physiatrists, technologists, advanced practice providers, researchers, and collaborators who are excited to meet you and join you in the pursuit of improving the lives of patients with NMDs. Our AANEM staff is available on site to help with any of your questions or concerns.

I look forward to this meeting each year, and I'm pleased to share it with you. I hope you enjoy it!

Sincerely,



Dianna Quan, MD

2024 AANEM & ANF President

Need to Know

Check In

If you already registered, use the self-check-in kiosks located in the River Concourse to print your name badge, view your itinerary, and pick up your meeting bag. To register on site, visit the Registration Booth located in the River Concourse. For additional assistance, visit the AANEM Information Center.

AANEM App

Keep the latest information at your fingertips with the AANEM app, sponsored by Johnson & Johnson, Sanofi, and UCB.

With the AANEM app, you can access important messages and meeting updates, easily manage your schedule, locate sessions and workshops, purchase tickets, access presentation materials, provide feedback, claim credits, connect with other attendees, participate in the AANEM Challenge, and more!



Search "AANEM" in your device's app store and download the AANEM app on any iOS or Android device. Use your AANEM username and password to log in.

Internet Access

Free Wi-Fi is available throughout the Savannah Convention Center, courtesy of Grifols USA, LLC.



Network: AANEM_2024
Password: GRIFOLS15CIDP

Workshop Monitor

Workshops with open seats are displayed on the workshop monitor located in the River Concourse. Buy tickets for any available workshops through the AANEM app.

Resident/Fellow Rush Tickets

Residents and fellows may participate in the "Resident/Fellow Rush" to claim free, last-minute tickets for workshops with open seats. These tickets are offered on a first-come, first-served basis 15 minutes prior to the start of the workshop and may be claimed through the AANEM app.

Since rush tickets are only available 15 minutes prior to the start of workshops and are subject to availability, AANEM suggests purchasing tickets to ensure a seat.

Nursing Rooms

A private space equipped with refrigerated storage is available for breastfeeding and nursing mothers. Please visit the AANEM Information Center to learn more and reserve the space.

Get Social

Join the #AANEMinSavannah conversation on social media to connect with fellow meeting attendees, share in the excitement, and stay up-to-date on all the latest meeting action.

Audio and/or video recording by meeting attendees of any session, workshop, or for any other purpose, is not permitted.



Need to Know

AANEM Information Center - *River Concourse*

Staff members are available to answer questions and provide information about AANEM, ABEM, ANF, and more.

Headshots - *AANEM Information Center*

Need a new photo? AANEM staff are taking complimentary headshots for attendees. Sign up at the AANEM Information Center.

Speaker Ready Room - *Pulaski Boardroom*

Faculty and speakers, before delivering your presentations, visit the Speaker Ready Room to load your presentation and/or make any changes. Please load your presentation at least 1 hour prior to your session to allow enough time for AV staff to transfer it to the proper location.

Exhibit Hall - *Exhibit Hall A*

Stop by the Exhibit Hall to learn about the latest innovations in our industry and to meet representatives from equipment, technology, and pharmaceutical companies.

Poster Hall - *Exhibit Hall B*

Stroll through the Poster Hall to see the latest cutting-edge research submitted for the annual meeting. Authors will be available to answer questions and discuss research on Wednesday and Thursday during the designated abstract poster sessions.

Silent Auction - *Chatham Foyer*

Help the ANF continue its mission of STRENGTHENING the global effort to CURE NMDs by bidding on our silent auction items. All of the money raised will be used by the foundation to fund scientific research on NMDs.



Annual Meeting Hours

Monday

Check-In Kiosks | 6 - 9 pm
Registration Booth | 6 - 9 pm
AANEM Information Center | 6 - 9 pm
Speaker Ready Room | 7:30 - 9 pm

Tuesday

Check-In Kiosks | 6:30 am - 7 pm
Registration Booth | 6:30 am - 6 pm
Speaker Ready Room | 7 am - 4 pm
AANEM Information Center | 7:30 am - 5 pm
Silent Auction | Opens at 8 am
Exhibit Hall | 5:30 - 7 pm

Wednesday

Check-In Kiosks | 6:30 am - 7 pm
Registration Booth | 7 am - 6 pm
Speaker Ready Room | 7 am - 4 pm
AANEM Information Center | 7:30 am - 5 pm
Poster Hall | 7:30 am - 8 pm
Exhibit Hall | 9 am - 4 pm
Silent Auction | Bidding Closes at 4 pm

Thursday

Check-In Kiosks | 6:30 am - 7 pm
Speaker Ready Room | 7 am - 4 pm
Registration Booth | 7 am - 4 pm
AANEM Information Center | 7:30 am - 4 pm
Poster Hall | 7:30 am - 4 pm
Exhibit Hall | 9 am - 4 pm
Silent Auction Pickup | 10 am - 4 pm

Friday

Registration Booth | 7 - 10 am
Speaker Ready Room | 7 - 10 am



Social Events

AANEM Lounge - *Chatham Foyer*

This comfortable, congregational space is available for all meeting attendees. Take a break and watch programming on the video wall, sponsored by Grifols USA, LLC. Entertainment will be provided during the Thursday happy hour.

Breaks - *Tuesday & Friday in River Concourse | Wednesday & Thursday in Exhibit Hall A*

Enjoy complimentary refreshments and use break time to network and socialize with colleagues.

Speed Networking Activity - *River Concourse*

Join a fun, easy way to network at the AANEM Annual Meeting, while building connections with peers, leaders, and other professionals in NM and EDX medicine. Networkers will make several connections during the session, so don't forget your business cards.

President's Reception - *Exhibit Hall A*

Join us in the Exhibit Hall on Tuesday for the official kick-off to the annual meeting. Alcoholic and nonalcoholic beverages will be available, along with appetizers. All meeting registrants and registered guests are welcome and encouraged to attend. Sponsored by UCB, Inc.

Abstract Award Reception - *Exhibit Hall B*

Celebrate the advancements of research in NM and EDX medicine by joining our abstract authors for complimentary appetizers and refreshments in the Poster Hall. All authors will be available to discuss their research. Sponsored by Catalyst Pharmaceuticals, Inc.

Abstract Poster Sessions - *Exhibit Hall B*

Stop by the Poster Hall during the abstract poster sessions on Wednesday during the Abstract Award Reception and on Thursday during the specified session times to meet abstract authors and discuss their research.

EMG Talk - *Westin Savannah Harbor - Grand Ballroom CDEF*

EMG Talk is an interactive, entertaining, lighthearted look at EMG that is sure to provide a lot of laughs. Join the fun and camaraderie, including complimentary drinks and sweet treats. Don't miss a special auction of EMG hats to support the ANF! Sponsored by Natus Medical.

Resident & Fellow Lunch - *See location on your ticket in the AANEM app*

Network with AANEM leaders and peers during this unique opportunity dedicated to residents, fellows, and medical students. Lunch is provided by AANEM. Registration is required. Sponsored by Grifols USA, LLC.



Beers for Fears - Chatham Ballroom Foyer

We invite residents, fellows, and early-career physicians to share their EDX fears/anxieties/challenges with experts in EDX medicine, in exchange for a beer (or your choice of beverage), in a very informal setting. Our nationally-recognized faculty will welcome all of your questions and will be happy to share their insights gained from years of experience.

Happy Hour - Chatham Ballroom Foyer

Enjoy live music and good company on Thursday evening with refreshments, beer, wine, and more during the final social event.

Advanced Practice Provider Meet & Greet - Tondee's

Join fellow advanced practice providers and association leaders to learn how to navigate all the opportunities available at the meeting.

Medical Student Meet & Greet - Tondee's

Join us in Tondee's to meet fellow medical students, members of the Young Leadership Council, and association leaders to learn how to navigate all the opportunities available at the meeting.

Pediatric Dinner - See location on your ticket in the AANEM app

Network with other pediatric NM specialists and hear from the winners of the new pediatric abstract award. Dinner is provided by AANEM. Registration is required. Sponsored by Sarepta Therapeutics.

Tuesday

Break | 9:30 - 10 am

Advanced Practice Provider Meet & Greet | 9:30-10 am

Medical Student Meet & Greet | 9:30-10 am

Speed Networking Activity | 2:30 - 3:15 pm

Break | 2:30 - 3:30 pm

President's Reception | 5:30 - 7 pm

Wednesday

Break | 9:30 - 10 am

Break | 2:30 - 3:30 pm

Abstract Award Reception | 5:30 - 7 pm

Abstract Poster Session I | 6:15 - 6:45 pm

Pediatric Dinner | 6:45 - 8 pm

EMG Talk | 7 - 9 pm

Thursday

Break | 9:30 - 10 am

Abstract Poster Session II | 9:30 - 10 am

Resident & Fellow Lunch | 11:45 am - 12:45 pm

Break | 2:30 - 3:30 pm

Abstract Poster Session III | 2:45 - 3:15 pm

Beers for Fears | 5:30 - 6:30 pm

Happy Hour | 5:30 - 6:30 pm

Friday

Break | 9:30 - 10 am



Credit Information

CNCT Checkpoints

All ABEM-certificated technologists will receive 1 free checkpoint for attending the annual meeting. You will also receive free access to 3 additional checkpoint credits after the meeting.

How to Claim CNCT Checkpoints

Technologists will receive an email from the ABEM with instructions for claiming CNCT Checkpoint credits after the AANEM Annual Meeting.

Continuing Education Units

Nonphysicians may earn up to 22.5 CEUs by attending sessions at this meeting. Sessions with CEU are listed in this program.

How to Claim CEUs

For all hours of participation in general sessions, record CEUs at education.aanem.org/URL/24MTGCEU. Attendees are responsible for recording all CEUs from sessions using the CEU recording page. The CEU recording form must be submitted within 1 year. CEUs for workshops will be automatically recorded by AANEM.



CME Credits

Physicians may earn up to 22.5 *AMA PRA Category 1 Credits™* by attending sessions at this meeting. Session that include CME credits are listed in this program. Physicians who attend the annual meeting will also receive free access to 9 Self-Assessment CME credits after the meeting.

How to Claim CME Credits

Record CME credits at education.aanem.org/URL/24MTGCME. The CME recording form must be submitted within 1 year. CME credits for workshops will be automatically recorded. All credits earned are reported to American Board of Electrodiagnostic Medicine (ABEM), ABPN, and ABPMR by AANEM.



Questions?

Contact education@aanem.org or talk to staff at the AANEM Information Center.

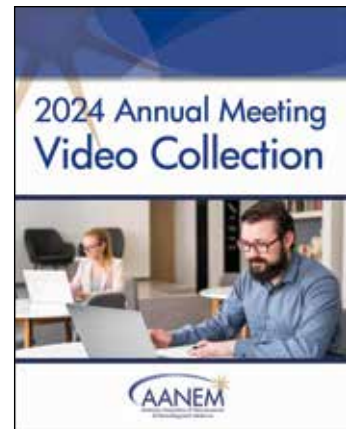
Extend the Annual Meeting Experience

Annual Meeting Video Collection

Never miss a moment of the 2024 AANEM Annual Meeting with the Annual Meeting Video Collection. This collection offers access to audio and video recordings from most sessions at the annual meeting, allowing you to rewatch the presentations at your convenience.

The Annual Meeting Video Collection gives you access to content from the annual meeting indefinitely and the option to claim up to 97.5 *AMA PRA Category 1 Credits™* or CEUs for 3 years.

If you missed adding the Annual Meeting Video Collection during registration, you still have time to get it at a discounted price. The collection can be purchased online, through the AANEM app, or on-site at the Registration Booth for only \$145 during the meeting. After the meeting, it will cost \$295 for members and \$445 for nonmembers.



Annual Meeting Workshop Bundle

If you can't attend the workshops, the Annual Meeting Workshop Bundle provides electronic copies of the handouts from all workshops where faculty have provided one, capturing key teaching points and insights, so you can still benefit from the valuable content even if you can't be there in person.

Add the Annual Meeting Workshop Bundle during the meeting for only \$50 online, through the AANEM app, or at the Registration Booth. After the meeting, the Annual Meeting Workshop Bundle will cost \$100 for members and \$250 for nonmembers.

Please note that while the handouts contain important information, the workshops themselves are not recorded, and audio or video is not available. Workshop CME/CEUs are only available for in-person attendance and cannot be obtained by purchasing the 2024 Workshop Bundle. We highly encourage in-person attendance at our workshops, as many of them feature hands-on demonstrations that offer a unique learning experience.



PeerView
Live

[PeerView.com/2024gMG-Attend](https://www.peerview.com/2024gMG-Attend)

Steering Away From Steroids in **Myasthenia Gravis** Management

The Role of FcRn Inhibitors in the Current Treatment Paradigm

CME-Certified
Live Activity

Thursday, October 17, 2024

Live Virtual Symposium

11:45 AM-12:45 PM EDT



CO-CHAIR & PRESENTER
James F. Howard Jr., MD
The University of North Carolina at Chapel Hill
Chapel Hill, North Carolina



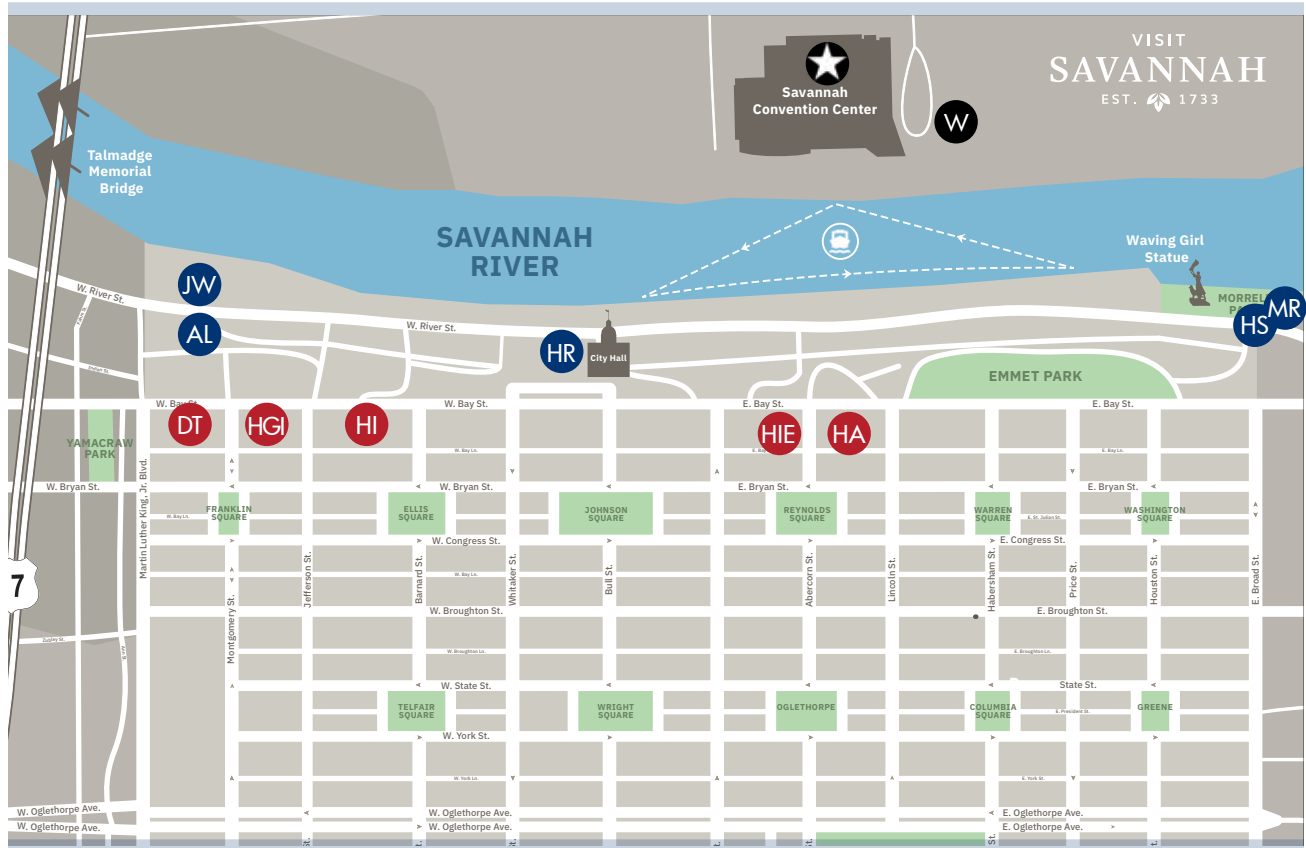
CO-CHAIR & PRESENTER
Nicholas J. Silvestri, MD, FAAN
Jacobs School of Medicine and Biomedical Sciences
Buffalo, New York



This activity is supported by an educational grant from argenx US, Inc.
This CME activity is provided by PVI, PeerView Institute for Medical Education.

This activity will be held during the AANEM Annual Meeting. It is not part of the official scientific program of the AANEM.

Hotels & Shuttle Stops



RED ROUTE

- DT Double Tree**
Shuttle Stop: Corner of Montgomery St. and W Bryan Sr. before Franklin Square.
Water Ferry Stop: City Hall
- HGI Hilton Garden Inn**
Shuttle Stop: Corner of Montgomery St. and W Bryan Sr. before Franklin Square.
Water Ferry Stop: City Hall
- HA Hampton Inn**
Shuttle Stop: Abercorn St. before entering Reynolds Square
Water Ferry Stop: City Hall
- HIE Holiday Inn Express**
Shuttle Stop: Abercorn St. before entering Reynolds Square
Water Ferry Stop: City Hall
- HI Hotel Indigo**
Shuttle Stop: Corner of Montgomery St. and W Bryan Sr. before Franklin Square.
Water Ferry Stop: City Hall

BLUE ROUTE

- AL The Alida**
Shuttle Stop: In front of the Bohemian Hotel
Water Ferry Stop: Waving Girl
- HR Hyatt Regency**
Shuttle Stop: In front of the Bohemian Hotel.
Water Ferry Stop: City Hall
- MR Marriott Riverfront**
Shuttle Stop: Green bench on General McIntosh blvd.
Water Ferry Stop: Waving Girl
- HS Homewood Suites**
Shuttle Stop: Green bench on General McIntosh blvd.
Water Ferry Stop: Waving Girl
- JW Hyatt Regency**
Shuttle Stop: In front of the Bohemian Hotel.
Water Ferry Stop: City Hall



Savannah Convention Center



Westin Savannah Harbor

Transportation Schedule

SHUTTLE BUS SCHEDULE	Express Bus Schedule 10 – 15 minute wait time	Standard Bus Schedule 20 minute wait time
Monday, Oct. 14	5 - 10 pm	-
Tuesday, Oct. 15	6 am - 2 pm 5:30 - 8 pm	2 - 5:30 pm
Wednesday, Oct. 16	6 am - 2 pm 5:30 - 9:30 pm	2 - 5:30 pm
Thursday, Oct. 17	6 am - 2 pm 5:30 - 7:30 pm	2 - 5:30 pm
Friday, Oct. 18	6 am - 12:30 pm	-

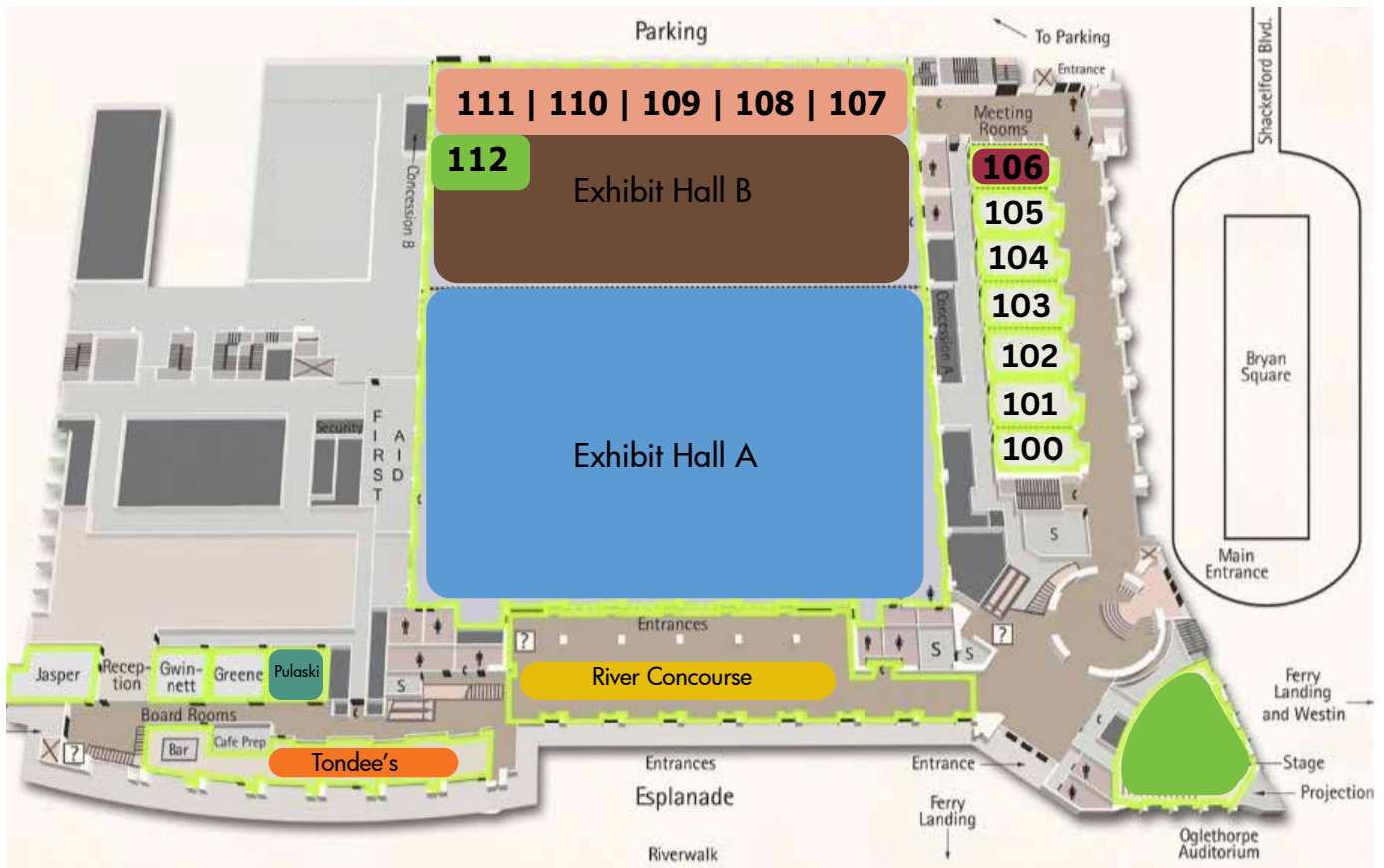
WATER FERRY SCHEDULE	Express Schedule (2 ferries, 2 routes) City Hall to SCC Waving Girl to SCC	Standard Schedule (1 ferry, 1 route to all three stops)	Limited Service ONLY (City Hall to SCC ONLY last ferry will leave from the City Hall Dock)
Monday, Oct. 14	5 - 10 pm	7 am - 5 pm	10 - 11pm
Tuesday, Oct. 15	6 am - 8 pm	-	8 - 11pm
Wednesday, Oct. 16	6 am - 9:30 pm	-	9:30 - 11pm
Thursday, Oct. 17	6 am - 7:10 pm	-	7:30 - 11pm
Friday, Oct. 18	6 am - 12:10 pm	12:10 - 10 pm	-

Conference attendees can take advantage of the complimentary water ferry that runs between the Convention Center (SCC), Hyatt (City Hall), and Marriott Riverfront (Waving Girl).

AANEM educational sessions, workshops, exhibit and poster halls, registration, and social events will take place at the Savannah Convention Center. The Industry Forums and EMG Talk will take place at the Westin Savannah Harbor.



Savannah Convention Center Maps



Level 1

- Exhibit Hall, President's Reception, Breaks (WED/THURS), Presentation Stages
- Abstract Award Reception, Abstract Poster Sessions
- Information Center, Check-In Kiosks, Learning Center Exhibit, ABEM Exhibit, Speed Networking, Registration Booth, Breaks (TUE/FRI)
- Speaker Ready Room
- Advanced Practice Provider Meet & Greet, Medical Student Meet & Greet
- Sessions
- Workshop Subject Check-In
- ATE Sessions

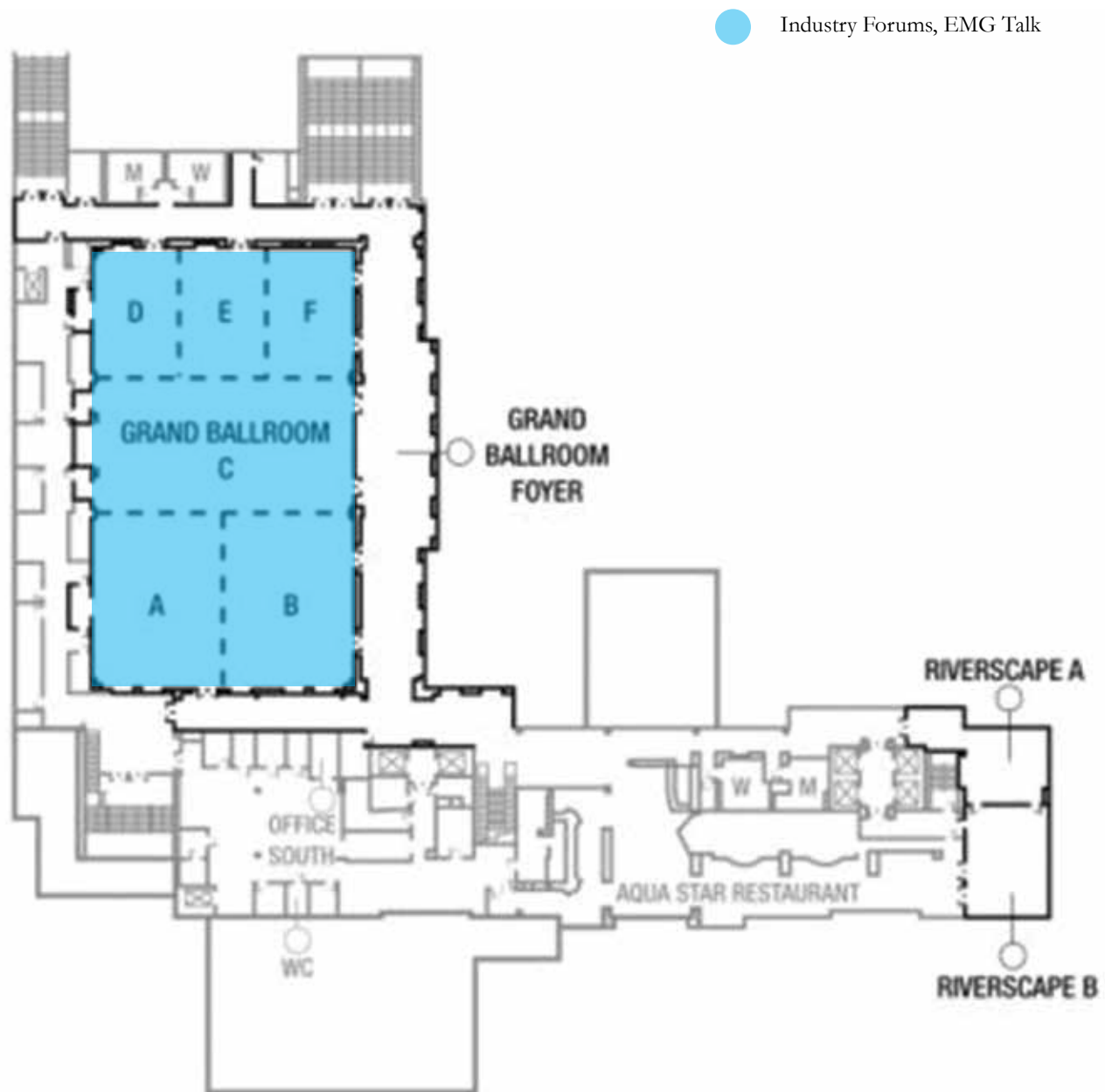


Level 2

- Silent Auction, AANEM Lounge, Happy Hour, Beers for Fears
- Sessions, Plenaries
- Nursing Mother's Rooms

Westin Savannah Harbor Map

Level 2



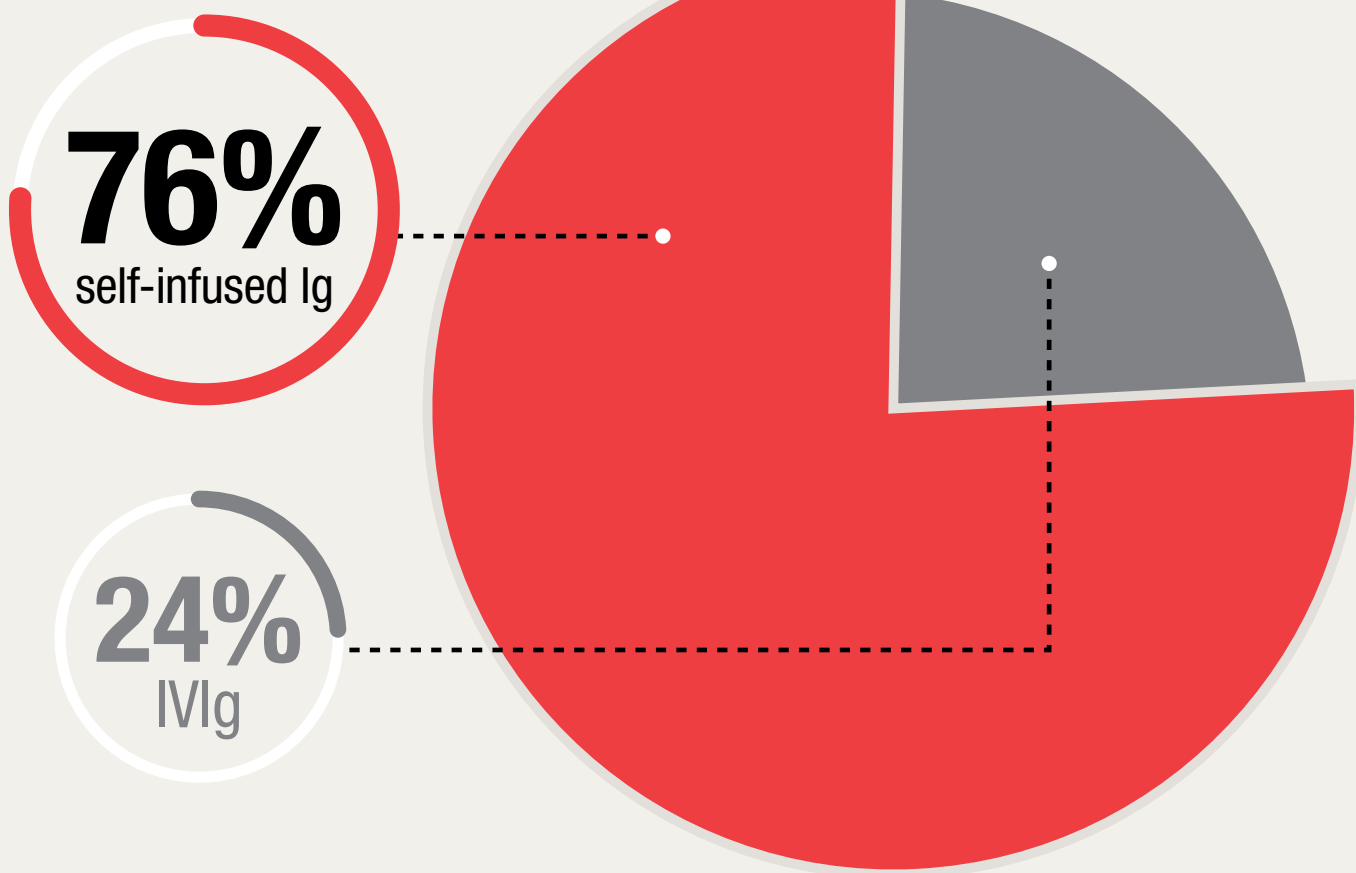
● Industry Forums, EMG Talk

Insights from a CSL-sponsored Harris Poll survey^{†*}

Of patients surveyed who have used both IVIg and self-infused Ig[†]

Most CIDP patients preferred self-infused Ig over IVIg[†]

Preferred method of administration (n=29)



*Online Harris Poll survey sponsored by CSL Behring LLC of 103 U.S. adults with CIDP.

†Qualified respondents with CIDP who have ever used IVIg and self-infused Ig (n=29).

CIDP=Chronic inflammatory demyelinating polyneuropathy

IVIg=Intravenous immunoglobulin

Reference: 1. Data on File. Available from CSL Behring as DOF HIZ-014.

Plenary Speakers

The Confluence

Plenary 1 | Tuesday 3:30 - 5:30 pm



The Ethics and Economics of High-Cost Medications: Present and Future

Amy Tsou, MD, MSc

- Adjunct assistant professor of neurology at the Perelman School of Medicine at the University of Pennsylvania
- Program director in the division of clinical research at the National Institutes of Neurological Disorders and Stroke (NINDS)

Dr. Tsou will discuss key ethical concerns and challenges to distributive justice arising from high drug prices and the potential impact of this and other structural factors on healthcare delivery. She will discuss factors such as demands on physician's time and burnout, healthcare financing, tradeoffs, and potential policy solutions.

Plenary 2 | Wednesday 3:30 - 5:30 pm



AI and the Future of EDX and NM Medicine | *Reiner Lecture*

John A. Morren, MD

- Program director of the NM fellowship at Cleveland Clinic
- Associate professor of neurology at Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

Dr. Morren will explore AI and the future of EDX and NM medicine from the standpoint of advancing clinical care, research, and education. "Augmented" intelligence as it pertains to the synergy between artificial and human intelligence will be highlighted, as will the need for the strategic, ethical, and responsible implementation of AI in the field.



Educating the Next Generation of NM and EDX Practitioners: Challenges and Opportunities | *Lambert Lecture*

Lawrence R. Robinson, MD

- Professor at the University of Toronto
- Previous program chief at Sunnybrook Health Sciences Centre
- Previous chief of the division of PM&R at the University of Toronto

Dr. Robinson will address the challenges and opportunities in educating the next generation of practitioners. He will review evolving approaches to education and discuss how self-assessment and certification examinations play a vital role in training emerging healthcare professionals who are competent NM and EDX practitioners.

of Two Pipelines

Plenary 3 | Thursday 3:30 - 5:30 pm



NM Interdisciplinary Care: Delivering the Promise of 21st Century Medicine | *Olney Lecture*

Ileana Howard, MD

- Professor of rehabilitation medicine at the University of Washington
- Medical co-director of the ALS Center of Excellence at the VA Puget Sound in Seattle, Washington

Dr. Howard will discuss how ALS care must evolve in the 21st century to adapt to the rapidly changing therapeutic landscape. She will present strategies to optimize the work of the interprofessional NM care team to support the patients and caregivers, as well as the implications for the future of NM care.



Thinking Outside the Box: NM Networks and Navigation

John Norbury, MD, with James Dines

- Associate professor in the division of PM&R, residency program director, and division chief at Texas Tech
- Medical director of the Covenant Medical Center EDX Laboratory

Dr. Norbury's plenary with James Dines will explore electrodiagnosis in the acute care setting with an emphasis on the role of the interprofessional team and professional networks in helping patients with NMDs receive the highest level of care.



Improving Health Outcomes in NMDs With a Low Budget | *Surinderjit Singh Young Lecture*

Marcos V. Oliveira Marques, MD

- Specialist in neurology and NMDs in São Paulo, Brazil
- Former coordinator of the NM service at Prevent Senior

Dr. Oliveira Marques' presentation aims to unveil innovative strategies for enhancing care for NMDs while facing budgetary limitations. He will highlight the critical impact of multidisciplinary teamwork and proactive patient management in eradicating hospital admissions for conditions such as MG and ALS. Additionally, he will discuss diagnostic advancements and how resource-limited settings can achieve substantial improvements toward patient outcomes and cost efficiencies.

Customize Your Experience

SESSIONS

Your meeting registration grants you access to an array of sessions on NM, MSK, NMUS, and EDX medicine. Customize your curriculum by choosing sessions that suit your interests and career goals. Most sessions offer CME credits and/or CEUs. Those labeled “CME” are only for physicians, but everyone is welcome to sessions labeled as “CME/CEU.”

WORKSHOPS

Enhance your skills and techniques in NM, MSK, NMUS, and EDX medicine by participating in hands-on workshops led by top experts in the field. These small-group sessions offer personalized instruction designed to elevate your practice.

After registering, you can find the workshop location by viewing your ticket in the AANEM app under the “My Tickets” menu. Workshops with available spots are listed on the workshop monitor in the River Concourse. Residents and fellows can participate in the “Resident/Fellow Rush” through the AANEM app.

Workshops labeled “CME” are exclusively for physicians, those labeled “CEU” are for technologists or other healthcare providers, and workshops labeled “CME/CEU” are open to all attendees.

SOCIAL EVENTS

Network with colleagues and experts in the field at our scheduled social events. Start the meeting at the President’s Reception, engage with innovative researchers at the Exhibit Hall and Abstract Poster Presentations, and connect with peers over complimentary refreshments during breaks and happy hour.

All these events (and more) are included in your registration fee, with no additional costs. Please note, social events do not offer CME/CEU credits. Registered guests can attend all evening social events.

The Resident and Fellow Lunch has limited seating and requires a no-cost registration.

The Pediatric Networking Dinner requires a no-cost registration.

INDUSTRY FORUMS

Industry Forums feature 60-minute presentations on various topics including disease states, research findings, products, and services. Included with your meeting registration, these sessions also provide breakfast, lunch, or light appetizers. Please note that Industry Forums are sponsored and not part of the official AANEM scientific program. CME is not provided by AANEM.

The Presentation Stages host 20-minute, focused discussions with seating for 30 attendees and are scheduled inside the Exhibit Hall during breaks. Like the Industry Forums, these presentations are sponsored and not part of the official AANEM scientific program. CME is not provided by AANEM.

Both Industry Forums and Presentation Stages have limited seating, so please arrive early to secure your spot.

Tuesday | Oct. 15

06:30 am -
07:45 am

Industry
Forum

Industry Forum by Amgen

Westin Savannah, Grand Ballroom AB

The Role of B Cells in gMG Pathogenesis

Join us as we review the clinical presentations and diagnosis of gMG and discuss the B-cell mediated pathophysiology of AChR+ and MuSK+ gMG, current therapeutic landscape, and unmet needs in patient management.

- Review the symptoms, epidemiology, and diagnosis of gMG
- Discuss the role of B cells in gMG pathogenesis
- Examine the differences in mechanism of disease underlying AChR+ and MuSK+ gMG
- Understand the therapeutic landscape and unmet needs in patient management

Presenters:

Kevin C. O'Connor, PhD
Pushpa Narayanaswami, MD
Richard J. Nowak, MD, MS

This activity is sponsored by Amgen and is not part of the official scientific program of AANEM.

Food will be provided by AANEM for session attendees. Seating is limited.

6:30 am: Registration
6:45 am: Presentation

No CME/CEU

08:00 am -
09:30 am

Workshop

W02A Autonomic Testing Using Live Demonstration

Familiarize participants with three quantitative tests of autonomic function using specialized equipment designed for autonomic reflex function testing including sudomotor testing; cardiovagal testing with heart-rate response to deep breathing; and Valsalva maneuver testing to evaluate cardiovagal and adrenergic function.

1.50
CME/CEU

Amanda C. Peltier, MD, MS

08:00 am -
09:30 am

Workshop

W08A EMG Laryngeal

Develop skills in the clinical and EDX evaluation of vocal cord dysfunction, including performance of specific EDX testing of the larynx; and discuss how to evaluate which tests to perform on patients presenting with hoarseness and laryngeal dysfunction.

1.50 CME

Michael C. Munin, MD

08:00 am -
09:30 am

Workshop

W103A Diagnosing TOS

Practice hands-on US evaluation of both neurogenic and vascular causes of TOS in the supraclavicular and infraclavicular regions.; demonstrate US evaluation of the brachial plexus at the scalenes triangle and pectoral regions for potential compression; and evaluate the proximal brachial plexus and peripheral nerves through the axilla and proximal upper limb. There will be faculty providing hands-on experience at both the EMG and US stations.

1.50 CME

Albert Clairmont, MD

Lester S. Duplechan, MD

08:00 am -
09:30 am

Workshop

W105A Disease-Oriented US Protocols

Demonstrate US scanning techniques and protocols for evaluating suspected ALS, myopathy (specifically IBM), and scapular winging; discuss the most frequent US abnormalities; and explain the role of US as a complementary diagnostic tool in these conditions.

1.50
CME/CEU

Marianne Luetmer, MD

Mansoureh Mamarabadi, MD

08:00 am -
09:30 am

Workshop

W18A Basic NMUS

Obtain images with transverse and longitudinal transducer positions; describe how to manipulate basic US instrumentation to include focal depth, Doppler flow, and transducer frequency; describe how muscle, nerve, and tendon appear with US; and discuss the principle of anisotropy.

1.50
CME/CEU

Vanessa Baute Penry, MD

Tuesday | Oct. 15

08:00 am -
09:30 am

Workshop

W45A Cervical Radiculopathy/Brachial Plexopathy

Discuss the anatomy of the cervical roots and the brachial plexus; describe the role of the sensory NCS in the initial localization of axon loss processes to preganglionic versus ganglionic/postganglionic; illustrate the role of the sensory NCS in localizing focal lesions to specific regions of the brachial plexus (root, trunk, division, cord, terminal nerve); discuss the role of motor NCS in further localizing the lesion and in defining its severity; describe the role of the needle EMG in confirming the NCS findings and in defining the temporal features of the disorder (slowly progressive, rapidly progressive, acute, subacute, chronic); and demonstrate this information using illustrative cases.

1.50 CME

Mark A. Ferrante, MD

08:00 am -
09:30 am

Workshop

W51A NMUS Anatomy of the Head and Neck for Chemodenervation Procedures

Review functional and NM anatomy of the cranio-cervical region, including a review of complex structural and functional anatomy; correctly identify abnormal postures and the contributing muscles; discuss the benefits and limitations of NMUS; and use US to identify muscles, nerves, and other key structures including US pattern recognition and key regional structures. The goal of this workshop is to optimize safety and patient outcomes when performing chemodenervation procedures in the cranio-cervical region.

1.50
CME/CEU

Katharine E. Alter, MD

08:00 am -
09:30 am

Workshop

W81A Basic US of Lower Limb Nerves

Explain optimal transducer frequencies for imaging lower extremity nerves and appropriate choice of transducers; describe echogenicity and methods of demonstrating Morton's neuroma in the foot; identify and trace the sciatic nerve from the ischiofemoral outlet into the posterior thigh; identify common muscles for EMG and chemodenervation and methods of safe approaches with needle; describe and demonstrate the branching patterns of sciatic, tibial, fibular, and sural nerves in the lower extremities; and list expected findings of nerve entrapment as may be seen on US and findings in structures other than nerve that may be significant. This workshop will focus on the sciatic nerve at bifurcation, fibular nerve at fibular head, and the tibial nerve at ankle.

1.50 CME

Jeffrey A. Strakowski, MD

08:00 am -
09:30 am

Workshop

W84A Advanced US of the Brachial Plexus

Explain recommended transducer frequencies and image optimization methods for imaging of the brachial plexus; explain US-anatomy of the brachial plexus and adjacent structures; demonstrate scanning technique of the brachial plexus in the interscalene groove as well as supraclavicular, infraclavicular, and axillary areas; demonstrate US identification of the following nerves: vagus, phrenic, dorsal scapular, long thoracic, suprascapular, and spinal accessory; and summarize expected findings of brachial plexopathies as may be seen on US and findings in structures other than the nerve that may be significant.

1.50
CME/CEU

Monika Krzesniak-Swinarska, MD

08:00 am -
09:30 am

Workshop

W97A SFEMG Using Axonal Stimulation

Gain proficiency in SFEMG techniques using axonal stimulation; describe the technique on the extensor digitorum communis with stimulation of the posterior interosseous nerve and on the orbicularis oculi with stimulation of the facial motor nerve; and discuss the process of stimulated SFEMG, including its advantages and limitations compared to volitional SFEMG.

1.50 CME

Benn E. Smith, MD

08:00 am -
09:30 am

Session

Inflammatory Myopathies

Chatham Ballroom B

Utilize myositis specific autoantibodies and muscle pathology in diagnosing patients with suspected inflammatory myopathies; diagnosis and treat patients with various subtypes; and recognize the importance of multidisciplinary approaches in management of these patients.

8:00 am: Introduction to Inflammatory Myopathies in 2024

Teerin Liewluck, MD

8:03 am: Dermatomyositis and Antisynthetase Syndrome in 2024

Didem Saygin, MD

8:23 am: Inclusion Body Myositis (IBM) in 2024.

Bhaskar Roy, MBBS

8:43 am: Immune Mediated Necrotizing Myopathy (IMNM) in 2024

Teerin Liewluck, MD

9:03 am: Immune Checkpoint Inhibitor Myopathy in 2024

Grayson Beecher, MD

1.50
CME/CEU

08:00 am -
12:00 pm

Session

MGFA Session

Chatham Ballroom A

The Myasthenia Gravis Foundation of America (MGFA) Medical & Scientific Advisory Council (MSAC) invites clinical and scientific experts to share current and prospective peer-reviewed research focused on myasthenia gravis (MG) and related disorders of the NMJ. The scientific session will include presentations highlighting the latest advancements in our understanding of MG etiology, immunopathology, therapeutic developments, and management. Program and speakers subject to change.

8:00 am: Welcome

Samantha Masterson, President and CEO, MGFA

8:05 am: Introduction of Keynote

Diana Castro, MD

8:10 am: Keynote Address: Mechanisms of MG Immunopathology

Kevin O'Connor, PhD

8:55 am: Introduction to Biomarkers and Basic Science

Diana Castro, MD

8:57 am: Plasma Biomarker-Based Endotyping Reveals Distinct Inflammator Patterns in MG Subtypes

Huahua Zhong, MD

9:04 am: A Serum Inflammatory Protein Biomarker Profile Defines Acetylcholine Receptor Antibody Seropositive MG and Visualization and Characterization of Complement Activation in Acetylcholine Receptor Antibody Seropositive MG

Anna R. Punga, MD, PhD

9:18 am: Imbalanced Pro-Inflammatory Immune Responses in Seropositive and Seronegative MG

Yingkai (Kevin) Li, MD

9:35 am: Alterations in Peripheral B and T Cell Subsets in Musk-MG Subjects After Rituximab Treatment

Patricia Sikorski, PhD

9:39 am: Break - Visit the Exhibit Tables (Posters Can be Viewed at Any Time During the Week of AANEM in a Special Section of the Poster Hall on the First Floor) as well as a Formal Poster Session from 12:00 - 12:45 pm on Tuesday, October 15

9:54 am: Introduction to Therapeutics

Neelam Goyal, MD

9:56 am: *Randomized, Double-Blind, Placebo-Controlled, Multicenter Phase 3 Study of Inebilizumab in Patients with Generalized MG (mint): Topline Efficacy and Safety Findings*
Richard J. Nowak, MD, MS

10:03 am: *Safety and Efficacy of BCMA-Directed MRNA CAR T-Cell Therapy in Generalized MG*
Tuan H. Vu, MD

10:10 am: *Preclinical Pharmacology of S-1117, A Novel Engineered Fc-Fused IgG Cleaving Enzyme, for Chronic Treatment of Autoantibody-Mediated Diseases Including MG*
Julia Manasson, MD

10:17 am: *NMD670, A First-In-Class Skeletal Muscle CLC-1 Inhibitor In MG: The Synapse-MG Dose-Finding Study*
Vera Kiyasova, MD, PhD

10:24 am: *Safety and Effectiveness of Nipocalimab in Adolescent Participants in the Open Label Phase 2/3 Vibrance-MG Clinical Study*
Jonathan B. Strober, MD

10:31 am: *Design Of KYSA-6, A Phase 2, Open-Label, Multicenter Study of KYV-101, A Novel Fully Human Anti-CD19 Chimeric Antigen Receptor T-Cell Therapy In Refractory Generalized MG*
Aiden Haghikia, MD

10:38 am: *Efficacy and Safety of Nipocalimab in Patients With Generalized MG: Topline Results From the Double-Blind, Placebo-Controlled, Randomized Phase 3 Vivacity-MG3 Study*
Tuan H. Vu, MD

10:45 am: *CLC-1 Inhibition Improves Skeletal Muscle Function in Rat Models and Patients With MG and CLC-1 Inhibition Improves QMG Score and Skeletal Muscle Function in Patients With MG*
Vera Kiyasova, MD, PhD

Martin Skov, PhD

11:02 am: *Introduction to Patient Care and Hot Topics*
Tuan H. Vu, MD

11:04 am: *Developing Needs-Driven Medical Education for Healthcare Professionals in MG*
James F. Howard, MD

11:11 am: *The MG Patient Registry: Characteristics, Insights, and Learnings After a Decade (2013-23)*
Richard J. Nowak, MD, MS

11:18 am: *A Study of Common Factors That Influence Fatigue in MG*
Christopher Evans, MD

11:25 am: *Safety And Tolerability of Whole-Body Electrical Muscle Stimulation Exercise in Adults With MG: A Preliminary Analysis*
Mamatha Pasnoor, MD

11:32 am: *Post-Hoc Analysis of Clinically Relevant Anti-Vaccine Antibodies in Participants Treated With Nipocalimab*
Faye Yu, BS

11:39 am: *Seronegative MG in Children With Autoinflammatory Syndromes*
Alexander Fay, MD, PhD

11:46 am: *Exploring Outcomes and Characteristics of MG 2 (Explore-Mg2): Design, Rationale, and Baseline Results*
Richard J. Nowak, MD, MS

11:59 am: *Wrap Up*
Samantha Masterson, President and CEO, MGFA

12:00 pm: *Poster Hall - Exhibit Hall B*
Poster Session

No CME/CEU

08:00 am - 09:30 am

Session

Navigating Through the Available Therapies for Duchenne: How Do You Choose?

Rooms 200-202

Review the current FDA approved therapies for DMD and discuss the benefits and limitations of each; recognize the role of each in the general landscape of treatment; and create a framework for thinking through how to apply these therapies to real world patients.

8:00 am: *The Good, the Bad, and the Ugly*
Craig M. Zaidman, MD

8:30 am: *Navigating Through the Available Therapies for DMD: How do You Choose?*
Nancy L. Kuntz, MD

1.50
CME/CEU

Tuesday | Oct. 15

08:00 am - 09:30 am	Peripheral Nerve and Muscle Pathology <i>Chatham Ballroom C</i>
Session	Recognize clinical situations to order nerve and muscle biopsies; correlate nerve and muscle pathology with EMG and imaging abnormalities; and review important nerve and muscle biopsies pathology findings for UCNS board examination.
1.50 CME/CEU	<p>8:00 am: Muscle Biopsy: Practical Considerations and Case Illustrations Aziz Shaibani, MD</p> <p>8:45 am: Nerve Biopsy: Practical Considerations and Case Illustrations Sarah E. Berini, MD</p>
08:00 am - 09:30 am	Planning NCS: Case Studies <i>Rooms 203-205</i>
Session	Develop a framework for planning upper and lower limb NCS based on presenting symptoms. Attendees will walk through clinical cases and identify how to choose the next steps in the evaluation.
	This is a technologist-focused session. Anyone who has interest is welcome to attend.
1.50 CME/CEU	<p>8:00 am: Upper Limb NCS Daniel B. Simmons, MD</p> <p>8:40 am: Lower Limb NCS Timothy Fullam, MD</p>
08:00 am - 09:30 am	You Make the Call: An Interactive Approach to EMG Waveform Recognition Skills - Basic <i>Oglethorpe Auditorium</i>
Session	Identify the firing patterns of different types of EMG waveforms; identify the characteristics of a variety of normal and abnormal spontaneous waveforms; recognize normal and abnormal patterns of recruitment of MUAPs; and recognize and understand the significance of the changes in morphology of MUAPs in diseases. Includes audience participation and videos of EMG waveforms.
	This session is designed for physicians performing EMGs.
1.50 CME	Devon I. Rubin, MD

09:30 am - 10:00 am	Advanced Practice Provider Meet & Greet <i>Tondee's</i>
Social Event	Join fellow advanced practice providers, and association leaders to learn how to navigate all the opportunities available at the meeting.
No CME/CEU	
09:30 am - 10:15 am	AI Cartoon Portrait <i>River Concourse</i>
Social Event	Transform your image into a whimsical drawing. The process is as quick and easy as it is magical. AANEM staff will snap a photograph, upload it, and watch as AI works its charm. Witness your picture evolve before your eyes into a delightful cartoon with a sprinkle of charm.
No CME/CEU	
09:30 am - 10:00 am	Break <i>River Concourse</i>
Social Event	Enjoy complimentary coffee and tea and use break time to network and socialize with your colleagues.
No CME/CEU	
09:30 am - 10:00 am	Medical Student Meet & Greet <i>Tondee's</i>
Social Event	Join fellow medical students, members of the Young Leadership Council, and association leaders to learn how to navigate all the opportunities available at the meeting.
No CME/CEU	
10:00 am - 11:30 am	W02B Autonomic Testing Using Live Demonstration
Workshop	Review three quantitative tests of autonomic function using specialized equipment designed for autonomic reflex function testing, including sudomotor testing, cardiovagal testing with heart-rate response to deep breathing, and Valsalva maneuver testing to evaluate cardiovagal and adrenergic function.
1.50 CME/CEU	Jasvinder P. Chawla, MBBS, MD, MBA

10:00 am -
11:30 am

Workshop

W45B Cervical Radiculopathy/Brachial Plexopathy

Discuss the anatomy of the cervical roots and the brachial plexus; describe the role of the sensory NCS in the initial localization of axon loss processes to preganglionic versus ganglionic/postganglionic; illustrate the role of the sensory NCS in localizing focal lesions to specific regions of the brachial plexus (root, trunk, division, cord, terminal nerve); discuss the role of motor NCS in further localizing the lesion and in defining its severity; describe the role of the needle EMG in confirming the NCS findings and in defining the temporal features of the disorder (slowly progressive, rapidly progressive, acute, subacute, chronic); and demonstrate this information using illustrative cases.

1.50 CME

Ghazala R. Hayat, MD

10:00 am -
11:30 am

Workshop

W55B EDX Approach to Myopathies: Needle EMG of Unusual Muscles

Discuss the role of EDX testing in myopathies; identify EDX findings in muscle disorders; determine muscle selection criteria for EDX in patients with suspected myopathy; and use the EDX findings to generate a differential diagnosis.

1.50 CME

Elie Naddaf, MD

10:00 am -
11:30 am

Workshop

W58B Basic US of Upper Limb Nerves - Median and Ulnar From Elbow to Wrist

Describe basic principles of US imaging and equipment requirements; demonstrate scanning technique of the median and ulnar nerves, dynamic testing, and measurements; and discuss sonographic findings of common entrapment neuropathies.

1.50
CME/CEU

Elena Shanina, MD, PhD

10:00 am -
11:30 am

Workshop

W59B Advanced US Guidance for Neurotoxins

Discuss the pros and cons of using in-plane and out-of-plane US views to guide needle placement; compare and contrast the use of EMG needle guidance, nerve stimulation, and US for identifying neurotoxin targets in patients; and identify common targets for needle-guided injections using US.

1.50 CME

Michael C. Munin, MD

10:00 am -
11:30 am

Workshop

W70B Expert US

Demonstrate advanced US practices involving challenging and complicated nerves and measurement techniques of the peripheral nerve in the upper and lower limbs.

1.50
CME/CEU

Jeffrey A. Strakowski, MD

10:00 am -
11:30 am

Workshop

W76B Basic US of Upper Limb Nerves

Describe basic principles of US imaging and equipment requirements; demonstrate scanning technique of the median and ulnar nerves, dynamic testing, and measurements; and discuss sonographic findings of common entrapment neuropathies.

1.50
CME/CEU

Lester S. Duplechan, MD

10:00 am -
11:30 am

Workshop

W86B Advanced US of Upper Limb Nerves

Explain recommended transducer frequencies and image optimization methods for imaging of upper extremity nerves; demonstrate scanning technique and measurement of the following nerves: musculocutaneous, MAC, and LAC; describe and demonstrate the branching pattern of radial nerve from arm to wrist including PIN and superficial radial sensory; discuss sonographic findings of the most frequent abnormalities affecting these nerves; and list expected findings in structures other than nerve that may be significant. This workshop will focus on musculocutaneous, radial from arm to wrist including PIN and superficial radial sensory, MAC, and LAC.

1.50
CME/CEU

Monika Krzesniak-Swinarska, MD

Tuesday | Oct. 15

10:00 am -
11:30 am

Workshop

W98B Getting the Most Out of Your US System

Review the basics of US systems and the system settings needed to perform NMUS; demonstrate the basics of obtaining nerve and muscle images, with potential pitfalls; and discuss how basic NMUS is applied in EDX laboratories.

1.50
CME/CEU

Lisa D. Hobson-Webb, MD

10:00 am -
11:30 am

Session

Add-On Therapy for SMA

Rooms 200-202

Explore the effect of myostatin inhibitors on patients with SMA; examine the state of various antisense oligonucleotide therapies; and survey other small molecule therapies in early studies as well as "add-on" intrathecal gene therapy for older patients with SMA.

10:00 am: *The Use of Myostatin Inhibitors for Patients With SMA*
Meeta Cardon, MD

10:25 am: *Early Studies in the Next Generation of Other Small Molecule Therapies as Add-On SMA Therapy*
Ashley N. Stanley-Copeland, MD

10:50 am: *Updates on Antisense Oligonucleotides in SMA: Add-On Therapy and High Dose Regimens*
Jenna Klotz, MD

1.50
CME/CEU

10:00 am -
11:30 am

Session

Immunotherapy in POTS: Are We There Yet?

Rooms 203-205

Discuss the role of autoimmunity and immune dysregulation in POTS; appraise what autoimmune diseases are co-morbid with POTS and how to recognize them; discuss current clinical perspectives on immunotherapy use in autoimmune POTS; review the rapidly evolving clinical trial landscape in autoimmune POTS.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the ACCME through joint providership of AANEM and Dysautonomia International.

10:00 am: *Immune Biomarkers in POTS*
Lauren E. Stiles, JD

10:20 am: *Diagnosing Autoimmunity in POTS*
Kamal R. Chémali, MD

10:40 am: *Clinical Use of Immunotherapies in POTS*
Brent P. Goodman, MD

11:00 am: *Review of Current Immunotherapy Trials in POTS*
Panel

1.50
CME/CEU

10:00 am -
11:30 am

Session

Pathologies in NMUS: Common and Uncommon Findings

Chatham Ballroom C

Describe a variety of case-based examples of pathologies seen using NMUS. Emphasis will be on practical applications covering mononeuropathies, polyneuropathy and muscle diseases, and anatomical variations and other red herrings.

10:00 am: *NM Pathologies*
David C. Preston, MD

10:25 am: *Muscle Diseases*
Craig M. Zaidman, MD

10:50 am: *Anatomic Variants in US*
Mary Hopfinger, NP

1.50
CME/CEU



10:00 am -
11:30 am

Session

Periprocedural and Peripartum Nerve Injuries

Chatham Ballroom B

Identify the spectrum of peripheral nerve injuries that can develop during surgical procedures (including orthopedic, cardiothoracic) and in the context of regional anesthesia (single shot and take-home catheters) during pregnancy and the peripartum period, including injuries related to pregnancy, childbirth, epidural anesthesia, breastfeeding, and gynecologic procedures; discuss the pertinent anatomy of commonly and uncommonly affected nerves, and describe the symptoms of focal neuropathies; describe collaborative treatment with surgeons and OB/GYN; explain treatment options including nerve transfer surgery and nerve release surgery; distinguish models for collaborative peripheral nerve team for acute referral, evaluation, and treatment; and summarize key medicolegal aspects and apply tips for documentation and patient communication.

10:00 am: *Introduction*
Sarada Sakamuri, MD

10:05 am: *Regional Anesthesia Gone Bad*
Raymond Chou, MD

10:20 am: *Giving Birth to Nerve Injuries*
Sarada Sakamuri, MD

10:35 am: *Working With the Worried Surgeon*
Lawrence R. Robinson, MD

1.50
CME/CEU

10:00 am -
11:30 am

Session

You Make the Call: An Interactive, Multimedia Approach to Improving EMG Waveform - Advanced

Oglethorpe Auditorium

Identify the characteristics of a variety of uncommon abnormal spontaneous waveforms; recognize normal and abnormal patterns of recruitment of MUAPs; and recognize and understand the significance of subtle or complex changes in morphology of MUAPs in diseases. The workshop includes audience participation and video examples of EMG waveforms.

This session is designed for physicians performing EMGs.

1.50 CME

Devon I. Rubin, MD

11:30 am -
12:30 pm

Social Event

AI Cartoon Portrait

River Concourse

Transform your image into a whimsical drawing. The process is as quick and easy as it is magical. AANEM staff will snap a photograph, upload it, and watch as AI works its charm. Witness your picture evolve before your eyes into a delightful cartoon with a sprinkle of charm.

No CME/CEU

11:30 am -
12:45 pm

Industry
Forum

Industry Forum by Alexion, AstraZeneca Rare Disease

Westin Savannah, Grand Ballroom CDEF

Survey Says: Real World Insights on Treatment Initiation and Long-Term Management of Anti-Acetylcholine Receptor Antibody Positive Generalized Myasthenia Gravis with a Terminal Complement Inhibitor

Join us in exploring the long-term efficacy and safety data of a terminal complement inhibitor through a 164-week Open-Label Extension Study and hear an expert care team panel share best practices.

Presenters:
Nicholas Silvestri, MD
Teresa Kennedy, MA
Paul Ferguson, MD
Dustin Baum, PharmD, BCPS

This activity is sponsored by Alexion, AstraZeneca Rare Disease and is not part of the official scientific program of AANEM.

Food will be provided by AANEM for session attendees. Seating is limited.

11:30 am: Registration
11:45 am: Presentation

No CME/CEU

Tuesday | Oct. 15

11:30 am -
12:45 pm

Industry
Forum

Industry Forum by Biogen

Westin Savannah, Grand Ballroom AB

SKYCLARYS, the First and Only FDA-Approved Prescription Treatment for Friedreich Ataxia in Adults and Adolescents Aged 16 Years and Older

Join us to learn more about Friedreich Ataxia (FA), SKYCLARYS, and the clinical management of SKYCLARYS for FA

This activity is sponsored by Biogen and is not part of the official scientific program of the AANEM.

Food will be provided by AANEM for session attendees. Seating is limited.

11:30 am: Registration
11:45 am: Presentation

No CME/CEU

11:30 am -
01:00 pm

Session

Lunch Break

Step away from your conference sessions and embrace Savannah's lunchtime allure. Whether you're learning insights at the Westin for a limited seating industry forum, savoring treats from a variety of food trucks at the convention center, or crossing the river for a taste of local Savannah flavors, your midday break promises to be a culinary adventure amidst a backdrop of Southern charm.

No CME/CEU

01:00 pm -
02:30 pm

Workshop

W07C SFEMG With Voluntary Activation

Demonstrate how jitter and fiber density are measured using SFEMG electrodes; and identify machine settings and limitations. Must be familiar with the basic concepts of SFEMG.

Janice M. Massey, MD
Donald B. Sanders, MD

1.50 CME

01:00 pm -
02:30 pm

Workshop

W106C EMG Elegance: Techniques and Strategies for Achieving Superior Signal Fidelity

Enhance skills in performing high-quality EMG recordings of key muscles for pinpoint precision and quality results, including facial, trunk, limb, and neck muscles. Quantitative EMG will be demonstrated to obtain reliable results regarding spontaneous activity, multi-MUP analysis, and interference pattern analysis. Attendees will be able to choose the correct muscles in different NM condition evaluations, including motor neuron disease and myopathy.

1.50 CME

Anna R. Punga, MD, PhD

01:00 pm -
02:30 pm

Workshop

W107C US Anatomy for EMG

Demonstrate how US can enhance the safety and accuracy of needle placement in the EMG lab; recognize situations in which US may be a useful adjunct for muscle localization; identify with US relevant muscle anatomy and nearby nervous/vascular structures for optimal needle placement including but not limited to pronator teres, flexor digitorum profundus, extensor digitorum communis, extensor carpi radialis, flexor pollicis longus, abductor pollicis brevis, rectus femoris, long and short heads of the biceps femoris, tibialis anterior, extensor digitorum longus, fibularis longus, extensor hallucis longus, and tibialis posterior.

Marie Beaudin, MD, MSc

Sarada Sakamuri, MD

1.50 CME

01:00 pm -
02:30 pm

Workshop

W16C MUP Quantitation

Identify the physiologic composition of the MUP, a fundamental signal in routine EMG, and its morphologic analogue, the motor unit; demonstrate the process of interactively recording MUPs by manipulating the EMG system; analyze how MUP signals are altered in NMDs; and apply an objective quantitative approach to assess muscles, akin to performing an electrophysiologic biopsy.

1.50 CME

Paul E. Barkhaus, MD

01:00 pm -
02:30 pm

W18C Basic NMUS

Workshop

Obtain images with transverse and longitudinal transducer positions; describe how to manipulate basic US instrumentation to include focal depth, Doppler flow, and transducer frequency; describe how muscle, nerve, and tendon appear with US; and discuss the principle of anisotropy.

1.50
CME/CEU

Michael S. Cartwright, MD

01:00 pm -
02:30 pm

W55C Myopathies: EDX Approach

Workshop

Discuss the role of EDX testing in myopathies; identify EDX findings in muscle disorders; determine muscle selection criteria for EDX in patients with suspected myopathy; and use the EDX findings to generate a differential diagnosis.

1.50 CME

Hani A. Kushlaf, MD

01:00 pm -
02:30 pm

W74C Advanced Sonographic Needle Guidance for Carpal Tunnel Injections

Workshop

Explain sono-anatomy of the carpal tunnel and adjacent structures; discuss approaches for US needle imaging; compare US-guided and "blind method" injections for treatment of CTS; and distinguish structural abnormalities and common anatomic variations that may affect the procedure.

1.50 CME

Elena Shanina, MD, PhD

01:00 pm -
02:30 pm

W81C Basic US of Lower Limb Nerves

Workshop

Explain transducer frequencies for lower extremity nerve US and transducer choice; demonstrate Morton's neuroma using echogenicity and methods; trace the sciatic nerve from the ischiofemoral outlet to the posterior thigh; identify muscles for EMG and chemodenervation, and safe needle approaches; demonstrate branching patterns of sciatic, tibial, fibular, and sural nerves; and identify expected US findings of nerve entrapment and non-nerve structures.

1.50 CME

Lester S. Duplechan, MD

01:00 pm -
02:30 pm

W88C EDX Evaluation of the Proximal Upper and Lower Limb Nerves, With Adjunctive Use of US

Workshop

Explain the rationale and clinical context for performing specific proximal NCSs; describe the best practices to obtain reliable and reproducible responses; address the technical challenges of obtaining responses in proximal nerves; and demonstrate the role of US in performing proximal NCSs.

1.50
CME/CEU

William J. Litchy, MD

Andrea J. Boon, MD

01:00 pm -
02:30 pm

W99C Facial NCS and Blink Reflexes

Workshop

Perform neurophysiological testing of the facial nerve and blink reflexes; discuss the principles and practice of studying the facial NCS and the blink reflex with electric stimulation; and identify the clinical values and limitations of the blink reflex as an EDX study.

1.50
CME/CEU

Bashar Katirji, MD

01:00 pm -
02:30 pm

Challenging Imaging Cases

Oglethorpe Auditorium

Session

Identify challenging imaging findings encountered on NMUS including anomalies of nerve, muscle, and bone; neoplastic lesions of nerve and nearby structures; and unusual pathologies of nerve and muscle.

1.50
CME/CEU

Christopher Geiger, DO

David C. Preston, MD

Monika Krzesniak-Swinarska, MD

01:00 pm -
02:30 pm

Session

EDX Education for Trainees: Challenges, Strategies, and Novel Approaches for Training

Room 112

Recognize the complexities of teaching EDX skills, evaluate potential innovative methods to teach EDX procedures and interpretation skills; contrast different methods of assessment in trainees learning; and apply strategies to current educational problems in your institution.

Attendees will rotate through each of the four stations listed below.

1:00 pm: Introduction
Sandra L. Hearn, MD

1:05 pm: Educational Resources & Curricula
Zachary N. London, MD

1:05 pm: Teaching Clinical Reasoning & Interpretation
Sandra L. Hearn, MD

1:05 pm: Enhancing Teaching of Technical Skills - NCS, Needle Technique, and EMG Waveform Analysis
Devon I. Rubin, MD

1:05 pm: Strategies for Teaching Muscle and Nerve Localization for EMG/NCS
Sarah M. Smith, MD

**1.50
CME/CEU**

01:00 pm -
02:30 pm

Session

Getting Started With US in Clinical Practice

Rooms 200-202

Develop a strategy for implementing US in one's own clinical practice; discuss features of various types of US machines and what may be important clinically to consider before purchasing an US; describe the criteria for appropriate and complete clinical documentation of diagnostic US evaluations including examples of comprehensive reports; and define relevant billing codes.

1:00 pm: Introduction to US Implementation in Your Practice
Vanessa Baute Penry, MD

1:25 pm: Starting US in Private Practice
Chelsea Shugars, MD

1:50 pm: US Use in the Academic Setting
Nirmal Andrapalliyal, MD

**1.50
CME/CEU**

01:00 pm -
02:30 pm

Session

Muscle US: Quantitative Assessment and Patterns of Muscle Involvement

Chatham Ballroom B

Identify US findings characteristic of myopathic and neurogenic disorders; describe methods for quantifying skeletal muscle thickness and echo intensity; recognize the utility of quantitative muscle US for diagnosis and disease monitoring; and apply quantitative muscle US techniques in evaluating patients with NMDs.

1:00 pm: Muscle US: Quantitative Assessment and Patterns of Muscle Involvement
Adam D. Comer, MD

1:40 pm: Clinical Correlations of Muscle US
James B. Meiling, DO

**1.50
CME/CEU**

01:00 pm -
02:30 pm

Session

Pipeline Treatments for CMT

Chatham Ballroom A

Identify the main strategies and challenges to treating genetic neuropathies; discuss novel and emerging small molecule treatment candidates for genetic neuropathies; and discuss emerging genetic therapies for different inherited neuropathies.

1:00 pm: Therapy Development for CMT: Strategies and Challenges
Mario Saporta, MD, PhD

1:25 pm: Genetic-Based Approaches to CMT
Bipasha Mukherjee-Clavin, MD, PhD

1:50 pm: Small Molecule Candidates for CMT Therapy
Mario Saporta, MD, PhD

**1.50
CME/CEU**

Tuesday | Oct. 15

01:00 pm -
02:30 pm

Session

When Something Doesn't Look Right: A Case-based Approach to NCS Artifacts and Anomalies

Chatham Ballroom C

Recognize and prevent technical anomalies frequently encountered during NCS; identify pitfalls in NCS, including the effects of understimulation and overstimulation on CMAPs and SNAPs, the impact of limb positioning on ulnar NCS, and how misplaced electrodes affect latency and amplitude calculations; manage frequently encountered electrical artifacts; identify the effects of sweep speed and sensitivity on latency of responses; recognize anomalous innervations; and understand the impact of temperature, limb movement, and submaximal stimulation on RNS testing.

Isabel V. Narvaez Correa, MD

Kelly G. Gwathmey, MD

Peter P. Pacut, MD

1.50
CME/CEU

02:30 pm -
03:30 pm

Break

River Concourse

Social Event

Enjoy complimentary beverages and use break time to network and socialize with your colleagues.

No CME/CEU

02:30 pm -
03:15 pm

Speed Networking Activity

River Concourse

Social Event

Join a fun, easy way to network at the AANEM Annual Meeting, while building connections with peers, leaders, and other professionals in NM and EDX medicine. Plan to attend our networking event early, because space is limited. Networkers will make several connections during the session, so remember your business cards.

No CME/CEU

03:30 pm -
05:30 pm

Session

Plenary 1: Confluence of Two Pipelines

Chatham Ballroom

Identify key ethical concerns and challenges related to distributive justice arising from high drug prices; evaluate the potential impact of high drug prices and other structural factors on healthcare delivery; and discuss the demands on physician time, including issues related to burnout, healthcare financing, and potential policy solutions to address these ethical and structural challenges in healthcare.

Note: AANEM's Annual Business Meeting will be held at the beginning of this session. Fellow, Active, and Research members will have the opportunity to vote and are encouraged to attend.

3:30 pm: Introduction

Earl J. Craig, MD

3:35 pm: Confluence of Two Pipelines: NM Medicine in the 21st Century

Dianna Quan, MD

3:55 pm: Annual Business Meeting: Election of Officers

Dianna Quan, MD

4:05 pm: Recognize Outgoing Members

Dianna Quan, MD

4:10 pm: Introduction

Dianna Quan, MD

4:15 pm: The Ethics and Economics of High-Cost Medications: Present and Future

Amy Tsou, MD, PhD

4:45 pm: Awards: Golseth, Best Abstract, Best Abstract Runner-up, Technologist Best Abstract, Pediatric Research Awards, Medical Student Research, Residency and Fellowship Member Research

Dianna Quan, MD

5:00 pm: Closing

Dianna Quan, MD

2.00
CME/CEU

05:30 pm -
07:00 pm

Exhibit Hall

Exhibit Hall A

Social Event

Learn about the products that help you provide quality care for your patients. Stop by the Exhibit Hall and see the latest innovations in our industry.

No CME/CEU

Tuesday | Oct. 15

05:30 pm -
07:00 pm

President's Reception

Exhibit Hall A

Social Event

The President's Reception is the official kickoff event of the meeting each year. Socialize with attendees and exhibitors while enjoying appetizers, beer, wine, and refreshments. Sponsored by UCB, Inc.

No CME/CEU



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Welcome to AANEM 2024!

Stop by Booth #315 to test your skills, get a complimentary coffee, and learn about our pioneering research in the autoantibody space.



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06/24 cp-459383v1

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BOOTH 209



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for more
information**

Wednesday | Oct. 16

06:30 am -
07:45 am

Industry
Forum

Industry Forum by Amicus Therapeutics

Westin Savannah, Grand Ballroom AB

Moving Forward Together: Discovering a Treatment Approach for Certain Adults with Late-Onset Pompe Disease

Hani Kushlaf, MD, is a fellowship-trained neuromuscular neurologist who focuses on the care of patients with neuromuscular disorders. Dr. Kushlaf comes to the University of Cincinnati after completing three fellowships in neuromuscular medicine, the most recent at Duke University Medical Center. Dr. Kushlaf is uniquely trained in the interpretation of nerve and muscle biopsies and in the performance of peripheral nerve and muscle ultrasound. Dr. Kushlaf's primary interests include inherited and acquired peripheral neuropathies, plexopathies, myopathies, muscular dystrophies, ALS, motor neuron disorders, and neuromuscular junction disorders (myasthenia gravis and Lambert-Eaton myasthenic syndrome).

Emma is living with Late Onset Pompe Disease and was diagnosed in 2010 while in High School. Her diagnosis came shortly after her younger sibling was diagnosed. Emma's diagnosis inspired her to pursue a degree in Biology and a Master's degree in public health. She is currently an advocate for others living with LOPD and works in her local Health Department.

- Review Late-Onset Pompe Disease
- Educate about a treatment approach including efficacy and safety data
- Discuss candidates for switching therapies

Presenters:

Hani Kushlaf, MD

Emma, a patient living with LOPD

This activity is sponsored by Amicus Therapeutics and is not part of the official scientific program of AANEM. Food will be provided by AANEM for session attendees. Seating is limited.

6:30 am: Registration

6:45 am: Presentation

No CME/CEU

07:00 am -
04:00 pm

Social Event

Silent Auction

Chatham Ballroom Foyer

Let the bidding begin! The Silent Auction is open. Browse items up for auction in the display cases.

All money raised from the Silent Auction goes to the American Neuromuscular Foundation to provide funds for scientific research on NMDs.

No CME/CEU

07:30 am -
08:00 pm

Social Event

Poster Hall

Exhibit Hall B

Stroll through the Poster Hall to view this year's research. Refer to the the Poster Presentation List and the Abstract Poster Session times in the Program to determine when specific authors will be available to discuss their research.

No CME/CEU

08:00 am -
09:30 am

Workshop

W02RTA Autonomic Testing

Familiarize participants with three quantitative tests of autonomic function using specialized equipment designed for autonomic reflex function testing, including sudomotor testing, cardiovascular testing with heart-rate response to deep breathing, and Valsalva maneuver testing to evaluate cardiovascular and adrenergic function.

Limited to residents, fellows, technologists, and medical students only.

1.50
CME/CEU

Amanda C. Peltier, MD, MS

Wednesday | Oct. 16

08:00 am - 09:30 am **W193RTA Basic MSK and Muscle US - Lower Limb**

Workshop

Review typical indications for NMUS, as well as recognition and scanning techniques for key peripheral nerve and MSK structures of the lower limb, including evaluation of the knee and ankle joints as well as fibular and tibial nerves.

This is an introductory workshop limited to residents, fellows, technologists, and medical students only.

Emily Miller Olson, MD

Rebecca Dutton, MD

1.50
CME/CEU

08:00 am - 09:30 am **W21RTA NCS Pitfalls**

Workshop

Identify common instrumentation, physiologic, and operator errors; alter recording electrode montages and use the instrument's filters to help optimize the recording of motor and sensory potentials; and minimize stimulus artifact interference with waveform recording.

Limited to residents, fellows, technologists, and medical students only.

Bassam A. Bassam, MD

1.50
CME/CEU

08:00 am - 09:30 am **W83RTA Basic Nerve US - Upper Limb**

Workshop

Discuss US devices and equipment, how to incorporate US into a busy EDX laboratory, how to image muscle, how to image nerve, and how to assess for the following potential conditions: CTS, ulnar neuropathy at the elbow, ulnar neuropathy at the wrist, and fibular neuropathy at the knee. As time permits, the assessment of other NM conditions will be addressed.

Limited to residents, fellows, and medical students only.

Shumaila Sultan, MD

1.50 CME

08:00 am - 08:40 am **Academic Career Development: From Residency to Professor**

Session

Room 107

Determine if academia is best suited for their career goals; describe pathways to development in academia including promotion to assistant, associate, and full professor; discuss tenure and whether to pursue it; describe opportunities for mentorship across ethnicities and genders; utilize the workbook provided to plan an individualized academic career plan.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

Faye C. Tan, MD

0.75
CME/CEU

08:00 am - 09:30 am **Basics of NCS and Needle EMG - Part 1**

Chatham Ballroom B

Session

Articulate the basic concepts underlying nerve conduction and approach to the study; conduct and interpret NCSs in the upper and lower extremities and identify anomalous innervations; utilize specialized studies including RNS, cranial nerve studies, and blink reflex; apply needle EMG for the diagnosis of NMDs; and recognize common pitfalls and explain technical factors and safety considerations affecting the study.

8:00 am: Introduction

Kelly G. Gwathmey, MD

8:10 am: Basics of Nerve Conduction and Approach to Study

Mohammad K. Salajegheh, MD

8:50 am: Upper and Lower Extremity NCS

Kelly G. Gwathmey, MD

1.50
CME/CEU

Wednesday | Oct. 16

08:00 am - 09:30 am	Cutting-Edge US and NM Imaging <i>Rooms 203-205</i>
Session	Outline the utility of NM sonography in evaluating neuropathy related to trauma, muscle disease; and its role in surgical planning for entrapment neuropathy.
	8:00 am: <i>US Assessment of Peripheral Nerve Injury With Penetrating Trauma</i> Christopher Geiger, DO
	8:20 am: <i>Evaluating Painful Focal Neuropathies</i> Robert D. Adams, MD, PhD
	8:40 am: <i>US From the Surgeon's Perspective: The Real Cutting Edge</i> Daniel T. Benson, MD
1.50 CME/CEU	9:00 am: <i>US Approach to Muscle Disease</i> Mankaran Sawhney, MD
08:00 am - 09:30 am	EDX and US Evaluation of Generalized Peripheral Neuropathies - Part 1 <i>Chatham Ballroom A</i>
Session	Identify the sonographic appearance of nerves and muscles and surrounding anatomic structures frequently used in the identification and assessment of generalized peripheral neuropathies; review scanning techniques for image optimization; and describe the EDX approach to evaluate and qualify generalized peripheral neuropathies and other disorders within the differential diagnosis.
	8:00 am: <i>Live Demonstration of US Scanning</i> Jeffrey A. Strakowski, MD
	8:30 am: <i>EDX Approach to Peripheral Neuropathies</i> Devon I. Rubin, MD
1.50 CME/CEU	

08:00 am - 08:40 am	hATTR Polyneuropathy Diagnosis and Treatment Approach <i>Room 111</i>
Session	Recognize hATTR polyneuropathy based on clinical presentation, diagnostic tools, importance of early recognition, use of genetic testing, and treatment institution.
	This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.
0.75 CME/CEU	Elizabeth A. Mauricio, MD
08:00 am - 08:40 am	NM Fellowship for PMR: The Why <i>Room 109</i>
Session	Discuss the career opportunities for PMR residents offered by pursuing a NM fellowship. This session will use a panel of current and former NM fellowship trained PMR residents, NM fellowship directors, and academic NM physicians.
	This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.
	Gautam Malhotra, MD
	John A. Morren, MD
	Rupel S. Laughlin, MD
	Colin K. Franz, MD, PhD
	James B. Meiling, DO
0.75 CME/CEU	

Wednesday | Oct. 16

08:00 am -
09:30 am

Session

Paradigm Clashes: Debate and Exploration in Choosing Traditional vs Novel Immunotherapeutics for MG

Chatham Ballroom C

Discuss advantages and pitfalls of traditional immunotherapies for MG such as corticosteroid, corticosteroid sparing agents, and thymectomy; describe advantages and pitfalls of novel immunotherapies such as B cell depleting agents, complement and FcRn inhibitors; and apply an individualized and cost-effective approach in managing patients.

8:00 am: Introduction

Yuebing Li, MD, PhD

8:02 am: Traditional Immunotherapies Should be Continued for Patients

Benjamin Claytor, MD

8:18 am: Traditional Immunotherapies Should be Minimized for Patients

Amanda C. Guidon, MD

8:34 am: Novel Immunotherapies Should be Restricted to Specific MG

Michael K. Hehir, MD

8:50 am: Novel Therapies Should be Expanded in MG Management

Neelam Goyal, MD

9:06 am: Case Discussion

Yuebing Li, MD, PhD

1.50
CME/CEU

08:00 am -
09:30 am

Session

RNS Simplified for the EDX Lab Technologists, Residents, Fellows, and APPs

Oglethorpe Auditorium

Review the basics of NMJ neurotransmission, the fundamental basis of RNS, facilitation, and exhaustion; discuss why we do what we do in this regard; and recognize common mistakes and pitfalls.

1.50
CME/CEU

Sankar Bandyopadhyay, MD

08:00 am -
08:40 am

Session

Stepwise Approach to the Diagnosis and Treatment of CIDP

Room 108

Describe the stepwise approach to diagnose CIDP based on identifying the clinical phenotype, recognize the EDX findings, identify red flags, consider mimickers, and review treatment approach per the latest EAN/PNS Guidelines. Supported by an educational grant from Takeda Pharmaceuticals U.S.A., Inc.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Said R. Beydoun, MD

08:00 am -
09:30 am

Session

Update on Pediatric NMJ Disorders

Rooms 200-202

Identify the clinical presentation of NMJ disorders; discuss genetic testing considerations; describe appropriate EDX testing; and explain management principles in pediatric patients.

8:00 am: Clinical Presentation of Pediatric NMJ Disorders and Genetic Testing Considerations

Ai Sakonju, MD

8:30 am: Electrophysiologic Testing in Pediatric NMJ Disorders

Sumit Verma, MD

9:00 am: Management Principles in Pediatric NMJ Disorders

Matthew Ginsberg, MD

1.50
CME/CEU

Wednesday | Oct. 16

08:00 am -
08:40 am

When to Perform a Muscle Biopsy

Room 110

Session

Recognize diagnostic yield and limitations of muscle biopsy; identify patients who need a muscle biopsy for a precise diagnosis; properly select the site of muscle biopsy based on clinical phenotype; correlate EMG findings with muscle biopsy findings.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Margherita Milone, MD, PhD

08:45 am -
09:30 am

Ancillary Testing for Diagnosis of Myopathies

Room 110

Session

Recognize how to utilize EDX testing, serology, genetic tests, muscle biopsy, or muscle imaging appropriately when encountering myopathy patients.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Teerin Liewluck, MD

08:45 am -
09:30 am

Approach to Paraproteins

Room 111

Session

Distinguish between IgM and non-IgM associated neuropathies; separate monoclonal gammopathy of undetermined significance (MGUS) from more concerning paraproteinemic disorders that can cause neuropathy; separate the distal symmetric polyneuropathy phenotype from more concerning neuropathy phenotypes; correlate serologic-clinical-electrodiagnostic data to either confirm (or refute) the presence of a paraproteinemic neuropathy and to diagnose such neuropathies; consider cancer surveillance depending on paraproteinemic risk factors.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Amro M. Stino, MD

08:45 am -
09:30 am

Making Mentorship Magic

Room 107

Session

Identify the difference between a mentor, coach, and sponsor and the roles these figures may play in career advancement; discuss ways to connect with mentors, how to set ground rules for the mentor-mentee relationship, how to maintain the mentor-mentee relationship over time, and the advantages of having different mentors for different elements of your career; share personal experiences and solve challenges/barriers that may arise in the course of seeking a mentor or working with a mentor.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Kara Stavros, MD

Wednesday | Oct. 16

08:45 am - 09:30 am	Resident and Fellow Career Panel Discussion <i>Room 109</i>
Session	<p>Discuss all available career path options available after finishing training.</p> <p>This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.</p> <p>Collin Grant, MD Emma Weiskopf, MD Anthony E. Chiodo, MD Ileana Howard, MD John A. Morren, MD</p>
0.75 CME/CEU	
08:45 am - 09:30 am	TOS <i>Room 108</i>
Session	<p>Recognize clinical features of the five entities recognized as TOS's: true neurogenic (TN-TOS), arterial (A-TOS), venous (V-TOS), traumatic neurovascular and disputed TOS; identify conditions that mimic TN-TOS; discuss imaging studies for evaluation of patients with suspected TOS's; demonstrate EDX findings of TN-TOS; and identify treatment options of TOS's.</p> <p>This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.</p>
0.75 CME/CEU	Vita G. Kesner, MD, PhD
09:00 am - 04:00 pm	Exhibit Hall <i>Exhibit Hall A</i>
Social Event	Learn about the products that help you provide quality care for your patients. Stop by the Exhibit Hall and see the latest innovations in our industry.
No CME/CEU	

09:30 am - 10:00 am	Break <i>Exhibit Hall A</i>
Social Event	Enjoy complimentary coffee and tea and use break time to network and socialize with your colleagues.
No CME/CEU	
09:40 am - 10:00 am	Presentation Stage by Catalyst Pharmaceuticals, Inc. <i>Exhibit Hall A - Presentation Stage A</i>
Presentation Stage	<p>The Evolving Role of the Pediatric Endocrinologist in the DMD Multi-Disciplinary Care Center</p> <p>Presenter: Leanne Ward, MD</p> <p>This activity is sponsored and is not part of the official scientific program of AANEM.</p>
No CME/CEU	
09:40 am - 10:00 am	Presentation Stage by UCB, Inc. <i>Exhibit Hall A - Presentation Stage B</i>
Presentation Stage	<p>ZILBRYSQ® (zilucoplan): The first self-administered complement inhibitor for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody-positive</p> <p>Presenter: Joshua P. Alpers, MD</p> <p>This activity is sponsored and is not part of the official scientific program of AANEM.</p>
No CME/CEU	

Wednesday | Oct. 16

10:00 am - 11:30 am **Basics of NCS and Needle EMG - Part 2** Chatham Ballroom B

Session

Articulate the basic concepts underlying nerve conduction and approach to the study; conduct and interpret NCSs in the upper and lower extremities and identify anomalous innervations; utilize specialized studies including RNS, cranial nerve studies, and blink reflex; apply needle EMG for the diagnosis of NMDs; and recognize common pitfalls and explain technical factors and safety considerations affecting the study.

10:00 am: *Specialized Studies and Needle EMG Basics*

Aaron Izenberg, MD

10:50 am: *Study Pitfalls and Trouble Shooting*

Joseph M. Choi, MD

1.50
CME/CEU

10:00 am - 11:30 am **EDX and US Evaluation of Generalized Peripheral Neuropathies - Part 2** Chatham Ballroom A

Session

Recognize the scientific basis for using NMUS for evaluating generalized peripheral neuropathies; and review the integration of both NMUS and EDX and the relative strengths and weaknesses of both. Case studies with also be used with this session.

10:00 am: *NMUS Evaluation*

Michael S. Cartwright, MD

10:45 am: *Clinical Cases Combining the Use of Both EDX and US*

Jeffrey A. Strakowski, MD

1.50
CME/CEU

10:00 am - 11:30 am **Gait Analysis and Orthotics for NMDs** Rooms 203-205

Session

Recognize components of normal gait cycle; describe abnormal gait patterns for proximal versus distal muscle weakness; discuss strategies for orthotic and gait aid prescription for proximal versus distal muscle weakness; and apply your newly acquired knowledge on case based gait analysis using volunteers in the audience.

10:00 am: *Introduction*

Michelle C. Tan, BA

10:05 am: *Approach to Gait in Normal and NMDs*

Faye C. Tan, MD

10:25 am: *Orthotic and Gait Aid Prescription for Proximal Versus Distal Muscle Weakness*

Donna Bloodworth, MD

10:50 am: *Live Gait Analysis From a Certified Pedorthotist*

Edie Almohabar, RN, BSN

1.50
CME/CEU

10:00 am - 11:30 am **Immune Mediated Peripheral Neuropathies** Oglethorpe Auditorium

Session

Discuss immune mediated peripheral neuropathies; asses how to suspect immune mediated peripheral neuropathies clinically and electrodiagnostically; and determine how to confirm the diagnosis and discuss treatment approaches.

10:00 am: *CIDP and Its Variants*

Rocio Vazquez Do Campo, MD

10:30 am: *From Bench to Bedside: Navigating the Spectrum of Neural Specific Antibodies in Autoimmune Neuropathies*

Divyanshu Dubey, MBBS

11:00 am: *Emerging Therapies in Autoimmune Neuropathies*

Shruti Raja, MD, MHS

1.50
CME/CEU

Wednesday | Oct. 16

10:00 am -
11:30 am

Session

SFEMG - Principles, Practice, and Pitfalls

Chatham Ballroom C

Review the principles underlying the measurement of jitter and fiber density with SFEMG electrodes; distinguish the differences between recordings made with SFEMG and concentric needle electrode; and recognize common artifacts encountered during voluntary muscle activation and axonal stimulation.

10:00 am: Principles of SFEMG
Donald B. Sanders, MD

10:25 am: Use of SFEMG in Practice
Amanda C. Guidon, MD

10:50 am: Pitfalls in SFEMG
Vern C. Juel, MD

1.50
CME/CEU

10:00 am -
11:30 am

Session

Technologist Roundtable Discussion: Challenging Cases

Room 112

Discuss the approach to various challenging patients that are less commonly encountered in the EMG lab (CIDP, TOS, diabetic lumbosacral radiculoplexus neuropathy, Parsonage Turner syndrome, Lambert-Eaton myasthenic syndrome, and periodic paralysis).

Macy A. Taylor, R.EEG.T.

Christopher Hanson, R.NCS.T.

Iram F. Zaman, DO

John W. Norbury, MD

Ruple S. Laughlin, MD

1.50
CME/CEU

10:00 am -
11:30 am

Session

Unicorns and Zebras: Unusual Pediatric NM Cases

Rooms 200-202

Discuss diagnostic odysseys in pediatric NM conditions, emphasizing the confluence of clinical acumen, diagnostic studies including imaging and genetics.

10:00 am: Unusual Presentations of Myositis: A Single-Site Experience of Challenges and Barriers to Care

Mathula Thangarajh, MD, PhD

10:45 am: Painful Neuropathy in a Child
Pitchamol Vilaisaktipakorn, MD

1.50
CME/CEU

11:30 am -
12:45 pm

Industry
Forum

Industry Forum by argenx

Westin Savannah, Grand Ballroom AB

Innovation in CIDP: Clinical Data of VYVGART® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) in the ADHERE and ADHERE+ Clinical Trials

Join our expert panel as they discuss the use of VYVGART® Hytrulo via subcutaneous injection for adult patients with Chronic Inflammatory Demyelinating Polyneuropathy (CIDP). The experts will share insights on various aspects of the disease and its treatment, including:

- Clinical overview of CIDP, pathophysiology, and disease burden
- Role of neonatal Fc receptor (FcRn) inhibition and VYVGART® Hytrulo
- Efficacy and safety data from ADHERE and the open-label safety extension study ADHERE+

Presenters:

Yessar Hussain, MD

Chafic Karam, MD

This activity is sponsored by argenx and is not part of the official scientific program of AANEM.

Food will be provided by AANEM for session attendees. Seating is limited.

11:30 am: Registration

11:45 am: Presentation

No CME/CEU

Wednesday | Oct. 16

11:30 am -
12:45 pm

Industry
Forum

Industry Forum by UCB, Inc.

Westin Savannah, Grand Ballroom CDEF

Point-counterpoint: An expert-led discussion on generalized myasthenia gravis (gMG) treatment choice

You are invited to join UCB for a thought-provoking symposium featuring a dynamic point-counterpoint panel discussion, where leading experts will share their perspectives and experience with treatment choice for gMG. Through an exploration of real-world patient cases and the latest data for rozanolixizumab-noli and zilucoplan, this program's aim is to foster a collective dialogue to address ongoing challenges experienced by those living with gMG and discussion about targeted therapy options to support specific patient needs. Your participation is key. Contribute to the discourse and enrich the live event with your professional insights.

- Discuss ongoing challenges faced by individuals living with gMG, including the impact of fatigue, by examining real-world patient scenarios
- Offer expert insights into the interpretation and application of recent data for rozanolixizumab-noli and zilucoplan
- Foster critical thinking about gMG treatment choice and patient goals through an expert-led, point-counterpoint approach

Presenters:

Christyn Edmundson, MD
Ali A Habib, MD

This activity is sponsored by UCB and is not part of the official scientific program of AANEM.

Food will be provided by AANEM for session attendees. Seating is limited.

11:30 am: Registration

11:45 am: Presentation

No CME/CEU

11:30 am -
01:00 pm

Session

Lunch Break

Step away from your conference sessions and embrace Savannah's lunchtime allure. Whether you're learning insights at the Westin for a limited seating industry forum, savoring treats from a variety of food trucks at the convention center, or crossing the river for a taste of local Savannah flavors, your midday break promises to be a culinary adventure amidst a backdrop of Southern charm.

No CME/CEU

01:00 pm -
02:30 pm

Workshop

W109RTC Unusual Upper Limb Nerve Conductions for Technologists, Residents, and Students

Perform reliable nerve conductions in evaluation of the following nerves: medial antebrachial cutaneous, lateral antebrachial cutaneous, anterior interosseus, radial motor, ulnar motor evaluation to first dorsal interosseus muscle, suprascapular, and axillary nerves.

Limited to residents, fellows, technologists, and medical students only.

1.50
CME/CEU

Lester S. Duplechan, MD

01:00 pm -
02:30 pm

Workshop

W293RTC Basic MSK and Muscle US - Upper Limb

Describe typical indications for NMUS, as well as recognition and scanning techniques for key peripheral nerves and MSK structures of the upper limb. Hands-on practice will emphasize evaluation of the shoulder and elbow joints, as well as the median, ulnar and radial nerves.

Limited to residents, fellows, technologists, and medical students with some experience conducting NMUS.

1.50
CME/CEU

Emily Miller Olson, MD

Rebecca Dutton, MD

Wednesday | Oct. 16

01:00 pm - 02:30 pm **W83FRC Basic Nerve US - Lower Limb**

Workshop

Review the scanning techniques for the nerves of the lower limb, with a focus on scanning of the tibial and fibular nerves.

Limited to residents, fellows, technologists, and medical students only.

1.50
CME/CEU

Mansoureh Mamarabadi, MD

01:00 pm - 02:30 pm **W91RTC EDX Evaluation of NMJ Transmission Disorder**

Workshop

Discuss the EDX approach to delineate NMJ disorders using RNS; perform RNS of hand, shoulder, and facial muscles; and discern patterns of findings suggestive of disease versus technical artifact.

Limited to residents, fellows, and medical students only.

1.50 CME

Ruple S. Laughlin, MD

01:00 pm - 02:30 pm **Cardiac and Pulmonary Manifestations of NMDs**

Session

Chatham Ballroom C

Recognize, diagnose, and treat common cardiac and pulmonary complications seen in patients with various NMDs; and discuss how to work with colleagues and pulmonology to provide better care.

1:00 pm: *Pulmonary Manifestations of NMDs*
Michael K. Hehir, MD

1:40 pm: *Cardiac Manifestations of NMDs*
Nicholas J. Silvestri, MD

1.50
CME/CEU

01:00 pm - 02:30 pm

Session

Clarifying Concepts in NCS: Instrumentation, Troubleshooting, and Neuroanatomy

Oglethorpe Auditorium

Identify challenging concepts in NCSs to support the technologist's preparation for certification exams.

This is a technologist-focused session. Anyone who has interest is welcome to attend.

1:00 pm: *Upper Limb*

John W. Norbury, MD

1:20 pm: *Neurophysiology and Instrumentation*

Gautam Malhotra, MD

1:40 pm: *Troubleshooting*

Betty J. Mitchell, R.NCS.T.

2:00 pm: *Lower Limb*

Thy P. Nguyen, MD

1.50
CME/CEU

01:00 pm - 02:30 pm

Session

Gene Therapy, CRISPR, and Other Genetic Strategies for NMDs

Chatham Ballroom A

Identify the current approaches to treating genetic NMDs; discuss novel and emerging approaches to treating genetic NMDs; and discuss the potential adverse effects of approved and emerging genetic therapies in treating genetic NMDs.

1:00 pm: *Approved Genetic Therapies*

Perry B. Shieh, MD, PhD

1:30 pm: *Emerging Gene Therapies for the Muscular Dystrophies*

Melissa Spencer, PhD

2:00 pm: *Emerging Therapies*

Stefan Nicolau, MD

1.50
CME/CEU

Wednesday | Oct. 16

01:00 pm -
02:30 pm

Optimizing the Role of APPs in NM Practice

Rooms 200-202

Session

Discuss the APP profession and MD/APP shared practice models that maximize productivity, promote retention, and allow APPs to practice at the top of their license; create an on-the-job training plan for APPs entering neurologic practice; determine strategies for tracking APPs' clinical competency in real-time to match their responsibilities with their skills and strengths; provide testimony for APP utilization in a comprehensive multidisciplinary ALS clinic and discuss additional APP roles in education, leadership, research, advocacy, and philanthropy; and create a team-based approach to improve patient experience, increase access to NM care, and reduce provider burnout.

1:00 pm: *APP Utilization in the NM Clinic: Team-Based Models to Promote Productivity and Retention*

Maggie Naclerio, PA-C

1:20 pm: *Crafting an On-the-Job Training Program for APPs Entering NM Practice*

Christopher Doughty, MD

1:40 pm: *Maximizing Collaboration: A Productive Model for APP and Physicians in the Clinic Setting.*

Darlene E. Sawicki, MSN, NP-BC

2:00 pm: *Developing a Team-Based Approach to Improve Patient Experience and Increase Access to NM Care*

Deena M. Rodney, APRN

1.50
CME/CEU

01:00 pm -
02:30 pm

Roundtable: Case Discussions

Room 112

Session

Confer with experts in a smaller one-on-one setting to improve your performance and interpretation of clinical studies and add clinical input and improve your use of quality EDX studies in the diagnosis and treatment of patients. Participants are encouraged to bring their own cases to the session.

Mark A. Ferrante, MD

Kamal R. Chémali, MD

David C. Preston, MD

Bashar Katirji, MD

Bryan E. Tsao, MD

Said R. Beydoun, MD

1.50
CME/CEU

01:00 pm -
02:30 pm

The Use of Muscle MRI in the Diagnosis and Treatment of Myopathies

Chatham Ballroom B

Session

Describe how to use muscle MRI in the diagnosis of acquired and inherited myopathies; define the role of muscle MRI in treatment monitoring of patients with immune mediated myopathies; and highlight the use of quantitative muscle MRI as a surrogate measure in myopathy clinical trials.

1:00 pm: *The Role of Muscle MRI in the Diagnosis of Myopathies*

Elie Naddaf, MD

1:25 pm: *The Role of Muscle MRI in Treatment Monitoring of Immune Myopathies*

Julie Paik, MD

1:50 pm: *The Use of Quantitative MRI in Research and Clinical Trials*

Pedro Machado, MD

1.50
CME/CEU

02:30 pm -
03:30 pm

Break

Exhibit Hall A

Social Event

Enjoy complimentary refreshments and use break time to network and socialize with your colleagues.

No CME/CEU

Wednesday | Oct. 16

02:40 pm - 03:00 pm	Presentation Stage by Grifols USA, LLC
Presentation Stage	<i>Exhibit Hall A - Presentation Stage A</i>
	Disrupting Inflammation in CIDP: Recognition and Treatment
	Presenter: Gil I. Wolfe, MD
	This activity is sponsored and is not part of the official scientific program of AANEM.
No CME/CEU	
02:40 pm - 03:00 pm	Presentation Stage by UCB, Inc.
Presentation Stage	<i>Exhibit Hall A - Presentation Stage B</i>
	RYSTIGGO (rozanolixizumab-noli): The first FcRn inhibitor indicated for the treatment of generalized myasthenia gravis (gMG) in adults who are anti-acetylcholine receptor (AChR) or anti-muscle specific tyrosine kinase (MuSK) antibody-positive
	Presenter: Suraj Muley, MD
	This activity is sponsored and is not part of the official scientific program of AANEM.
No CME/CEU	
03:10 pm - 03:30 pm	Presentation Stage by argenx
Presentation Stage	<i>Exhibit Hall A - Presentation Stage A</i>
	Introducing VYVGART® Hytrulo: A Novel Treatment for Adult Patients With CIDP
	Presenter: Said R. Beydoun, MD
	This activity is sponsored and is not part of the official scientific program of AANEM.
No CME/CEU	
03:10 pm - 03:30 pm	Presentation Stage by Sanofi
Presentation Stage	<i>Exhibit Hall A - Presentation Stage B</i>
	Transition of Care: The Journey to Adult Care From Pediatrics For Neuromuscular Diseases
	Presenter: Paul McIntosh, MD
	This activity is sponsored and is not part of the official scientific program of AANEM.
No CME/CEU	

03:30 pm - 05:30 pm	Plenary 2: Confluence of Two Pipelines
Session	<i>Chatham Ballroom</i>
	Identify and implement innovative educational strategies, such as the flipped classroom, micro-educational opportunities, online education, and the use of humor and games, to enhance recruitment and training, and discuss the importance of self-assessment and certification examinations in ensuring practitioner competence and maintaining high standards of patient care.
	Understand the role of "augmented" intelligence in enhancing the synergy between artificial and human intelligence and its potential advancements in clinical care, research, and education and evaluate and implement strategic, ethical, and responsible AI integration in NM and EDX medicine to improve patient outcomes and foster innovation.
	3:30 pm: Welcome Earl J. Craig, MD
	3:35 pm: IFCN & ANF International Scholarship Recipients Dianna Quan, MD
	3:40 pm: President's Research Initiative Award Recipients Dianna Quan, MD
	3:50 pm: Introduction Earl J. Craig, MD
	3:55 pm: Educating the Next Generation of NM and EDX Practitioners: Challenges and Opportunities Lawrence R. Robinson, MD
	4:25 pm: Introduction Earl J. Craig, MD
	4:30 pm: AI and the Future of EDX and NM Medicine John A. Morren, MD
	5:00 pm: Closing Earl J. Craig, MD
2.00 CME/CEU	

Wednesday | Oct. 16

05:30 pm - 07:00 pm **Abstract Award Reception** *Exhibit Hall B*

Social Event

Enjoy an evening celebrating research! Socialize with colleagues and abstract authors while enjoying complimentary food, wine, beer, and other refreshments. All abstract authors will be available to discuss their research. Be sure to visit the Golseth, Best Abstract, Best Abstract Runner-Up, and President's Research award-winning abstracts. Sponsored by Catalyst Pharmaceuticals, Inc.

No CME/CEU

06:15 pm - 06:45 pm **Abstract Poster Session I** *Exhibit Hall B*

Social Event

Abstract authors will be available to discuss their research. Stop by to review the information from this year's abstracts and meet the authors. Refer to the Poster Presentations List in the Program for abstract titles and authors that will be available to discuss their research.

No CME/CEU

06:45 pm - 08:00 pm **Pediatric Networking Dinner** *See Your Ticket for Location*

Social Event

Join us for an exclusive networking event for pediatric NM physicians and advanced practice providers (APPs). You will have the opportunity to connect with other pediatric peers, share insights, and build professional relationships. This exciting event celebrates excellence in pediatric NM research with brief presentations from the American Neuromuscular Foundation NM pediatric abstract award winners. Don't miss this chance to expand your network and celebrate the award winners. Sponsored by Sarepta Therapeutics.

Food will be provided by AANEM for session attendees. Seating is limited. Open to attendees specializing in pediatrics only.

Registration is required.

No CME/CEU

07:00 pm - 09:00 pm **EMG Talk** *Westin Savannah, Grand Ballroom CDEF*

Social Event

Entertaining, lighthearted look at EMG that is sure to provide a lot of laughs. Join the fun and camaraderie, including complimentary drinks and sweet treats. Sponsored by Natus Medical.

Get ready to bid on some iconic EMG Talk hats from the past! Spike and Wave will host a live auction of these unique items are sure to be a hit among EMG enthusiasts. The hat auction will benefit the American Neuromuscular Foundation.

Lawrence R. Robinson, MD

William J. Litchy, MD

No CME/CEU



Explore Learning Resources

Visit AANEM's Learning Center Exhibit in the River Concourse to preview AANEM's Learning Center materials, including instructional videos and interactive courses.

Thursday | Oct. 17

06:30 am -
07:45 am

Industry
Forum

Industry Forum by Mitsubishi Tanabe Pharma America

Westin Savannah, Grand Ballroom AB

This activity is sponsored by Mitsubishi Tanabe Pharma America and is not part of the official scientific program of AANEM.

Food will be provided by AANEM for session attendees. Seating is limited.

6:30 am: Registration
6:45 am: Presentation

No CME/CEU

07:30 am -
04:00 pm

Social Event

Poster Hall

Exhibit Hall B

Stroll through the Poster Hall to view this year's research. Poster authors will be available at specified times to discuss their research.

No CME/CEU

08:00 am -
09:30 am

Workshop

W102RFA NCS in the Foot

Discuss the basics and "tricks of the trade" in recording multiple sensory and motor NCS in the foot, including medial and lateral plantar nerves (sensory & motor), Baxter's nerve (aka 1st branch of lateral plantar nerve), superficial fibular (peroneal) sensory nerve, saphenous nerve, sural sensory nerve, and describe to do a novel motor NCS technique of the deep peroneal nerve with recording over extensor digitorum brevis that is based on anatomic landmarks, is reliable and easily reproducible; develop an algorithm when doing motor and sensory NCS to evaluate for TTS vs tibial branch neuropathy in the foot, and recognize when to perform different sensory and motor NCS to differentiate TTS from peripheral polyneuropathy.

Limited to residents, fellows, technologists, novice EDX Physicians (<5 yrs in practice) and medical students only.

1.50
CME/CEU

David R. Del Toro, MD

08:00 am -
09:30 am

Workshop

W110RFA RNS & Blink Reflexes

Perform RNS studies and blink reflexes with correct technique; and discuss the clinical scenarios in which these studies are best utilized.

Limited to residents, fellows, technologists, and medical students only.

1.50
CME/CEU

Betty J. Mitchell, R.NCS.T.

08:00 am -
09:30 am

Workshop

W90RFA Pearls and Pitfalls in Performing NCS

Through an interactive workshop, identify the pearls and pitfalls of NCSs and answer your burning NCS questions.

Limited to residents, fellows, technologists, and medical students only.

1.50
CME/CEU

Teresa Spiegelberg, CNCT, R.NCS.T., R.EEGT

Kristin L. Dombroski, CNCT, R.NCS.T

08:00 am -
09:30 am

Workshop

W92RFA Advanced Nerve US - Lower Limb

Perform scanning techniques for nerves of the lower limb, including but not necessarily limited to the fibular nerve (including deep and superficial branches), tibial nerve (including the branchpoint for the medial and lateral plantar nerves, sural nerve, and lateral femoral cutaneous nerve). Hands-on scanning will be emphasized.

Limited to residents, fellows, technologists, and medical students with some experience conducting NMUS.

1.50
CME/CEU

Emily Miller Olson, MD

Rebecca Dutton, MD

Thursday | Oct. 17

08:00 am -
08:40 am

Session

A Discussion of Diagnostic and Treatment Approach in Common and Uncommon Inflammatory Neuropathies

Room 110

Explain both axonal and demyelinating inflammatory polyneuropathies in a systematic, logical way; explain how to utilize a focused diagnostic approach, including EDX testing, laboratory studies, imaging, and nerve/skin biopsy; review the differential diagnosis of inflammatory axonal polyneuropathies based on clinical presentation (pattern of symptoms, disease course, etc.) and the differential diagnosis of inflammatory demyelinating polyneuropathies; develop a treatment plan depending on the inflammatory neuropathy including monitoring clinical improvement/benefit.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Kelly G. Gwathmey, MD

08:00 am -
08:40 am

Session

All Children, Except One, Grow Up: Health Care Transitions

Room 111

Discuss the current state of health care transitions nationally, and highlight the increasing need for partnership in healthcare transition for those with childhood onset NMDs.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Cynthia L. Wozow, DO
Kathryn A. Mosher, MD

08:00 am -
09:30 am

Session

ALS an Update in Diagnosis, Pathophysiology, and Treatment

Chatham Ballroom A

Diagnose ALS and identify ALS mimickers (focused on early diagnosis); review the latest development of ALS pathophysiology; summarize the importance of multidisciplinary care; and discuss the therapeutic landscape and clinical trials.

8:00 am: *Early Diagnosis of ALS and New Horizons for Care in ALS*

Suma Babu, MBBS, MPH

8:20 am: *EMG Mimickers*

Ximena Arcila-Londono, MD

8:40 am: *Latest ALS Pathophysiology, Therapeutic Landscape, and Clinical Trials*

Senda Ajroud-Driss, MD

9:00 am: *Rehabilitation Medicine Opportunities Throughout the ALS Continuum*

Colin K. Franz, MD, PhD

1.50
CME/CEU

08:00 am -
08:40 am

Session

Applying Root Cause Analysis for Quality Improvement in NM Medicine

Room 108

Describe how to write a focused aim statement and choose appropriate measures to evaluate the success or failure of a quality improvement initiative; apply the plan-do-study-act (PDSA) cycle to implement and evaluate a quality problem; recognize the principles of root cause analysis and tools used for root cause analysis (e.g., fishbone, Pareto, 5 Whys); integrate morbidity and mortality rounds into your practice.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

Daniel Pierce, MD

Charles D. Kassardjian, MD

0.75
CME/CEU

Thursday | Oct. 17

08:00 am -
09:30 am

Approach to Muscle Channelopathies and Their Management

Session

Oglethorpe Auditorium

Articulate the causes of muscle channelopathies, classify them based on the ion channels involved; diagnose various forms based on their clinical presentation and EDX characteristics; manage myotonic disorders by treating muscle stiffness and addressing systemic involvement; and manage periodic paralyses by preventing attacks and aborting attacks of paralysis.

8:00 am: Introduction

Mohammad K. Salajegheh, MD

8:05 am: Periodic Paralysis

Mohammad K. Salajegheh, MD

8:45 am: Non-dystrophic Myotonia

Jaya R. Trivedi, MD

1.50
CME/CEU

08:00 am -
09:30 am

Clinical Trials Round Up/Research Updates

Session

Rooms 200-202

Discuss the types of approved genetically targeted therapies for SMA and DMD and data supporting approval; review the DMD treatment landscape beyond genetically-targeted therapies, including corticosteroids, givinostat and other treatments still under investigation; discuss the treatment approach for congenital myopathies and congenital myasthenic syndromes, including data from the halted MTM1 gene therapy trial; review the diagnosis and management of pediatric MG, highlighting seronegative MG and treatment of refractory MG in children; review the mechanism of myostatin inhibition, current ongoing clinical trials, translational research, and potential application in multiple pediatric NM conditions; recognize the utility and relevance of skeletal muscle needle biopsy post genetic therapies; review the process of RNA/transcriptomic analysis of skeletal muscle; and describe cellular and molecular changes in dystrophic skeletal muscle; and review the process of assessing durability of skeletal muscle transgene expression.

8:00 am: Genetic Disorders Clinical Trial Round Up: Clinical Trial Round-up for DMD, SMA, MTM1, and Other Included Pediatric NM Conditions

Alexander Fay, MD, PhD

Emmanuelle Tiongson, MD

8:20 am: Pediatric MG: Trial Updates and Discussion of Seronegative MG and Case Studies Using Monoclonal Antibody Treatments in Children

Alexander Fay, MD, PhD

Emmanuelle Tiongson, MD

8:40 am: Myostatin-Inhibition: Basic Science, Translational Research, and Application to Pediatric NMDs

Michelle Allen-Sharpley, MD, PhD

9:00 am: Insights From Single Cell Transcriptomic Studies of Human DMD Skeletal Muscle and Relevance to AAV Mediated Microdystrophin Gene Therapy

Stanley Nelson, MD

1.50
CME/CEU

visit us

EMD Serono: emerging leader in neurology and immunology where patient needs are at the center of everything we do.

Visit **booth #331** to find out more about patients living with neuroinflammatory and immune-mediated diseases, including myasthenia gravis.

#BeEMDSERONO

EMD SERONO

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US-NONNI-02039 | July 2024

Thursday | Oct. 17

08:00 am -
09:30 am

Session

Evolving Therapeutic Landscape of MG Targeted Therapies

Rooms 203-205

Identify specific disease mechanisms involved in the pathogenesis of MG therapies in clinical trials; discuss data from recent clinical trials with targeted therapies; and discuss the possibilities, challenges, and conflicts related to concomitant use of traditional and new therapies. Supported by an educational grant from Janssen Biotech, Inc., administered by Janssen Scientific Affairs, LLC.

This session will complement the session on Clinician's Approach to MG Therapies presented on Thursday, October 17, 10:00 - 11:30 am.

8:00 am: *Disease Mechanisms and Treatment Targets in MG*

Ali A. Habib, MD

8:25 am: *Targeted Therapies For MG: A Moving Target in the Treatment Algorithm*

Pushpa Narayanaswami, MD

8:50 am: *Efficacy and Safety of Novel MG Therapies: Recent Clinical Trials*

Shruti Raja, MD, MHS

1.50
CME/CEU

08:00 am -
09:30 am

Session

Hot Topics in NM Literature - Part 1

Chatham Ballroom C

Appraise several impactful findings in NM literature over the past year; recognize the clinical value of these studies and their impact to NM patients (EDX and sonographic methods, hereditary and acquired myopathy evaluation, peripheral neuropathy testing and treatment, motor neuron disease understanding and NMJ disorder advancements); describe hot topics and groundbreaking work in these areas of NM medicine; and integrate emerging knowledge into clinical practice.

8:00 am: *Introduction*

Ruple S. Laughlin, MD

8:05 am: *Hot Topics in Clinical Neurophysiology: EDX and US*

Ruple S. Laughlin, MD

8:30 am: *New Therapeutic Approaches to the Treatment of NMJ Disorders*

Miriam L. Freimer, MD

9:00 am: *Updates in Motor Neuron Disease: Lessons in Humility and Hope*

Colin C. Quinn, MD

1.50
CME/CEU

08:00 am -
08:40 am

Session

Learn to Play "The Plexus"

Room 107

Enhance localization skills by stringing together the right combination of roots, trunks, cords, nerves, and muscles in the upper extremity by playing The Plexus, a competitive strategy card game.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Zachary N. London, MD



Free Wi-Fi

Wi-Fi is available throughout the 2024 AANEM Annual Meeting event space, courtesy of Grifols USA, LLC.

Network: AANEM_2024
Password: GRIFOLS15CIDP

Thursday | Oct. 17

08:00 am - 08:40 am
Member Practice Issue Open Forum
Room 109

Session

The AANEM Professional Practice Committee will be hosting an open forum for members to discuss any current issues or trends they are seeing in their practices and that the committee may be able address either with advice or potentially through the creation of a new position statement.

No CME/CEU

08:00 am - 09:30 am
MSK Mimics of Radiculopathy
Chatham Ballroom B

Session

Discuss a broad differential in patients presenting with possible radicular pain, that includes MSK mimics of radiculopathy.

8:00 am: Introduction
Lawrence R. Robinson, MD

8:05 am: Principles of MSK Evaluation
Christian D. Fortin, MD

8:30 am: MSK Lumbar Radiculopathy Mimics
E. Ali Bateman, MD

8:55 am: Cervical Radiculopathy Mimics
Dale Colorado, DO, MPH

1.50
CME/CEU

08:45 am - 09:30 am
How to Become a Site PI
Room 108

Session

Describe the steps in becoming a site PI - training required, regulatory compliance requirements, implications of Sunshine Act; recognize the steps to take when looking to set up the infrastructure to either participate in a multi-centric trial or an investigator-initiated trial.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Kavita M. Grover, MD

08:45 am - 09:30 am
How to Set Up a Gene Therapy Program
Room 111

Session

Explain setting up a gene transfer program that is not a clinical trial site; discuss the difficulties in setting up a gene-transfer program in a safety net hospital; and review the challenges in assuring safety when practicing in a hospital that has a diverse patient population (language, socioeconomic, and geographic barriers.)

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Leigh Maria K. Ramos-Platt, MD

08:45 am - 09:30 am
Learn to Play "Rooticle"
Room 107

Session

Localize and collaborate to ensure each player collects the nerve roots needed to win their assigned mission, enhancing the clinical application of anatomical knowledge by playing Rooticle, a cooperative trick-taking card game.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU

Zachary N. London, MD

Thursday | Oct. 17

08:45 am - 09:30 am **SFEMG** Room 110

Session

Recognize the difference between measuring jitter with SFEMG electrodes and concentric needle electrodes; describe the value of measuring fiber density with SFEMG electrodes when measuring jitter; assess the value of measuring jitter in different muscles depending on the distribution of symptoms; and recognize the pitfalls in measuring jitter with voluntary activation and axonal stimulation.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU Donald B. Sanders, MD

08:45 am - 09:30 am **Small Fiber Neuropathy** Room 109

Session

Discuss how to overcome challenges in diagnosis, understanding testing needs and treatment options available.

This is an "Ask the Expert" session. There will be an interactive discussion designed around audience participation. There are no handouts nor a planned presentation, and this session will not be included in the Annual Meeting Video Collection.

0.75
CME/CEU Divpreet Kaur, MD

09:00 am - 04:00 pm **Exhibit Hall**

Social Event

Learn about the products that help you provide quality care for your patients. Stop by the Exhibit Hall and see the latest innovations in our industry.

No CME/CEU

09:30 am - 10:00 am **Abstract Poster Session II** Exhibit Hall B

Social Event

Abstract authors will be available to discuss their research. Stop by to review the information from this year's abstracts and meet the authors. Refer to the Poster Presentations List in the Program for abstract titles and authors that will be available to discuss their research.

No CME/CEU

09:30 am - 10:00 am **Break** Exhibit Hall A

Social Event

Enjoy complimentary coffee and tea and use break time to network and socialize with your colleagues.

No CME/CEU

09:40 am - 10:00 am **Presentation Stage by argenx** Exhibit Hall A - Presentation Stage A

Presentation Stage

An Overview: VYVGART® for IV infusion & VYVGART® Hytrulo for gMG in Adult Patients Who Are Anti-AChR Antibody Positive

Presenter: Ali Habib, MD

This activity is sponsored and is not part of the official scientific program of AANEM.

No CME/CEU

09:40 am - 10:00 am **Presentation Stage by AstraZeneca Ionis** Exhibit Hall A - Presentation Stage B

Presentation Stage

Addressing Polyneuropathy in hATTR

Presenter: Maria Alejandra Gonzalez-Duarte, MD

This activity is sponsored and is not part of the official scientific program of AANEM.

No CME/CEU

Thursday | Oct. 17

10:00 am - 11:30 am **Clinician's Approach to MG Therapies** *Rooms 203-205*

Session

Identify the role of various conventional and newer therapies in patients with MG and discuss how to optimize the use of these therapies in clinical practice.

This session will complement the session on Evolving Therapeutic Landscape of MG: Targeted Therapies presented on Thursday, October 17, 8:00 - 9:30 am.

10:00 am: *Traditional Agents Used to Treat MG*
Nicholas J. Silvestri, MD

10:25 am: *FcRn Inhibition and B-Cell Depletion*
Marie Beaudin, MD, MSc

10:50 am: *Complement Therapies in MG*
Srikanth Muppidi, MD

1.50
CME/CEU

10:00 am - 11:30 am **EDX NM Challenging Cases - Part 1** *Chatham Ballroom B*

Session

Apply and refine the process of diagnostic formulation in NM medicine and clinical EMG and improve patient care by presenting and discussing challenging cases. This session relies on AANEM members to provide challenging cases.

1.50
CME/CEU

Bashar Katirji, MD

10:00 am - 11:30 am **EDX of Peripheral Neuropathies and Mimics** *Room 112*

Session

Identify the typical clinical and EDX features of peripheral polyneuropathy, and list atypical features and patterns; critically design and tailor an EDX examination for a patient who might have a neuropathy, based on the clinical presentation as well as the data in real time as it is collected; interpret atypical or borderline data in challenging cases; determine the findings and features relevant to neuropathies to report back to the referring provider in an EDX report; and discuss how the findings may influence the next steps in a patient's care.

Erik R. Ensrud, MD

Anthony E. Chiodo, MD

Sandra L. Hearn, MD

Colin K. Franz, MD, PhD

1.50
CME/CEU

10:00 am - 11:30 am **Hot Topics in NM Literature - Part 2** *Chatham Ballroom C*

Session

Appraise several impactful findings in NM literature over the past year; recognize the clinical value of these studies and their impact to NM patients (EDX and sonographic methods, hereditary and acquired myopathy evaluation, peripheral neuropathy testing and treatment, motor neuron disease understanding and NMJ disorder advancements); describe hot topics and groundbreaking work in these areas of NM medicine; and integrate emerging knowledge into clinical practice.

10:00 am: *Introduction*
Ruple S. Laughlin, MD

10:05 am: *Recent Highlights in Peripheral Nerve Literature*
Noah A. Kolb, MD

10:45 am: *Cutting Edge Myopathy - Genetic and Inflammatory*
Elie Naddaf, MD

1.50
CME/CEU

Thursday | Oct. 17

10:00 am -
11:30 am

Session

MSK US for MSK Conditions Encountered During an NM Evaluation

Chatham Ballroom A

Identify common MSK problems that can confound symptoms and NM evaluation using high frequency US; discuss MSK dilemmas facing NM specialists; and describe the techniques for identifying confounding concomitant MSK comorbidities. The session will be interactive and include live discussion.

Craig M. Zaidman, MD

Jeffrey A. Strakowski, MD

1.50
CME/CEU

10:00 am -
11:30 am

Session

MUAP Recruitment Analysis Made Simple

Oglethorpe Auditorium

Recognize MUAP firing rates with a high degree of accuracy; determine the recruitment ratios using auditory recognition skills; and determine whether recruitment is normal or abnormal in a variety of examples.

*MUAP Recruitment Concepts, Firing Rate
Practice, and Quizzes*

Devon I. Rubin, MD

1.50
CME/CEU

10:00 am -
11:30 am

Session

Pediatric EMG Cases

Rooms 200-202

Discuss the role of EMG in the pediatric population and give different examples of cases in which it contributed substantially to diagnosis and/or management.

10:00 am: *Ah, But a Man's Reach Should Exceed
his Grasp*

Matthew Ginsberg, MD

10:15 am: *Foot Drop, Don't Stop*

Alexandra Bonner, MD

10:30 am: *Creepy Crawley and Leg Weakness*

Hoda Z. Abdel-Hamid, MD

10:45 am: *It's Not Always What it Seems*

Kathryn A. Mosher, MD

11:00 am: *Neuroborreliosis or Guillain-Barre?*

Unraveling a Mysterious Case

Gabrielle Nguyen, MD

1.50
CME/CEU

10:00 am -
04:00 pm

Social Event

Silent Auction Winner Pick-up

River Concourse

Silent Auction winners, pick up your items at the Registration Booth.

No CME/CEU

11:30 am -
12:45 pm

Industry
Forum

Industry Forum by CSL Behring

Westin Savannah, Grand Ballroom AB

Jeopardy - Level up Your CIDP Knowledge!

Meet your host, Dr. Richard Lewis! Join us for a fun lunch and learn with a unique game of Jeopardy, where you can test your Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) knowledge.

This will be an interactive game show with audience participation focused on CIDP-related topics including pathophysiology of CIDP, 2021 EAN/PNS guidelines, mechanism of action of immunoglobulins, among other aspects of CIDP.

- Gain a deeper understanding of the pathways involved in the pathophysiology of CIDP
- Be knowledgeable of the 2021 EAN/PNS CIDP guideline
- Recognize the role of immunoglobulins in the treatment of CIDP

Presenter:

Richard Lewis, MD

This activity is sponsored by CSL Behring and is not part of the official scientific program of AANEM.

Food will be provided by AANEM for session attendees. Seating is limited.

11:30 am: Registration

11:45 am: Presentation

No CME/CEU

Thursday | Oct. 17

11:30 am -
12:45 pm

Industry
Forum

Industry Forum by Med Learning Group

Westin Savannah, Grand Ballroom CDEF

Addressing Challenges in the Management of Generalized Myasthenia Gravis in Specialized Populations: Considerations in Pregnancy and Pediatric Patients

This satellite symposium is designed to improve health care professionals' ability to assess current and investigational therapies to manage generalized myasthenia gravis (gMG); enhance their understanding of the mechanism of FcRn antagonists; evaluate the burden of gMG in pregnant and pediatric populations; improve their use of current guidelines for evaluation and management in these populations; and increase their awareness of current clinical trials for these individuals.

- Assess the therapeutic developments for the management of myasthenia gravis, including the unique mechanism of FcRn antagonists.
- Evaluate the burden of gMG in pregnant women, as well as current guidelines for care and challenges in management.
- Summarize best practices in the evaluation, guideline-informed treatment, and consideration of ongoing clinical trials in pediatric patients with gMG.

Presenters:

Alexis A. Lizarraga, MD, MS
Sabrina W. Yum, MD

This accredited CME session is provided by Med Learning Group. This CME session is supported by an educational grant from Janssen Biotech, Inc., administered by Janssen Scientific Affairs, LLC, both Johnson & Johnson companies. Med Learning Group designates this live activity for a maximum of 1.00 AMA PRA Category 1 Credit™. This activity is not part of the official scientific program of AANEM.

Food will be provided by AANEM for session attendees. Seating is limited.

11:30 am: Registration
11:45 am: Presentation

No CME/CEU

11:30 am -
01:00 pm

Session

Lunch Break

Step away from your conference sessions and embrace Savannah's lunchtime allure. Whether you're learning insights at the Westin for a limited seating industry forum, savoring treats from a variety of food trucks at the convention center, or crossing the river for a taste of local Savannah flavors, your midday break promises to be a culinary adventure amidst a backdrop of Southern charm.

No CME/CEU

11:45 am -
12:45 pm

Social Event

Resident & Fellow Lunch

See Your Ticket for Location

All residents, fellows, and medical students are invited to attend this lunch to meet with other residents and fellows and AANEM Board Members. Sponsored by Grifols USA, LLC.

Registration is required.

No CME/CEU

01:00 pm -
02:30 pm

Workshop

W104RFC Basic NCS With US - Median and Ulnar

Demonstrate how US combined with NCS can be useful in median and ulnar neuropathies. Obtain median and ulnar nerve images in transverse and longitudinal transducer positions; describe how muscle, nerve, and tendons in relation to these two nerves appear with US; conduct median and ulnar NCS; and discuss scenarios and reasons why these two diagnostic studies work together in obtaining a diagnosis and pinpointing the nerve entrapment and/or lesion.

Limited to residents, fellows, technologists, and medical students only.

Betty J. Mitchell, R.NCS.T.

John W. Norbury, MD

1.50
CME/CEU

Thursday | Oct. 17

01:00 pm - 02:30 pm **W23RFC Unusual NCS**

Workshop

Identify less commonly used NCSs and discuss pitfalls associated with common NCSs.

Limited to residents, fellows, technologists, and medical students only.

1.50
CME/CEU

Lawrence R. Robinson, MD

01:00 pm - 02:30 pm **W92RFC Advanced Nerve US - Upper Limb**

Workshop

Apply scanning techniques for nerves of the upper limb; describe scanning of the median, ulnar, radial nerves; and discuss the assessment of the brachial plexus, musculocutaneous, medial, and lateral antebrachial nerves. Hands-on scanning will be emphasized. Supported by an educational grant from Merz Pharmaceuticals, LLC.

Limited to residents, fellows, technologists, and medical students with some experience conducting NMUS.

1.50
CME/CEU

Rebecca Dutton, MD

Emily Miller Olson, MD

01:00 pm - 02:30 pm **EDX NM Challenging Cases - Part 2**

Chatham Ballroom B

Session

Apply and refine the process of diagnostic formulation in NM medicine and clinical EMG and improve patient care by presenting and discussing challenging cases. This session relies on AANEM members to provide challenging cases.

1.50
CME/CEU

Bashar Katirji, MD

01:00 pm - 02:30 pm **Harnessing the Power of AI: Exploring AI Tools**

Session

Chatham Ballroom C

Increase proficiency and competence regarding AI resources including ChatGPT and Consensus and leverage these AI tools to enhance clinical practice, research, and educational work.

Harnessing the Power of AI: Exploring AI Tools Including ChatGPT, Consensus, and Others for Clinical, Research and Educational Work

John A. Morren, MD

1.50
CME/CEU

01:00 pm - 02:30 pm **Joint Session With Peripheral Nerve Society (PNS)**

Session

Oglethorpe Auditorium

Discuss research advances and review inherited neuropathies, inflammatory neuropathies; and diabetic/metabolic neuropathies as representing three interest groups within the PNS.

1:00 pm: Peripheral Neuropathy and Metabolic Syndrome

Melissa Elafros, MD, PhD

1:30 pm: IgM Paraprotein Associated Neuropathies

Christopher Doughty, MD

2:00 pm: New Genes in Inherited Neuropathies

Rebecca Traub, MD

1.50
CME/CEU

01:00 pm - 02:30 pm **MRI and US Imaging of Brachial Plexus and Peripheral Nerve in a Multidisciplinary Clinic**

Session

Rooms 200-202

Discuss when to order MRI or US for patients with a brachial plexus or peripheral nerve injury; review how imaging studies are used to help localize lesions and determine if there is an obstruction pressing against the nerve. i.e. tumor; and review case studies to demonstrate how important these imaging studies are in connection with the physical exam and EMG studies.

Ann A. Little, MD

Teresa Spiegelberg, CNCT, R.NCS.T., R.EEGT

Hemant Parmar, MD

1.50
CME/CEU

Thursday | Oct. 17

01:00 pm - 02:30 pm **US Evaluation of the Tibial Nerve at the Tarsal Tunnel**

Session

Chatham Ballroom A

Develop a systemic approach to using US to assess tibial neuropathy at the tarsal tunnel; and discuss the relative strengths and limitations of EDX and NMUS. Case examples of varying sources of neuropathy in this location will be discussed.

1.50
CME/CEU

Jeffrey A. Strakowski, MD

02:30 pm - 03:30 pm **Break**

Exhibit Hall A

Social Event

Enjoy complimentary refreshments and use break time to network and socialize with your colleagues.

No CME/CEU

02:40 pm - 03:00 pm **Presentation Stage by Johnson & Johnson**

Presentation Stage

Exhibit Hall A - Presentation Stage A

Life with MG: The Patient's Story

Presenter: Bassam Malo, MD

This activity is sponsored and is not part of the official scientific program of AANEM.

No CME/CEU

02:40 pm - 03:00 pm **Presentation Stage by Takeda**

Exhibit Hall A - Presentation Stage B

Presentation Stage

My Experience Treating CIDP: Patient Identification

This activity is sponsored and is not part of the official scientific program of AANEM.

No CME/CEU

02:45 pm - 03:15 pm **Abstract Poster Session III**

Exhibit Hall B

Social Event

Abstract authors will be available to discuss their research. Stop by to review the information from this year's abstracts and meet the authors. Refer to the Poster Presentations List in the Program for abstract titles and authors that will be available to discuss their research.

No CME/CEU

03:10 pm - 03:30 pm **Presentation Stage by Annexon Biosciences**

Presentation Stage

Exhibit Hall A - Presentation Stage A

This activity is sponsored and is not part of the official scientific program of AANEM.

No CME/CEU

03:10 pm - 03:30 pm **Presentation Stage by AstraZeneca Pharmaceuticals, LP**

Presentation Stage

Exhibit Hall A - Presentation Stage B

WAINUA: Overview of a Treatment Option for hATTR-PN

This activity is sponsored and is not part of the official scientific program of AANEM.

No CME/CEU

Thursday | Oct. 17

03:30 pm -
05:30 pm

Plenary 3: Confluence of Two Pipelines

Chatham Ballroom

Session

Describe electrodiagnosis in the acute care setting with an emphasis on the role of the interprofessional team and professional networks in helping patients with NMDs receive the highest level of care.

Discuss the lessons learned from the development of the VA ALS system of care; explain how ALS care must evolve in the 21st century to adapt to the rapidly changing therapeutic landscape; identify strategies to optimize the work of the interprofessional NM care team to best support patients and caregivers and analyze the implications for the future of NM care.

Supported by an educational Grant Provided by Mitsubishi Tanabe Pharma America, Inc.

Achievement Awards presentation will take place at the beginning of the Plenary.

3:30 pm: Welcome
Dianna Quan, MD

3:35 pm: Awards: Lifetime Achievement, Distinguished Physician, Jun Kimura Outstanding Educator, Ernest Johnson Outstanding Educator, Distinguished Researcher, Scientific Impact, Innovation Award, Advocacy Award, Outstanding Service, and Honorary Member
Andrea J. Boon, MD

3:50 pm: Introduction
Faye C. Tan, MD

3:55 pm: NM Interdisciplinary Care: Delivering the Promise of 21st Century Medicine
Ileana Howard, MD

4:25 pm: Introduction
Faye C. Tan, MD

4:30 pm: James Dines

4:30 pm: Thinking Outside the Box: NM Networks and Navigation with Special Guest James Dines
John W. Norbury, MD

5:05 pm: Improving Health Outcomes in NMDs with a Low Budget
Marcos Vinícius Oliveira Marques, MD

5:35 pm: Annual Meeting 2025
Faye C. Tan, MD

2.00
CME/CEU

05:30 pm -
06:30 pm

Beers for Fears

Chatham Ballroom Foyer

Social Event

"Everybody Wants to Rule the (EDX) World". This session is for residents, fellows, medical students, and early career physicians. We invite you to share your EDX fears, anxieties, and/or challenges with experts in EDX medicine, in exchange for beers (or your choice of beverage), in a very informal setting. Our nationally recognized faculty will welcome all of your questions and will be happy to share their insights gained from years of experience.

Cash-Based Practice

Peter Q. Warinner, MD

EDX Medicine

Peter A. Grant, MD & Chrissa McClellan, MD

EDX Techniques

David R. Del Toro, MD & Andrew J. Haig, MD

Fellowships

Michael T. Andary, MD & Lisa D. Hobson-Webb, MD

How to Get Promoted

John W. Norbury, MD & Lawrence R. Robinson, MD

Jobs/Careers

Paul E. Barkhaus, MD & Gautam Malhotra, MD

Leadership

Ileana Howard, MD & Dianna Quan, MD

Medical Students/Early Career Advice

Austin Grant, MD & Young Leadership Council

Networking/Mentorship

Robert W. Irwin, MD & John C. Kincaid, MD

Private Practice/Finances

Kevin F. Fitzpatrick, MD & Collin Grant, MD & Benjamin S. Warfel, MD

US/EDX in NM Practice

Michael S. Cartwright, MD & Francis O. Walker, MD

Women in NM Medicine

Holli A. Horak, MD & Bonnie J. Weigert, MD

Work/Life Balance

Rebecca A. O'Bryan, MD & Chiou Tan, MD

Thursday | Oct. 17

05:30 pm -
06:30 pm

Happy Hour

Chatham Ballroom Foyer

Social Event

Enjoy live music, refreshments, and socializing with friends and colleagues. Attend the last social event of this year's annual meeting to celebrate another successful meeting, and say farewell until next year!

No CME/CEU

AANEM Annual Business Meeting

The AANEM Business Meeting will be held at the beginning of the Plenary on Tuesday, Oct. 15.

Attend to hear a report on AANEM's finances and recent activities of importance to membership.



A Virtual CME Symposium held at the annual American Association of Neuromuscular & Electrodiagnostic Medicine Meeting

Improving Outcomes of Patients With Transthyretin Amyloid Polyneuropathy (ATTR-PN)

Tuesday, October 15, 2024

Symposium Time:
11:45 am to 12:45 pm EST

This activity is not part of the official scientific program of the AANEM.

Program Chair

Morie Gertz, MD, MACP

Faculty

Michelle Mauermann, MD

Amanda Peltier, MD, MS



To view this virtual symposium on October 15, 2024 go to:
<https://www.CMEPlanet.com/AANEM22405>



This activity is supported by
an educational grant from
AstraZeneca Pharmaceuticals.

For information go to:
<https://www.aanem.org/meetings/annual-meeting>

06:30 am - 07:45 am	Industry Forum by Alnylam Pharmaceuticals <i>Westin Savannah, Grand Ballroom AB</i>
Industry Forum	<p>The Role of Rapid Knockdown of TTR in the Treatment of hATTR Amyloidosis</p> <p>Please join our distinguished presenters as they provide an overview of hereditary transthyretin (hATTR) amyloidosis, and discuss the clinical profile of a treatment option for the polyneuropathy of hATTR amyloidosis in adults.</p> <ul style="list-style-type: none"> • Learn about hATTR amyloidosis and understand the role of TTR knockdown • Learn about a treatment option for the polyneuropathy of hATTR amyloidosis in adults • Patient support services through Alnylam Assist® <p>This activity is sponsored by Alnylam Pharmaceuticals and is not part of the official scientific program of AANEM.</p> <p>Food will be provided by AANEM for session attendees. Seating is limited.</p> <p>6:30 am: Registration 6:45 am: Presentation</p>
No CME/CEU	
08:00 am - 09:30 am	W100AS Late Responses: F Wave Responses and H Reflexes
Workshop	<p>Discuss the principles and practice of eliciting F wave responses and H reflexes; demonstrate anatomical localization of late responses, including axon reflex; identify clinical utility and indications for testing; and address limitations and technical challenges.</p>
1.50 CME	Vita G. Kesner, MD, PhD

08:00 am - 09:30 am	W101AS EDX of Muscles of Face and Neck in Neurogenic Palsies and NMJ Disorders
Workshop	<p>Recognize the utility of EDX studies and learn their implication to measure the functional integrity of the cranial nerves and their value in making the diagnosis, predicting prognosis, and providing a long-term follow-up tool; utilize the blink reflex study and the masseter reflex study to evaluate the trigeminal (blink and jaw jerk) and facial nerves (blink), as well as the direct facial nerve study and EMG of facial muscles as a diagnostic and prognostic tool in Bell's palsy and trigeminal neuralgia; review the utility of accessory nerve repetitive stimulation in the workup of dysfunction of NMJ transmission; perform SFEMG of frontal muscles as part of detecting NMJ disorders; and recognize different approaches to evaluate the presence or absence of denervation in the bulbar muscles as a diagnostic marker of ALS according to the Gold Coast criteria and of primary lateral sclerosis according to the consensus diagnostic criteria for primary lateral sclerosis.</p>
1.50 CME	Rima El-Abassi, MD
08:00 am - 09:30 am	W111AS Lower Limb Sensory Study Workshop
Workshop	<p>Demonstrate how to do superficial peroneal, sural, saphenous, posterior femoral cutaneous and lateral femoral cutaneous nerve studies.</p>
1.50 CME/CEU	Channarayapatna R. Sridhara, MD
08:00 am - 09:30 am	W112AS Assessment of Upper Limb Pain That Is Not CTS
Workshop	<p>Describe key historical features for hand MSK mimics of upper limb neuropathies; demonstrate simple and efficient hand MSK physical exam techniques that can easily be performed bedside in an EMG lab; and utilize NMUS techniques to quickly explore hand MSK mimics.</p>
	James B. Meiling, DO
1.50 CME	Rebecca Dutton, MD

08:00 am - 09:30 am Workshop	W11AS Advanced EMG and US of Respiratory System Perform phrenic NCSs; utilize techniques for safe needle EMG of the diaphragm (including US assisted); localize and perform needle EMG of chest wall muscles, which are helpful in the diagnosis of respiratory failure; and utilize US for evaluating thickness and contractility of the diaphragm. William J. Litchy, MD Andrea J. Boon, MD 1.50 CME
08:00 am - 09:30 am Workshop	W27AS RNS Perform RNS to shoulder, upper arm, hand, and facial muscles; and discuss sequential examination for detecting NM transmission defects, such as artifacts. Taylor B. Harrison, MD 1.50 CME
08:00 am - 09:30 am Workshop	W31AS SFEMG and Jitter Measurement During Voluntary Muscle Contraction Demonstrate SFEMG during voluntary contraction of the orbicularis oculi and frontalis muscles; demonstrate how SFEMG during slight muscle contraction is performed; and discuss its advantages and limitations in diagnosing NM transmission disorders; and recognize common pitfalls. Anna R. Punga, MD, PhD 1.50 CME
08:00 am - 09:30 am Workshop	W35AS Needle EMG of the Foot Discuss the anatomy of the tibial nerve branches in the foot (including the medial plantar nerve, lateral plantar nerve, and Baxter's nerve) and the deep peroneal nerve branches in the foot; identify the potential entrapment sites for these nerve branches; distinguish the anatomic basis for needle placement; discuss special considerations for the technique in each muscle; and identify how to develop a meaningful interpretation of findings. Tracy A. Park, MD 1.50 CME

08:00 am - 09:30 am Workshop	W45AS Advanced US of the Lower Limb Nerves Obtain images with transverse and longitudinal transducer positions; describe how to manipulate basic US instrumentation to include focal depth, Doppler flow, and transducer frequency; describe how muscle, nerve, and tendon appear with US; and discuss the principle of anisotropy. Steven J. Shook, MD, MBA 1.50 CME/CEU
08:00 am - 09:30 am Workshop	W46AS EDX and Clinical Approach to Lumbosacral Plexopathies Review the anatomy of the lumbosacral plexus; discuss routine and unusual NCSs to assist with localization to lumbosacral plexus; identify the most appropriate muscles to test and needle placement for needle EMG examination; and discuss clinical and EDX findings that can point towards possible etiologies of lumbosacral plexopathies. Rocio Vazquez Do Campo, MD 1.50 CME
08:00 am - 09:30 am Session	Basic NCS Physiology and Anomalous Innervations <i>Oglethorpe Auditorium</i> Predict the physiology of NCS and apply these principles to identify patterns of nerve injury; identify clues to common anomalous innervations; and discuss how to confirm their presence electrodiagnostically. This is a technologist-focused session. Anyone who has interest is welcome to attend. 8:00 am: Basic Physiology Morgan Jordan, DO 8:40 am: Anomalous Innervations Daniel B. Simmons, MD 1.50 CME/CEU

08:00 am - 09:30 am	Guidelines for Managing Glucocorticoids and Their Complications in NMDs <i>Rooms 203-205</i>
Session	<p>Explain the Delphi methodology used to develop consensus guidelines on glucocorticoids; recognize the lack of high-quality evidence for glucocorticoid management in NMDs; outline the recommended infectious disease screening, vaccinations, and prophylaxis; discuss the recommendations with regards to osteoporosis prevention; and recognize other glucocorticoid complications and how they may be managed (e.g. hyperglycemia, gastrointestinal and ocular complications).</p>
1.50 CME/CEU	<p>8:00 am: Introduction Charles D. Kassardjian, MD</p> <p>8:05 am: Managing Glucocorticoid Treatment and It's Complications: Can We Do Better? Charles D. Kassardjian, MD</p> <p>8:25 am: A Practical Guide to Guideline Development! Pushpa Narayanaswami, MD</p> <p>8:45 am: Consensus Recommendations on the Management of Glucocorticoid Associated Side Effects in NMDs Corey Bacher, MD</p>
08:00 am - 09:30 am	Myalgia and Muscle Stiffness: Approach and Management <i>Chatham Ballroom B</i>
Session	<p>Classify and identify causes of muscle pain and stiffness; diagnose and manage various forms of myotonic disorders; identify and manage stiff person syndrome and peripheral nerve hyperexcitability; and evaluate for and treat myofascial pain syndrome and fibromyalgia.</p>
1.50 CME/CEU	<p>8:00 am: Introduction Mohammad K. Salajegheh, MD</p> <p>8:05 am: Myotonic Disorders Mohammad K. Salajegheh, MD</p> <p>8:30 am: Motor Unit Hyperactivity and Stiff Person Syndrome Goran Rakocevic, MD</p> <p>8:55 am: Better Understanding, Better Treatment: Updates on Myofascial Pain Syndrome and Fibromyalgia Erik R. Ensrud, MD</p>

08:00 am - 09:30 am	NM Complications of Cancer Care <i>Chatham Ballroom C</i>
Session	<p>Familiarize participants with the common NM complications of cancer care, including chemotherapy induced peripheral neuropathy and NM immune related adverse events such as MG and Myositis; and review diagnosis, prevention, treatment, and use of current guidelines for these disorders. The session will conclude with real world cases to provide examples of how these principles work in practice.</p>
1.50 CME/CEU	<p>9:30 am: Real World Cases of CIPN and NM irAEs Brendan L. McNeish, MD</p> <p>10:00 am: A Practical Guide to Diagnosis, Prevention, and Treatment of Chemotherapy Induced Peripheral Neuropathy Noah A. Kolb, MD</p>
08:00 am - 09:30 am	Small Nerve Fiber Dysfunction in Children and Adolescents - When NCSs Don't Identify the Problem <i>Rooms 200-202</i>
Session	<p>Recognize the symptoms and signs of small nerve fiber dysfunction in children and adolescents; identify appropriate tests for evaluation and confirmation of diagnosis; and recognize how problems with neuropathic pain and autonomic dysfunction will benefit from clinical, physiologic and anatomic test approaches. There will be an emphasis on the least invasive, best tolerated testing modalities.</p>
1.50 CME/CEU	<p>8:00 am: Neurologic Perspective on Small Nerve Dysfunction in Children Bridget McGowan, MD</p> <p>8:25 am: Physiatric Perspective on Small Nerve Fiber Dysfunction in Children Monika Krzesniak-Swinarska, MD</p> <p>8:50 am: Non-Invasive Testing of Small Nerve Fibers in Children Nancy L. Kuntz, MD</p>

Friday | Oct. 18

08:00 am - 09:30 am	US for Nerve Injury With a Focus on Surgical Planning <i>Chatham Ballroom A</i>
Session	Describe basic pathophysiology of peripheral nerve injury secondary to trauma and common US correlations; analyze individual cases to determine how US findings in nerve trauma and determine how US findings may change the patient's diagnosis and/or management, especially with regard to surgical planning; and collaborate effectively with surgical colleagues in treatment planning for patients with nerve injury.
1.50 CME/CEU	Sarada Sakamuri, MD Yusha Katie Liu, MD, PhD Sarah M. Smith, MD
09:30 am - 10:00 am	Break <i>River Concourse</i>
Social Event	Enjoy complimentary coffee and tea and use break time to network and socialize with your colleagues.
No CME/CEU	
10:00 am - 11:30 am	Antibody Testing and NMDs <i>Oglethorpe Auditorium</i>
Session	Identify the clinical utility of various antibodies in diagnosing and monitoring a variety of NMDs; recognize possible limitations of various antibodies in evaluating and managing NMDs; and explain how to order antibody testing judiciously in NM medicine.
1.50 CME/CEU	10:00 am: <i>Introduction</i> Yuebing Li, MD, PhD 10:02 am: <i>Antibody Testing in Neuropathy</i> Benjamin Claytor, MD 10:28 am: <i>Antibody Testing in Myopathy</i> Hani A. Kushlaf, MD 10:54 am: <i>Antibody Testing in NMJ Disorders</i> Yuebing Li, MD, PhD

10:00 am - 11:30 am	Case-Based Approach to US for Respiratory Management in NMD <i>Chatham Ballroom A</i>
Session	Describe NMUS techniques used to assess diaphragm function in NMDs; recognize the utility of diaphragm US imaging in assessing respiratory impairment in NMDs including when traditional pulmonary function measures are impeded due to bulbar involvement and natural progression of NMD; describe NMUS techniques used to assess diaphragm function in NMD; and discuss the use of serial US for prediction of disease progression and NIV initiation in NMD.
1.50 CME/CEU	10:00 am: <i>Overview of Diaphragm US</i> Andrea J. Boon, MD 10:15 am: <i>Case-Based Approach: US as a Complement to Electrodiagnosis in Respiratory Failure</i> Andrea J. Boon, MD 10:30 am: <i>Case-Based Approach: Clinical Implications of Paradoxical Thinning of the Diaphragm on US and The Role of US in Diaphragm Myopathy</i> Grayson Beecher, MD 11:00 am: <i>Case-Based Approach: Diaphragm US and Ventilator Management in Acute SCI; Serial US for Follow-up of Phrenic Neuropathy; and US and Surface EMG Arrays for Titration of Post-implantation Diaphragm Pacer Settings</i> Colin K. Franz, MD, PhD

10:00 am - 11:30 am	Current Treatment of ALS: Disease Modifying Therapies, Symptomatic Medication, and Rehab Management <i>Chatham Ballroom C</i>
Session	Discuss the considerations, utility, and limitations related to the use of disease modifying therapies approved for ALS; identify symptomatic medications for complications, including sialorrhea, muscles cramps, and pseudobulbar affect, and explain how these can significantly improve quality of life; and outline the role of rehabilitation medicine in addressing impaired function and mobility.
	10:00 am: <i>Introduction</i> Michael D. Weiss, MD
	10:05 am: <i>Disease Modifying Therapies: Implementation, Utility, and Limitations</i> Michael D. Weiss, MD
	10:30 am: <i>Symptomatic Management of ALS</i> Bjorn E. Oskarsson, MD
	10:55 am: <i>Rehabilitation Management for Impaired Function and Mobility</i> Nassim Rad, MD
1.50 CME/CEU	
10:00 am - 11:30 am	Diagnosis and Treatment: Breakthrough Genetic Testing for NMDs <i>Chatham Ballroom B</i>
Session	Recognize how current testing platforms lead to the latest advances in population genomic-driven drug discovery; apply the principles of genetic diagnosis/interpretation in the NM clinic and discuss the transition of novel molecular therapeutics into practice; and review ongoing technological advances and clinical trial data utilizing gene therapies for NMD to identify therapeutics that are likely to be in the clinic within the next 5 years.
	10:00 am: <i>Genetic Testing for NMD - Genotype First and Phenotype First Considerations</i> Zhiyv N. Niu, PhD
	10:25 am: <i>Application of Genetic Testing and Novel Molecular Therapeutics in the NM Clinic</i> Jennifer M. Martinez-Thompson, MD
	10:50 am: <i>Update on Forthcoming Genetic and Molecular Therapeutics for NMDs</i> Nicolas N. Madigan, MBBCh, PhD
1.50 CME/CEU	

10:00 am - 11:30 am	NMUS in Children <i>Rooms 200-202</i>
Session	Describe the unique aspects of using NMUS when assessing children and how US can be combined with EDX in this population.
	10:00 am: <i>Introduction</i> Michael S. Cartwright, MD
	10:10 am: <i>Muscle US in Children</i> Craig M. Zaidman, MD
	10:40 am: <i>Nerve US in Children</i> Michael S. Cartwright, MD
1.50 CME/CEU	
10:00 am - 11:30 am	Pharmacologic, Non-Pharmacologic, and Alternative Therapies for Managing Neuropathic Pain <i>Rooms 203-205</i>
Session	Define neuropathic pain and describe its prevalence, associated psychosocial comorbidities, and conditions; outline evidence-based pharmacologic treatments and analyze efficacy; evaluate evidence and utilization of non-pharmacologic treatment approaches, including interventional techniques, physical and occupational therapy, psychotherapy, CBD, acupuncture, supplements, and others; and create realistic treatment goals with patients for management of pain and improve communication and counseling for patients.
	10:00 am: <i>Consider the Alternative: Exploring the Use of Supplements and Other Alternative Treatments in Neuropathic Pain</i> Kara Stavros, MD
	10:25 am: <i>Uncomfortably Numb: How to Treat Neuropathic Pain?</i> Amanda C. Peltier, MD, MS
	10:50 am: <i>Beyond the Pharmacy: Non-Pharmacologic Treatments of Neuropathic Pain</i> Peter Jin, MD
1.50 CME/CEU	



Tough on Duchenne. So it's easier to be him.

Give him the strength to be a kid.



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at Booth # **109**

AGAMREE is FDA approved for the treatment of Duchenne
muscular dystrophy (DMD) in patients 2 years of age and older³

SELECT IMPORTANT SAFETY INFORMATION

Warnings & Precautions

- **Alterations in Endocrine Function:** Monitor patients receiving AGAMREE for Cushing's syndrome, hyperglycemia, and adrenal insufficiency after AGAMREE withdrawal. In addition, patients with hypopituitarism, primary adrenal insufficiency or congenital adrenal hyperplasia, altered thyroid function, or pheochromocytoma may be at increased risk for adverse endocrine events. Acute adrenal insufficiency can occur if AGAMREE is withdrawn abruptly, and could be fatal.
- **Immunosuppression and Increased Risk of Infection:** Use of corticosteroids, including AGAMREE, increases the risk of new infection, exacerbation of existing infections, dissemination, and reactivation or exacerbation of latent infection and may mask some signs of infection; these infections can be severe, and at times fatal.
- **Alterations in Cardiovascular/Renal Function:** Monitor for elevated blood pressure and monitor sodium and potassium levels in patients chronically treated with AGAMREE.
- **Gastrointestinal Perforation:** Use of corticosteroids increases the risk of gastrointestinal perforation in patients with certain gastrointestinal disorders, such as active or latent peptic ulcers, diverticulitis, fresh intestinal anastomoses, and non-specific ulcerative colitis. Signs and symptoms may be masked.
- **Behavioral and Mood Disturbances:** Potentially severe psychiatric adverse reactions may occur with systemic corticosteroids, including AGAMREE, and may include hypomanic or manic symptoms (eg, euphoria, insomnia, mood swings) during treatment and depressive episodes after discontinuation of treatment.
- **Effects on Bones:** Prolonged use of corticosteroids, such as AGAMREE, can lead to osteoporosis, which can predispose patients to vertebral and long bone fractures. Monitor bone mineral density in patients on long-term treatment with AGAMREE.
- **Ophthalmic Effects:** The use of corticosteroids, such as AGAMREE, may increase the risk of cataracts, ocular infections, and glaucoma. Monitor intraocular pressure if treatment with AGAMREE is continued for more than 6 weeks.
- **Vaccination:** Do not administer live-attenuated or live vaccines to patients receiving AGAMREE. Administer live-attenuated or live vaccines at least 4 to 6 weeks prior to starting AGAMREE.

Please see Brief Summary of full Prescribing Information on the next page.

References

1. Liu X, et al. *Proc Natl Acad Sci USA*. 2020;117(39):24285-24293. 2. Heier CR, et al. *EMBO Mol Med*. 2013;5(10):1569-1585. 3. AGAMREE (vamorolone) Oral Suspension [prescribing information]. Catalyst Pharmaceuticals, Inc.; 2024. 4. Guglieri M, et al. *JAMA Neurol*. 2022;79(10):1005-1014.



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AGAMREE® (vamorolone) oral suspension

BRIEF SUMMARY – See Full Prescribing Information at AGAMREEhcp.com

Initial U.S. Approval: 2023

INDICATIONS AND USAGE

AGAMREE is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older.

DOSE AND ADMINISTRATION

Dosing Information

The recommended dosage of AGAMREE is 6 mg/kg taken orally once daily preferably with a meal, up to a maximum daily dosage of 300 mg for patients weighing more than 50 kg.

Some patients may respond to a dose of 2 mg/kg daily. Doses may be titrated down to 2 mg/kg/day as needed, based on individual tolerability.

Discontinuation

Dosage of AGAMREE must be decreased gradually if the drug has been administered for more than one week.

CONTRAINDICATIONS

AGAMREE is contraindicated in patients with known hypersensitivity to vamorolone or to any of the inactive ingredients of AGAMREE. Instances of hypersensitivity, including anaphylaxis, have occurred in patients receiving corticosteroid therapy.

WARNINGS AND PRECAUTIONS

Alterations in Endocrine Function

Corticosteroids, such as AGAMREE, can cause serious and life-threatening alterations in endocrine function, especially with chronic use. Monitor patients receiving AGAMREE for Cushing's syndrome, hyperglycemia, and adrenal insufficiency after AGAMREE withdrawal. In addition, patients with hypopituitarism, primary adrenal insufficiency or congenital adrenal hyperplasia, altered thyroid function, or pheochromocytoma may be at increased risk for adverse endocrine events.

Acute adrenal insufficiency can occur if AGAMREE is withdrawn abruptly, and could be fatal. The risk of adrenal insufficiency is reduced by gradually tapering the dose when withdrawing treatment. For patients already taking corticosteroids during times of stress, the dosage may need to be increased.

Immunosuppression and Increased Risk of Infection

Corticosteroids, including AGAMREE, suppress the immune system and increase the risk of infection with any pathogen, including viral, bacterial, fungal, protozoan, or helminthic pathogens. Corticosteroids can reduce resistance to new infections, exacerbate existing infections, increase the risk of disseminated infections, increase the risk of reactivation or exacerbation of latent infections, and mask some signs of infection. Corticosteroid-associated infections can be mild but can be severe, and at times fatal.

The rate of infectious complications increases with increasing corticosteroid dosages. Monitor for the development of infection and consider AGAMREE withdrawal or dosage reduction as needed.

Tuberculosis

If AGAMREE is used to treat a condition in patients with latent tuberculosis or tuberculin reactivity, reactivation of tuberculosis may occur. Closely monitor such patients for reactivation. During prolonged AGAMREE therapy, patients with latent tuberculosis or tuberculin reactivity should receive chemoprophylaxis.

Varicella Zoster and Measles Viral Infections

Varicella and measles can have a serious or even fatal course in non-immune patients taking corticosteroids, including AGAMREE. In corticosteroid-treated patients who have not had these diseases or are non-immune, particular care should be taken to avoid exposure to varicella and measles.

- If an AGAMREE-treated patient is exposed to varicella, prophylaxis with varicella zoster immunoglobulin may be indicated. If varicella develops, treatment with antiviral agents may be considered.
- If an AGAMREE-treated patient is exposed to measles, prophylaxis with immunoglobulin may be indicated.

Hepatitis B Virus Reactivation

Hepatitis B virus reactivation can occur in patients who are hepatitis B carriers treated with immunosuppressive dosages of corticosteroids, including AGAMREE. Reactivation can also occur infrequently in corticosteroid-treated patients who appear to have resolved hepatitis B infection.

Screen patients for hepatitis B infection before initiating immunosuppressive (e.g., prolonged) treatment with AGAMREE. For patients who show evidence of hepatitis B infection, recommend consultation with physicians with expertise in managing hepatitis B regarding monitoring and consideration for hepatitis B antiviral therapy.

Fungal Infections

Corticosteroids, including AGAMREE, may exacerbate systemic fungal infections; therefore, avoid AGAMREE

use in the presence of such infections unless AGAMREE is needed to control drug reactions. For patients on chronic AGAMREE therapy who develop systemic fungal infections, AGAMREE withdrawal or dosage reduction is recommended.

Amebiasis

Corticosteroids, including AGAMREE, may activate latent amebiasis. Therefore, it is recommended that latent amebiasis or active amebiasis be ruled out before initiating AGAMREE in any patients who have spent time in the tropics or patients with unexplained diarrhea.

Strongyloides Infestation

Corticosteroids, including AGAMREE, should be used with great care in patients with known or suspected Strongyloides (threadworm) infestation. In such patients, corticosteroid-induced immunosuppression may lead to Strongyloides hyperinfection and dissemination with widespread larval migration, often accompanied by severe enterocolitis and potentially fatal gram-negative septicemia.

Cerebral Malaria

Avoid corticosteroids, including AGAMREE, in patients with cerebral malaria.

Alterations in Cardiovascular/Renal Function

Corticosteroids, including AGAMREE, can cause elevation of blood pressure, salt and water retention, and increased excretion of potassium and calcium.

Monitor blood pressure and assess for signs and symptoms of volume overload. Monitor serum potassium levels.

AGAMREE should be used with caution in patients with congestive heart failure, hypertension, or renal insufficiency. Literature reports suggest an association between use of corticosteroids and left free wall rupture after a recent myocardial infarction; therefore, therapy with AGAMREE should be used with great caution in these patients.

Gastrointestinal Perforation

There is an increased risk of gastrointestinal perforation with the use of corticosteroids in patients with certain gastrointestinal disorders, such as active or latent peptic ulcers, diverticulitis, fresh intestinal anastomoses, and non-specific ulcerative colitis. Signs of gastrointestinal perforation, such as peritoneal irritation, may be masked in patients receiving corticosteroids.

Avoid AGAMREE if there is a probability of impending perforation, abscess, or other pyogenic infections; diverticulitis; fresh intestinal anastomoses; or active or latent peptic ulcer.

Behavioral and Mood Disturbances

Potentially severe psychiatric adverse reactions may occur with systemic corticosteroids, including AGAMREE. Symptoms typically emerge within a few days or weeks of starting treatment and may be dose-related. These reactions may improve after either dose reduction or withdrawal, although pharmacologic treatment may be necessary.

Inform patients or caregivers of the potential for behavioral and mood changes and encourage them to seek medical attention if psychiatric symptoms develop, especially if depressed mood or suicidal ideation is suspected.

Effects on Bones

Decreased Bone Mineral Density

Corticosteroids, such as AGAMREE, decrease bone formation and increase bone resorption both through their effect on calcium regulation (i.e., decreasing absorption and increasing excretion) and inhibition of osteoblast function. This, together with a decrease in the protein matrix of the bone secondary to an increase in protein catabolism and reduced sex hormone production, may lead to inhibition of bone growth in pediatric patients and the development of bone loss at any age. Bone loss can predispose patients to vertebral and long bone fractures.

Consider a patient's risk of osteoporosis before initiating corticosteroid therapy. Monitor bone mineral density in patients on long-term treatment with AGAMREE.

Avascular Necrosis

Corticosteroids may cause avascular necrosis.

Ophthalmic Effects

The use of corticosteroids, such as AGAMREE, may produce posterior subcapsular cataracts. Corticosteroids may also cause glaucoma with possible damage to the optic nerves, and may increase the risk of secondary ocular infections caused by bacteria, fungi, or viruses. Corticosteroids are not recommended for patients with active ocular herpes simplex. Intraocular pressure may become elevated in some patients taking corticosteroids. If treatment with AGAMREE is continued for more than 6 weeks, monitor intraocular pressure.

Immunizations

Administer all immunizations according to immunization guidelines prior to starting AGAMREE. Administer live-attenuated or live vaccines at least 4 to 6 weeks prior to starting AGAMREE. Patients on AGAMREE may receive concurrent vaccinations, except for live-attenuated or live vaccines.

Effects on Growth and Development

Long-term use of corticosteroids, including AGAMREE, can have negative effects on growth and development in children.

Myopathy

Patients receiving corticosteroids and concomitant therapy with neuromuscular blocking agents (e.g., pancuronium) or patients with disorders of neuromuscular transmission (e.g., myasthenia gravis) may be at increased risk of developing acute myopathy. This acute myopathy is generalized, may involve ocular and respiratory muscles, and may result in quadriplegia. Clinical improvement or recovery after stopping corticosteroids may require weeks to years.

Kaposi's Sarcoma

Kaposi's sarcoma has been reported to occur in patients receiving corticosteroid therapy, most often for chronic conditions. Discontinuation of corticosteroids may result in clinical improvement of Kaposi's sarcoma.

Thromboembolic Events

Observational studies have shown an increased risk of thromboembolism (including venous thromboembolism) particularly with higher cumulative doses of corticosteroids. It is unclear if risk differs by daily dose or duration of use. Use AGAMREE with caution in patients who have or may be predisposed to thromboembolic disorders.

Anaphylaxis

Rare instances of anaphylaxis have occurred in patients receiving corticosteroid therapy.

ADVERSE REACTIONS

The following serious adverse reactions are discussed in more detail in other sections:

- Alterations in Endocrine Function
- Immunosuppression and Increased Risk of Infection
- Alterations in Cardiovascular/Renal Function
- Gastrointestinal Perforation
- Behavioral and Mood Disturbances
- Effects on Bones
- Ophthalmic Effects
- Immunizations
- Effects on Growth and Development
- Myopathy
- Kaposi's Sarcoma
- Thromboembolic Events
- Anaphylaxis

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Common Adverse Reactions in Clinical Studies

Table 1 lists the adverse reactions that occurred in ≥5% of the patients treated with AGAMREE 6 mg/kg/day (N=28) or AGAMREE 2 mg/kg/day (N=30) and that occurred more frequently than in the patients who received placebo (N=29) in Study 1, which was 24 weeks and included patients with DMD between the ages of 4 and 7 years.

Table 1: Adverse Reactions in Patients with DMD that Occurred in ≥5% of Patients Treated with AGAMREE and More Frequently than in Patients Who Received Placebo During 24 Weeks (Study 1)

Adverse Reaction	AGAMREE 2 mg/kg/day (N=30) %	AGAMREE 6 mg/kg/day (N=28) %	Placebo (n=29) %
Cushingoid features	7	29	0
Psychiatric disorders ¹	7	21	14
Vomiting	17	14	7
Weight increased	0	11	3
Vitamin D deficiency	7	11	0
Cough	10	7	3
Headache	7	7	3
Diarrhea	3	7	3
Increased appetite	3	7	3
Rhinitis	3	7	3

¹Includes the following adverse reactions that occurred more frequently in the AGAMREE group than in placebo: abnormal behavior, aggression, agitation, anxiety, irritability, mood altered, sleep disorder, and stereotypy.

In a separate open-label safety study of pediatric patients aged 2 to less than 4 years (n=16) and pediatric patients aged 7 to less than 18 years (n=16) with DMD, adverse reactions were similar to those seen in the Study 1 pediatric patients.

DRUG INTERACTIONS

Effect of Other Drugs on Vamorolone

Co-administration of AGAMREE with itraconazole, a strong CYP3A4 inhibitor, increases vamorolone exposure. Reduce the dosage of AGAMREE in patients when strong CYP3A4 inhibitors are used concomitantly. No dosage adjustments are required when AGAMREE is concomitantly administered with moderate or weak CYP3A4 inhibitors.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

AGAMREE is indicated for use for the treatment of DMD, which is a disease of young male patients. However, corticosteroids in general should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Infants born to mothers who have received substantial doses of corticosteroids during pregnancy should be carefully observed for signs of hypoadrenalism. There are no data on the use of AGAMREE during pregnancy.

Animal reproduction studies have not been conducted with AGAMREE.

Lactation

Risk Summary

There are no data on the presence of vamorolone in human milk or the effects on milk production.

AGAMREE is indicated for use for the treatment of DMD, which is a disease of young male patients. However, systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need and any potential adverse effects on the breastfed infant.

Pediatric Use

The safety and effectiveness of AGAMREE for the treatment of DMD have been established in patients 2 years of age and older. Use of AGAMREE in pediatric patients is supported by a multicenter, randomized, double-blind, placebo- and active-controlled study in 121 males 4 to less than 7 years of age. Use of AGAMREE in patients 2 years to less than 4 years of age and 7 to less than 18 years of age is supported by findings of efficacy and safety in patients 4 to less than 7 years of age with DMD, and by pharmacokinetic and safety data from patients 2 to 4 years of age and 7 to less than 18 years of age.

The safety and effectiveness in pediatric patients below the age of 2 years have not been established.

Geriatric Use

DMD is largely a disease of children and young adults; therefore, there is no geriatric experience with AGAMREE.

Hepatic Impairment

Moderate hepatic impairment increases vamorolone exposure. Reduce the AGAMREE dosage in patients with mild to moderate hepatic impairment. There is no clinical experience with AGAMREE in patients with severe hepatic impairment, and a dosing recommendation cannot be provided for patients with severe hepatic impairment.

CLINICAL PHARMACOLOGY

Mechanism of Action

Vamorolone is a corticosteroid that acts through the glucocorticoid receptor to exert anti-inflammatory and immunosuppressive effects. The precise mechanism by which vamorolone exerts its effect in patients with DMD is unknown.

Pharmacodynamics

Vamorolone produced a dose-dependent decrease in morning cortisol levels in the clinical studies. Treatment with corticosteroids is associated with a suppression of endogenous cortisol concentrations and an impairment of the hypothalamus-pituitary-adrenal (HPA) axis function. A dose-dependent increase in leukocyte counts and lymphocyte counts was observed in clinical studies with vamorolone.

Cardiac Electrophysiology

Vamorolone does not cause a mean increase in the QTc interval >20 milliseconds (ms) at 16 times the approved recommended dose.

See full Prescribing Information available at AGAMREEhcp.com.



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AGA-0109-2 April 2024

2024 Achievement Awards

AANEM is proud to honor the recipients of the 2024 AANEM Achievement Awards. We invite you to join us in celebrating their exceptional contributions to NM and EDX medicine. All awardees will be acknowledged on Thursday, Oct. 17, at the start of the Plenary 3 session.

Lifetime Achievement Award – James (Chip) F. Howard, Jr., MD

The AANEM Lifetime Achievement Award, the organization's most prestigious honor, celebrates remarkable contributions to NM and EDX medicine through teaching, research, and publications. Dr. Chip F. Howard Jr., is the recipient of the esteemed 2024 Lifetime Achievement Award for his profound impact in these fields.

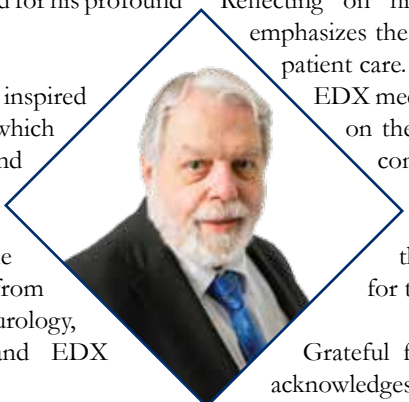
Dr. Howard's journey into medicine was inspired by familial legacy and influential mentors, which motivated him throughout his education and into his graduation from the Larner School of Medicine at the University of Vermont in 1974 and his neurological training at the University of Virginia in Charlottesville from 1976 to 1979 where his passion for neurology, particularly myasthenia gravis (MG) and EDX medicine grew.

Currently, Dr. Howard is the director of the Myasthenia Gravis Clinical Trials and Translational Research Unit at the University of North Carolina (UNC), where he leads research initiatives and is a global lead investigator for several recently approved therapeutics for MG. His expertise and commitment to advancing patient care have earned him prestigious titles,

including the James F. Howard Distinguished Professor of Neuromuscular Disease and Chief of the Neuromuscular Disorders Section at UNC.

Reflecting on his proudest achievements, Dr. Howard emphasizes the importance of mentorship and advancing patient care. He shares, "A clinician practicing NM and EDX medicine is unique; to talk to and lay our hands on the patient... Each patient is unique and will continue to teach you throughout your career." He is deeply committed to bringing new therapeutics to patients with MG, noting the historical lack of approved treatments for this condition.

Grateful for the Lifetime Achievement Award, he acknowledges the collective effort behind his success and expresses appreciation to his colleagues, mentors, and the AANEM community. He says, "I am humbled and deeply honored... the advances we make in our career take a village, not a single individual and they are as deserving as I." Dr. Howard continues to inspire and shape the future of NM and EDX medicine through his leadership and dedication.



Distinguished Physician – Ghazala Hayat, MD

Dr. Ghazala Hayat, has been honored by the AANEM with the 2024 Distinguished Physician Award for her remarkable contributions to amyotrophic lateral sclerosis (ALS) and NM disorders.

Dr. Hayat, a King Edward Medical College, Pakistan graduate, has dedicated her career to improving patient health and educating future physicians. Dr. Hayat currently holds the position of professor of neurology and director of NM and clinical neurophysiology (CNP) services at St. Louis University. In addition to her clinical responsibilities, she serves as the director of continuous quality improvement for St. Louis University School of Medicine and oversees the multidisciplinary ALS clinic.

Dr. Hayat's research interests encompass a wide array of topics within NM medicine, including ALS, peripheral

neuropathies, myopathies, NM junction disorders, and demyelinating disorders. She has contributed significantly to multicenter studies on NM disorders and is actively involved in HEALEY trials for ALS as part of the Natural History Consortium. Recognized for her teaching excellence,

Dr. Hayat has received awards for best teacher and has been nominated as the best instructor for an elective. She has also been selected as one of the best doctors in America from 2007 to 2024, and the St. Louis University Woman of the Year Award.

Dr. Hayat's involvement with AANEM spans decades, during which she has served on various committees and been a speaker at numerous meetings. She feels humbled by the award and says, "Professionally, it is a great honor." She looks forward to future opportunities in NM medicine, particularly in research and education.



Distinguished Researcher Award – Michael C. Munin, MD

Dr. Michael C. Munin, has been awarded the 2024 Distinguished Researcher Award by the American Association of Neuromuscular & Electrodagnostic Medicine (AANEM) for his significant contributions to clinical neurophysiological, NM, and MSK research.

Dr. Munin's interest in PM&R began with an assignment at Jefferson Medical College, where he discovered his passion for the field while working with spinal cord injury patients. His internship at Allegheny General Hospital and PM&R residency at Thomas Jefferson University Hospital further solidified his commitment to the field.

Currently a professor of PM&R at the University of Pittsburgh Medical Center (UPMC), Dr. Munin has played a pivotal role in shaping the future of PM&R research. He is vice chair of strategic planning and co-director of the EMG labs at UPMC Presbyterian, Shadyside, and Mercy hospitals. As an active member of AANEM since



1994, Dr. Munin has contributed extensively to professional committees and research endeavors. His research interests include US-guided interventions for muscle spasticity and dystonia, US assessment of spastic muscle, and laryngeal EMG in voice disorders.

Dr. Munin emphasizes the importance of curiosity and well-designed studies in advancing patient care and encourages aspiring researchers to question existing treatment approaches. He has received numerous honors throughout his career, including the five-time Best Teacher Award from the residents in the Department of PM&R at UPMC and the 2022 AANEM Scientific Impact Award. Receiving the 2024 Distinguished Researcher Award is a testament to Dr. Munin's dedication and contributions to PM&R research. He expresses his gratitude saying, "I am truly honored to receive this award from the AANEM, which highlights my clinical research. It represents one of the highest professional honors of my 32-year career."

Earnest Johnson Outstanding Educator Award - Channarayaptna R. Sridhara, MD

Dr. Channarayaptna R. Sridhara, is awarded the 2024 Earnest Johnson Outstanding Educator Award for his significant contributions to NM and EDX medicine education.

Dr. Sridhara's journey began in 1978 with faculty appointments at Temple University Hospital and Temple University Medical School, leading to positions of increasing responsibility over the years. Dr. Sridhara is a professor in the Department of Rehabilitation Medicine at the Sidney Kimmel Medical School, Thomas Jefferson University. He also serves as director of the MossRehab Electrodagnostic Center and director of the graduate and undergraduate medical education at MossRehab.

Throughout his career, Dr. Sridhara has been recognized for his excellence in teaching, receiving accolades such as the 2023 Dean's Award for Excellence in Education at Sidney Kimmel Medical College. He is particularly proud of the numerous residents he has trained over 4 decades, emphasizing their psychiatry and EDX medicine achievements. Dr. Sridhara says his passion for education stems from his innate curiosity in solving clinical puzzles and his desire to

share knowledge with future physicians and colleagues.

He encourages aspiring physicians to keep an open mind and embrace learning opportunities in the ever-evolving field of EDX medicine. He emphasizes the importance of acknowledging mistakes. "Don't be afraid to say that you made a mistake, or that you are flummoxed by a problem, or you don't know the answer. The 'I don't know's' make for fulfilling opportunities to learn, grow, and advance the field," he says.



Dr. Sridhara says his longstanding membership with AANEM has played a pivotal role in his professional growth by providing avenues for collaboration, education, and mentorship. In accepting the award, he pays tribute to Dr. Earnest Johnson, whose teachings have inspired generations of EDX practitioners. Dr. Sridhara expresses deep gratitude for the recognition, highlighting the significance of Dr. Johnson's influence on his teaching philosophy and career trajectory. "He was a role model for so many of us with his knowledge of EDX and his wit. It is very fulfilling to receive this recognition for teaching."

Jun Kimura Outstanding Educator Award – Shawn J. Bird, MD

Dr. Shawn J. Bird, is the 2024 Jun Kimura Outstanding Educator Award recipient for his significant contributions to NM and EDX medicine education.

Dr. Bird began his career with degrees in electrical engineering and biology from Cornell University and a medical degree from Johns Hopkins University. His interest in NM and EDX medicine was sparked during his neurology residency at the University of Pennsylvania. He completed a fellowship in NMDs and EMG at the University of Pennsylvania, mentored by Dr. Austin Sumner. Dr. Bird credits this mentorship as a major influence on his career.

A faculty member at the University of Pennsylvania, where he became a professor in 2011, Dr. Bird became chief of the NM division in 2017 and was appointed as medical director of the EMG lab. He has directed multiple fellowship programs

and mentored over 50 fellows in EDX medicine.

Dr. Bird has made significant academic contributions, particularly in critical illness myopathy, and has been active in AANEM since 1988. He encourages young physicians to engage with AANEM for educational and networking opportunities. Looking forward, Dr. Bird aims to inspire more young physicians to pursue NM and EDX medicine, focusing on early exposure and training.

In receiving the award, Dr. Bird says he values the recognition for his dedication to teaching and mentoring future NM and EDX clinicians. “I am grateful to the AANEM for this recognition of what I enjoy most about NM and EDX medicine, passing that knowledge on to others.”



Scientific Impact Award – Tatsuya Oishi, MD

Dr. Tatsuya Oishi, has received the 2024 AANEM Scientific Impact Award for significant contributions to the NM and EDX community. He was honored for his work as the senior author of the study “Short-Acting Neuromuscular Blockade Improves Inter-rater Reliability of Median Somatosensory Evoked Potentials (SEPs) in Postcardiac Arrest Prognostication.” This award honors mid-career AANEM members who serve as first, second, or last (senior) authors in pertinent topics in a published national or international peer-reviewed index journal within the last 3 years.

Dr. Oishi completed his neurology residency at the Mayo School of Graduate Medical Education, Mayo Clinic College of Medicine, in Rochester, Minnesota, where he also completed his EMG/CNP fellowship. He is now an assistant professor of neurology at Mayo Clinic, with a focus on CNP.

His clinical and research interests include intraoperative

neurophysiologic monitoring (IONM), EMG in NM disorders, and evoked potential interpretation. Dr. Oishi also instructs in the CNP technologist training program at Mayo Clinic, where he emphasizes the importance of technologists in patient care.

In September 2022, Dr. Oishi’s team published their research on the impact of NM blocking agents on the reliability of SEP interpretations in post-cardiac arrest prognostication. The study found that using NM blockers significantly improved inter-rater reliability, highlighting the importance of study quality on patient outcomes.

As an AANEM member since 2020, Dr. Oishi is honored to receive the award and considers his path toward achieving it. “Personally, it is a moment of reflection for me to appreciate all of my mentors, senior colleagues, and peers who have guided me toward advancing my career,” he says.



Innovation Award – Devon I. Rubin, MD

The Innovation Award honors members who design and develop products, services, or processes that enhance and transform patient care through technology and innovation. Dr. Devon I. Rubin, was selected as the 2024 Innovation Award winner for his significant contributions to the NM and EDX communities.

Dr. Rubin is a neurologist, EDX physician, professor, and educator at Mayo Clinic in Jacksonville, Florida. He received his undergraduate degree from Washington University in St. Louis, his medical degree from the University of Cincinnati College of Medicine, and his neurology and CNP training at Mayo Clinic in Rochester, Minnesota. With a specialization in clinical EMG and NM disorders, he has directed the Mayo Clinic Florida EMG laboratory for 18 years and serves as the executive vice chair of the Department of Neurology.

Passionate about education, Dr. Rubin believes in improving patient care by enhancing the knowledge and skills of other clinicians. He has been the program director for the Mayo Clinic Clinical Neurophysiology Fellowship since 2007 and has developed numerous educational tools for EDX studies,

including the EMG Waveform Trainer and Nerve Conduction Study Trainer. Despite the time and effort required for his projects, Dr. Rubin finds satisfaction in seeing people benefit from his programs and materials.



An active member of several organizations, Dr. Rubin serves on various AANEM committees and the American Board of Psychiatry and Neurology CNP Examination committee. He has conducted clinical research to optimize techniques in NCS and needle EMG, publishing over 80 articles and 30 book chapters. Recognized for his educational contributions, he has received multiple awards for his work.

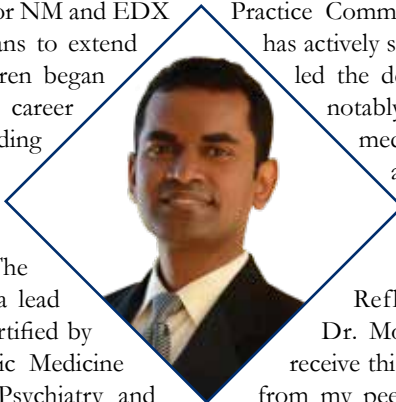
Looking ahead, Dr. Rubin plans to update existing digital products and develop new educational tools, including a digital NCS testing product. Humbled by the award, Dr. Rubin hopes to inspire others to think creatively and advance education in NM and EDX medicine.

“I greatly appreciate the acknowledgment. To know that others find these educational programs valuable and effective gives me great personal and professional satisfaction,” he says.

Advocacy Award - John A. Morren, MD

Dr. John A. Morren receives the 2024 AANEM Advocacy Award for his impactful advocacy efforts for NM and EDX medicine. Recognizing advocacy as a means to extend his impact beyond his practice, Dr. Morren began actively engaging in advocacy early in his career during his neurology residency, attending events like Neurology on the Hill.

Through roles in major organizations like the National Stroke Association and The ALS Association, Dr. Morren has been a lead advocate for NM and EDX medicine. Certified by the American Board of Electrodiagnostic Medicine (ABEM) and the American Board of Psychiatry and Neurology (ABPN), he currently serves as a staff neurologist at Cleveland Clinic, where he also directs the NM fellowship program.



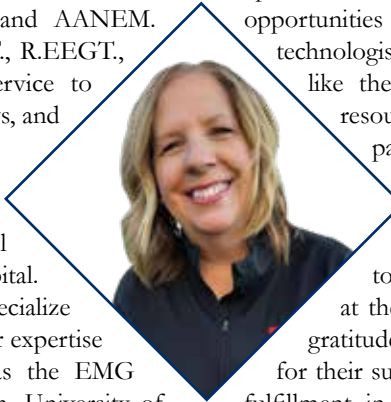
In his advocacy roles, including chair of the Professional Practice Committee (PPC) of the AANEM, Dr. Morren has actively shaped policies and standards in the field. He led the development of crucial position statements, notably one on the role of AI in NM and EDX medicine. Despite the challenges inherent in advocacy work, Dr. Morren emphasizes its importance in addressing the needs of underserved patients.

Reflecting on the significance of advocacy, Dr. Morren states, “I am most deeply honored to receive this award, especially since this is a recognition from my peers, many of whom are my inspiration for ongoing work in advocacy.” He sees the award as validation of his efforts and hopes to inspire future generations to integrate advocacy into their professional development. His vision includes the creation of formal advocacy curricula in training programs worldwide.

Outstanding Service Award – Candise (Candy) Dolan, CNCT, R.NCS.T., R.EEGT.

The AANEM's Outstanding Service Award acknowledges non-physician members for their significant contributions to NM or EDX medicine, education, and AANEM. This year, Candy Dolan, CNCT, R.NCS.T., R.EEGT., receives this honor for her devoted service to patients, technologists, residents and fellows, and AANEM.

Ms. Dolan's passion for healthcare began early and was solidified during high school rotations at the University of Utah hospital. Her interest in brain activity led her to specialize in EEG testing, and she later expanded her expertise to include NCS testing. Now serving as the EMG laboratory supervisor at University Health, University of Utah, Ms. Dolan oversees all daily operations of NCS testing; training of fellows, new hire technologists, and residents; and staffing of technologists.



Ms. Dolan emphasizes the integral role of technologists in patient care, highlighting the diverse experiences and opportunities for growth within the field. She encourages technologists to engage with AANEM and attend events like the AANEM Annual Meetings, saying, "the resources that AANEM has for technologists are paramount."

Since 2014, Ms. Dolan has been an active member of AANEM, contributing to various committees and serving as faculty at the AANEM Annual Meetings. She expresses gratitude to her colleagues, friends, and AANEM for their support and this recognition, finding personal fulfillment in her journey of learning and professional growth. "It is gratifying to know that the hard work of studying and learning [was worth it]," she says.

Honorary Member – Marianne de Visser, MD, PhD

The AANEM Honorary Member Award recognizes nonmember physicians or scientific investigators who significantly contribute to EDX, neurophysiology, NM, or MSK disease through teaching, research, and scholarly publications. This year, Dr. Marianne de Visser is honored for her achievements in NMDs and her dedication to students, patients, and research.

Dr. de Visser earned her medical degree from the University of Amsterdam in 1975 and completed her neurology and PhD training at the Academic Hospital of the University of Amsterdam. She was a visiting scientist at Dr. Andrew Engel's lab at the Mayo Clinic, focusing on ultrastructural studies in dermatomyositis. Her clinical interest and research focuses on NMDs, particularly muscle diseases, and she is currently a professor of NMDs at the University of Amsterdam, the Netherlands.

Dr. de Visser is an internationally renowned expert in myopathies, having published over 300 peer-reviewed papers, 35 chapters, and edited 4 books. She is the section editor for NMDs in the upcoming Encyclopedia of the Neurological



Sciences, 3rd Edition, and has mentored numerous PhD students and NM postdoctoral fellows.

Dr. de Visser has held notable leadership positions, including president of the Netherlands Society of Neurology, trustee of the World Federation of Neurology, vice president of the Health Council of the Netherlands, secretary-general of the European Academy of Neurology, and chair of the Scientific Advisory Board of the Dutch Brain Foundation.

Despite her many accolades, Dr. de Visser values her interactions with patients the most. "I feel privileged to meet with patients who are remarkably resilient despite facing chronic diseases or severe conditions like ALS," she says. This dedication earned her the 2024 AANEM Honorary Membership Award. "I am deeply honored to have been selected for this prestigious award," says Dr. de Visser. She looks forward to networking with peers and exploring the latest educational materials at the AANEM Annual Meeting.

2024 Abstract Awards

ANF's abstract awards recognize the achievements of emerging and seasoned professionals alike, including medical students, residents, fellows, and experienced researchers. These prestigious awards include the Golseth Young Investigator, Best Abstract, Technologist Best Abstract, President's Research Initiative, Medical Student Research, Pediatric Research, and Residency and Fellowship Member awards. Supported by the American Neuromuscular Foundation (ANF), all awarded abstracts are published in *Muscle & Nerve*.

Join us in congratulating the winners! Explore their work and connect with them in the Poster Hall during the upcoming abstract poster sessions:

Session I: Wednesday 6:15 - 6:45 pm

Session II: Thursday 9:30 - 10 am

Session III: Thursday 2:45 - 3:15 pm

AANEM will also host an Abstract Award Reception on Wednesday, Oct. 16, from 5:30 - 7 pm in the Abstract Poster Hall.



Golseth Young Investigator Award

Winner: Hebatallah Rashed, MD, PhD

Abstract: Ischemic Injury and Microvasculitis in Treatment Induced Neuropathy of Diabetes and Treatment Induced Diabetic Lumbosacral Radiculoplexus Neuropathy (Poster #1)



Dr. Hebatallah Rashed is a clinical fellow at the Mayo Clinic in Rochester, Minnesota, an assistant professor at the Mayo Clinic College of Medicine, an associate professor of neurology for the Faculty of Medicine, Ain Shams University, Egypt, and a neurology consultant with the International Medical Center (IMC), Egypt. Her team's objective for this research was to describe histopathological features of treatment-induced neuropathy of diabetes (TIND) and compare them to that of treatment-induced diabetic lumbosacral radiculoplexus neuropathy (TI-DLRPN).

She expressed the challenges in performing this research, noting how uncommon it is to request a nerve biopsy from a patient with classic TIND. "Research in general teaches me patience, persistence, dedication, and objectivity, and this research specifically has solidified these qualities," she says referencing the roughly 2 years it took for her team to collect the necessary parts to complete the study. Despite the challenges, Dr. Rashed was pleased with the results.

"The histopathological findings of DLRPN have been well described in literature, but little was known about TIND. When we looked at nerve biopsies, we were captivated by the degree of inflammation and ischemic injury that we found in TIND, which was almost similar to that of DLRPN. Therefore, we concluded that a sudden drop in blood sugar might trigger an immune mediated response causing TIND or DLRPN." She says this observation may impact TIND treatment strategies and creates an opportunity for further research of the pathophysiology of TIND.

Dr. Rashed says although she had dreamed of achieving this prestigious award for several years, she didn't think she would win. "I know how competitive this award is," she says. When she received notification that her abstract had won, she was shocked. "I was speechless for a whole minute," she says, "I have been fantasizing about winning this award for several years now... it means a lot to me, and one of my big dreams has been checked off my list. Sometimes you need this kind of encouragement to stay motivated. I think that winning this prize is the sort of validation we needed to continue working on this idea."

Best Abstract Award

Winner: Derek Wu, BS

Abstract: Profiling Granzymes in Acute Inflammatory Demyelinating Polyneuropathy (*Poster #2*)



Mr. Wu's team hoped to identify novel biomarkers for understanding and managing acute inflammatory demyelinating polyneuropathy (AIDP) with their research.

Mr. Wu says "granzymes are a family of pleiotropic serine proteases with roles in cytotoxicity as well as aberrant inflammation, tissue injury, matrix remodeling, impaired healing, and autoantigen generation. There are five granzymes identified in humans: Granzymes A, B, H, K, and M. Breakthroughs over the past decade have identified roles for granzymes in the pathologies of many inflammatory conditions, including rheumatoid arthritis, atopic dermatitis, autoimmune blistering, aneurysm, and systemic sclerosis. Our research identified granzymes in the cerebrospinal fluid (CSF) of patients with AIDP and showed a profile distinct from non-AIDP controls."

He notes that one specific granzyme correlated strongly with CSF protein levels, and while they are in the early stages of research, he believes this data could identify a novel biomarker in AIDP.

Runner-Up: Michael P. Skolka, MD

Abstract: Neurologic Clinical, Electrophysiologic, and Pathologic Characteristics of Primary Versus Secondary Neurolymphomatosis (*Poster #3*)



Dr. Skolka and his team's research analyzes the neurologic clinical, electrophysiologic, and pathologic characteristics of patients with nerve biopsy proven neurolymphomatosis (NL) and compares and contrasts patients with primary NL versus secondary NL.

Dr. Skolka notes the importance of identifying signs of NL, understanding what to look for during evaluation, and the overall long-term prognosis for patients, particularly those with secondary NL. He is looking forward to presenting his research at the AANEM Annual Meeting. "I think there are several key messages that will help NM providers in clinics everywhere, and I would encourage anyone attending the annual meeting to stop by the poster hall, see the many projects displayed there, and come say hello," he says.

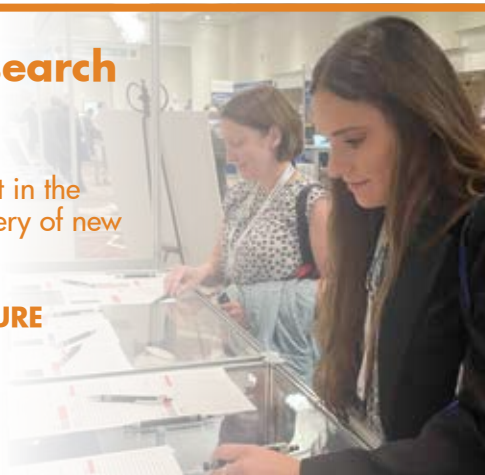
Going forward, Dr. Skolka hopes to continue clinical, EMG, and NM pathology associated research moving forward as an early career academic NM physician.

ANF Silent Auction Supports NM Research and Education

Make a difference for those impacted by NMDs by taking part in the ANF silent auction. Your participation helps SPARK the discovery of new treatments and cures.

Together, we are **STRENGTHENING the global effort to CURE neuromuscular disease.**

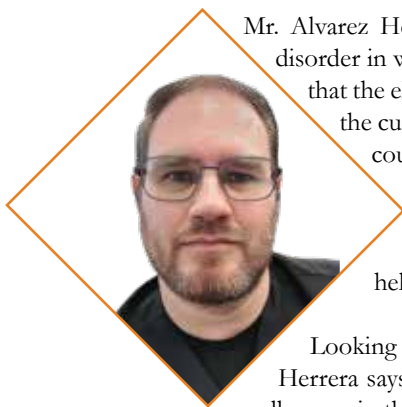
Bidding closes at 4 pm this Wednesday.



Technologist Best Abstract Award

Winner: Isván Alvarez Herrera, CNCT

Abstract: Cutaneous Silent Period in A Patient With Warm Complex Regional Pain Syndrome (*Poster #4*)



Mr. Alvarez Herrera's abstract presents a patient with complex regional pain syndrome (CRPS), a disorder in which pathological studies have shown local degeneration of small nerve fibers, proving that the electrical stimulation of A-delta ($A\delta$) fibers in the affected region can still elicit a response, the cutaneous silent period (CSP). He says, "though our study is just one case, it suggests there could be differences between the CSP of the affected region and the unaffected ones."

He believes further research could be conducted, and this research could serve as a foundation for larger sample studies in the search for a bioelectrical marker, which may help to objectivize the diagnosis of CRPS that currently relies on clinical criteria alone.

Looking forward to the upcoming AANEM meeting as an abstract award winner, Mr. Alvarez Herrera says, he "enjoys the learning opportunities [the meeting] provides and the exchanges with colleagues in the field."

Pediatric Research Award Winners

Winner: Wilmer Santiago Herrera Malpica, MD

Abstract Title: Congenital Onset Presynaptic Myasthenic Syndrome: Specific Mutation, Phenotype, and Analysis of Stimulation Potential With Concentric Electrodes (*Poster #14*)



Dr. Santiago Herrera Malpica's abstract reviews findings from a 9-year-old girl with a history of perinatal hypoxia, delayed motor neurodevelopment, and behavioral disorders.

Stimulated potential analysis with concentric needle electrodes (SPACE) of the frontalis muscle showed abnormal jitter with a mean consecutive difference (MCD) between 27 (minimum) and 122 (maximum) and an average of 69 which is indicative of a NMJ disease. Trio exome sequencing was performed, which found a variant in the SYT2 gene (NM_177402.5) c. 1022T>C; (p. Phe341Ser) missense type, with an autosomal recessive inheritance pattern in compound heterozygosity compatible with congenital onset presynaptic myasthenic syndrome (CMS7B).

Going forward, he plans to learn more about the electrophysiological diagnosis with US and the contribution of rehabilitation in the pediatric population. He looks forward to presenting his abstract at the AANEM Annual Meeting and says he is eager to expand his knowledge and learn from other professionals about how they perform in their countries of origin.



Late-Onset Disease Consortium (LONDC) Aims to Improve the Lives of Patients With NMDs

Stop by the LONDC booth to learn more about their project, the Common Experience Research and Awareness Campaign, and how they aim to reduce delays and barriers to diagnosis for those with NMDs by developing and providing tools to patients and providers to aid in quicker recognition of a potential NMD.

Winner: Reena Bastin, MD

Abstract Title: Juvenile Myasthenia Gravis With Response to Ravulizumab-Cwvz (*Poster #13*)

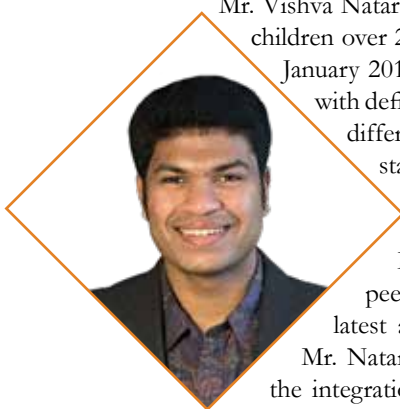


Dr. Reena Bastin's study showed minimal improvement or adverse reactions to treatments such as pyridostigmine and plasmapheresis and that ravulizumab-cwvz is the first and only long-acting C5 complement inhibitor for treating anti-acetylcholine receptor (AChR) generalized MG in adults. She says this demonstrates the success of ravulizumab-cwvz usage in a pediatric patient with anti- AChR generalized MG with marked clinical improvement, and that the improvement after administering ravulizumab-cwvz indicates potential benefits for similar patients.

Dr. Bastin is hopeful that this study will showcase the positive clinical outcomes and encourage others to continue researching this topic and bring further valuable data to the NM community. In the future, Dr. Bastin looks forward to becoming an NM attending, continuing research throughout her fellowship and beyond. She is interested in learning more about NM research during the AANEM Annual Meeting.

Winner: Vishva Natarajan, MS

Abstract: Orbicularis Oculi Muscle Stimulated Jitter Analysis Revised Reference Values in Children (*Poster #15*)



Mr. Vishva Natarajan's abstract presents a study of the performance of a retrospective chart review of children over 2 years who received orbicularis oculi stimulated jitter analysis (stim-JA) study between January 2014 and December 2021. Using bootstrapping on a dataset of 19 seropositive children with definite NMJ disorder and 8 normal controls, they discovered that revised mean consecutive difference (MCD) upper limits of 39 μ s for individual and 24 μ s for mean MCD led to statistically significant improved specificity while maintaining sensitivity for diagnosing NMJ disorders in children over 2 years old.

Mr. Natarajan is grateful for the award and looks forward to connecting with more peers at the 2024 AANEM Annual Meeting, saying, "I am excited to learn about the latest advancements in NM medicine and discuss potential collaborations." In the future, Mr. Natarajan is interested in further refining diagnostic techniques for NMDs and exploring the integration of omics data, artificial intelligence, and neurophysiological methods to improve diagnostics, discovering improved disease biomarkers, and developing more personalized treatments to advance clinical practice and healthcare delivery directly.

Winner: Shanmitha Arun, BS

Abstract Title: Scleroderma Myositis Presenting as an Asymmetric Shoulder Girdle Weakness (*Poster #16*)



Ms. Shanmitha Arun's research analyzes the case of a 12-year-old patient referred to the NM clinic for evaluation of brachial plexus injury but whose clinical symptoms and laboratory and radiological findings were atypical. That atypical constellation prompted Ms. Arun's team to perform a thorough work-up, and they arrived at a final diagnosis of overlap myositis condition with anti-SRP54 Ab, anti-PM_Scl75 Ab. She says establishing a firm diagnosis helped ensure the patient received appropriate treatment.

Ms. Arun says she appreciates the guidance and expertise of her mentor, Dr. Mathula Thangarajh, in this project and that receiving the Pediatric Research Award is an honor. "[The award] fosters my sense of purpose and fuels my dedication to pediatric neurology research and clinical care," she says.

Going forward, Ms. Arun is interested in pursuing an academic career in neurology. She looks forward to attending the AANEM Annual Meeting to explore other areas of interest, learn from cutting-edge research, and connect with others in the field.

President's Research Initiative Award

The President's Research Initiative Award is given to up to 10 individuals who submitted the best abstracts related to the annual meeting plenary topic chosen by the AANEM President each year.

Abdullah Al Qahtani, MD, MPH | UTILIZING ARTIFICIAL INTELLIGENCE TO DIFFERENTIATE NEUROGENIC AND MYOGENIC CHANGES IN ULTRASOUND IMAGING (*Poster #12*)

Gehad Elsehrawy, PhD | ASSESSMENT OF THE EFFECTIVENESS OF TRANSCUTANEOUS VAGUS NERVE STIMULATION ON NEUROPATHIC PAIN IN KNEE OSTEOARTHRITIS PATIENTS (*Poster #10*)

Amanda Guidon, MD, MPH | REMOTE MONITORING OF MYASTHENIA GRAVIS USING WEARABLE SENSORS AND DIGITAL ASSESSMENTS (*Poster #11*)

Goknur Selen Kocak, MD | MYO-GUIDE MODEL: AUTOMATING NEUROMUSCULAR DISEASE DIAGNOSIS WITH MRI AND ARTIFICIAL INTELLIGENCE (*Poster #6*)

Anza Memon, MD | PLASMA EXOSOMES AS A POTENTIAL BIOMARKER FOR DIABETIC PERIPHERAL NEUROPATHY (*Poster #7*)

Carlos Rodriguez-Alarcon, MD | MICHIGAN NEUROPATHY SCREENING INSTRUMENT IN PRIMARY CARE HISPANIC LOW-INCOME COMMUNITIES: DETECTING DIABETIC PERIPHERAL NEUROPATHY AND THE INFLUENCE OF EDUCATION (*Poster #20*)

Baljinder Singh, MD | EARLY GASTROSTOMY VERSUS LATE GASTROSTOMY TUBE PERFORMED IN ALS PATIENTS ADMITTED WITH ASPIRATION PNEUMONIA IN THE UNITED STATES (*Poster #9*)

Thapat Wannarong, MD | EARLY NERVE CONDUCTION FINDINGS PREDICT TREATMENT OUTCOMES IN CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY (*Poster #5*)

Pediatric Research Award

The Pediatric Research Award encourages research in pediatric in NM and EDX medicine. Awards are given to up to 5 individuals who are the first author and designated presenter on a pediatric abstract presented at the AANEM Annual Meeting.

Shanmitha Arun, BS | DUAL SRP / SCLERODERMA MYOSITIS PRESENTING AS AN ASYMMETRIC SHOULDER GIRDLE WEAKNESS (*Poster #16*)

Reena Bastin, MD | JUVENILE MYASTHENIA GRAVIS WITH RESPONSE TO RAVULIZUMAB-CWVZ (*Poster #13*)

Wilmer Santiago Herrera Malpica, MD | CONGENITAL ONSET PRESYNAPTIC MYASTHENIC SYNDROME: SPECIFIC MUTATION, PHENOTYPE, AND ANALYSIS OF STIMULATION POTENTIAL WITH CONCENTRIC ELECTRODES (*Poster #14*)

Vishva Natarajan, MS | ORBICULARIS OCULI MUSCLE STIMULATED JITTER ANALYSIS REVISED REFERENCE VALUES IN CHILDREN (*Poster #15*)

Medical Student Research Award

The Medical Student Research Award encourages medical students to conduct research in NM and EDX medicine. Awards are given to medical students who are the first author and designated presenter on abstracts presented at the AANEM Annual Meeting.

Nolan Abdelsayed, BS | CASE REPORT: SCRAMBLER THERAPY REDUCES EFFECT OF PERIPHERAL NEUROPATHY (*Poster #33*)

Olivia Ault, BS | COMPLEX REPETITIVE DISCHARGES AND MYOPATHIC ELECTROMYOGRAPHIC CHANGES IN LAMBERT-EATON MYASTHENIC SYNDROME (*Poster #27*)

Jialin Chen, BS | AN EXEMPLAR OF PERSON-CENTERED GENETIC TESTING TO ADVANCE DIAGNOSIS AND COUNSELING (*Poster #28*)

Luigi Gonzales, BS | HUMAN-DERIVED NEURAL PROGENITOR CELL IMPLANTATION RESCUES MOTOR ENDPLATES FOLLOWING PERIPHERAL NERVE INJURY (*Poster #25*)

Luigi Gonzales, BS | AGING ACCELERATES DEGRADATION OF HUMAN NEUROMUSCULAR JUNCTION FOLLOWING PERIPHERAL NERVE INJURY (*Poster #26*)

Kazim Jaffry, BA | IMPACT OF ELEVATED INTERLEUKIN-6 (IL-6) IN PATIENTS WITH COVID-19 AND ACUTE MUSCLE INJURY: A RETROSPECTIVE ANALYSIS (*Poster #24*)

Kazim Jaffry, BA | UNVEILING DEMYELINATION IN DIABETIC NEUROPATHY: REVOLUTIONIZING CONDUCTION SLOWING DETECTION WITH AN INTUITIVE APPLICATION TOOL (*Poster #23*)

Kazim Jaffry, BA | MORTALITY AND MORBIDITY OF POST-ACUTE SEQUELAE OF COVID-19 PATIENTS WITH CRANIAL NEUROPATHIES (*Poster #22*)

Kazim Jaffry, BA | DISABILITY AND MORTALITY IN LONG HAUL COVID-19 PATIENTS WITH RHABDOMYOLYSIS DURING THE ACUTE PHASE OF COVID-19 INFECTION (*Poster #21*)

Michael Limia, MS | SMALL FIBER NEUROPATHY ASSOCIATED WITH ANTIPLEXIN-D1 ANTIBODY (*Poster #32*)

Katrina Muñoz, MBE | HETEROTOPIC OSSIFICATION: A POTENTIALLY OVERLOOKED COMPLICATION OF ELECTROMYOGRAPHY (*Poster #31*)

Milan Oxspring, BS | A CROSS-SECTIONAL ASSESSMENT OF AANEM-ACCREDITED ELECTRODIAGNOSTIC LABORATORIES IN RESIDENCY TRAINING AND IMPLICATIONS FOR PURSUING FELLOWSHIP (*Poster #30*)

Carlos Rodriguez-Alarcon, MD | ASSOCIATION BETWEEN HYPERGLYCEMIC CRISIS SEVERITY AND NEUROPATHIC MANIFESTATIONS IN HISPANIC PATIENTS WITH DE NOVO HYPERGLYCEMIA: A CROSS-SECTIONAL STUDY (*Poster #19*)

Carlos Rodriguez-Alarcon, MD | MICHIGAN NEUROPATHY SCREENING INSTRUMENT IN PRIMARY CARE HISPANIC LOW-INCOME COMMUNITIES: DETECTING DIABETIC PERIPHERAL NEUROPATHY AND THE INFLUENCE OF EDUCATION (*Poster #20*)

Carlos Rodriguez-Alarcon, MD | CASE REPORT: ISOLATED DYSARTHRIA AS THE PRIMARY MANIFESTATION OF MYASTHENIA GRAVIS (*Poster #17*)

Carlos Rodriguez-Alarcon, MD | CASE REPORT: MOTOR-PREDOMINANT GUILLAIN-BARRE SYNDROME FOLLOWING COVID-19 INFECTION (*Poster #18*)

Michelle Tan, BA | MUSCULOSKELETAL ULTRASOUND POSITIONING FOR NEUROGENIC THORACIC OUTLET BOTULINUM TOXIN INJECTION (*Poster #29*)

Residency and Fellowship Member Award

The Residency and Fellowship Member Award encourages young physician members to conduct research in NM and EDX medicine. Awards are given to residency and fellowship members who are the first author and designated presenter on abstracts presented at the AANEM Annual Meeting.

Ian Ackers, DO, PhD | FOCAL DYSTONIA FOLLOWING TRAUMA: CAN SURGERY MAKE IT BETTER? (*Poster #34*)

Malak Alaboudi, MD | EXACERBATION OF ANTI-MAG NEUROPATHY WITH IMMUNE CHECKPOINT INHIBITOR (*Poster #35*)

Gustavo Arce Gomez, MD | LATE-ONSET RIBOFLAVIN-RESPONSIVE MULTIPLE ACYL-COA DEHYDROGENASE DEFICIENCY MISDIAGNOSED AS POLYMYOSITIS (*Poster #36*)

Adebola Awolesi, MB, BS | NEUROMUSCULAR ULTRASOUND OF NEUROLYMPHOMATOSIS IN B-CELL ACUTE LYMPHOBLASTIC LEUKEMIA (*Poster #37*)

Alexander Bader, MD | A CASE REPORT: COVID-19 ASSOCIATED MULTIFOCAL MOTOR NEUROPATHY (*Poster #38*)

Reena Bastin, MD | JUVENILE MYASTHENIA GRAVIS WITH RESPONSE TO RAVULIZUMAB-CWVZ (*Poster #13*)

Marie Beaudin, MD, MSc | ASSESSING GLUCOCORTICOID ASSOCIATED TOXICITY IN MYASTHENIA GRAVIS USING THE GLUCOCORTICOID TOXICITY INDEX (*Poster #40*)

Marie Beaudin, MD, MSc | NEUROMUSCULAR ULTRASOUND TO TEACH PERIPHERAL NERVOUS SYSTEM ANATOMY FOR NERVE CONDUCTION STUDIES AND ELECTROMYOGRAPHY (*Poster #39*)

Miriam Bekhit, MD | CHRONIC NEUROPATHY AND A SUPERIMPOSED NEUROMUSCULAR JUNCTION DISORDER IN A DIFFICULT TO WEAN PATIENT: A CASE REPORT (*Poster #41*)

Nicholas Bellacicco, DO | EXPLORING THE LINK BETWEEN GLOSSOPHARYNGEAL NERVE DISORDER AND DIABETES MELLITUS: A RETROSPECTIVE ANALYSIS OF THE COSMOS-EPIC DATABASE (*Poster #42*)

Abdalmalik Bin Khunayfir, MD | CASE REPORT: AN UNUSUAL PATTERN OF DIFFUSE COMPLEX REPETITIVE DISCHARGES ISOLATED TO ONE MYOTOME IN A PATIENT WITH SEVERE RADICULOPATHY AND ANTERIOR HORN CELLS INJURY (*Poster #43*)

Abdalmalik Bin Khunayfir, MD | CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY DUE TO NEUROBORRELIOSIS: A CAUSATION OR ASSOCIATION? (*Poster #44*)

Abigail Bose, MD | NEUROMUSCULAR COMPLICATIONS OF IMMUNE CHECKPOINT INHIBITORS: A CASE SERIES (*Poster #45*)

Kelby Brown, MD, MA | PARTIAL MOTOR CONDUCTION BLOCK IN INHERITED NEUROPATHIES
(Poster #46)

Andrew Chapman, MD | A CASE OF GM1-ANTIBODY CIDP COMPLICATED BY RESPIRATORY FAILURE
RESPONSIVE TO RITUXIMAB (Poster #47)

Byron Cheon, MD, MS | MEDIAL PECTORALIS MAJOR MUSCLE ATROPHY WITH CLAVICULAR HEAD
SPARRING IN A BODYBUILDER (Poster #48)

Lauren Cooper, MD | ISOLATED EXTENSOR DIGITORUM COMMUNIS WEAKNESS AFTER A GOUT FLARE
(Poster #50)

Lauren Cooper, MD | THE ROLE OF NEUROMUSCULAR ULTRASOUND IN COMPRESSION NEUROPATHIES:
A CASE REPORT OF A TIBIO-FIBULAR GANGLION CYST (Poster #49)

Jessica Creager, MD | UTILITY OF BILATERAL VERSUS UNILATERAL ELECTRODIAGNOSTIC TESTING
FOR LUMBOSACRAL RADICULOPATHY IN PATIENTS WITH NORMAL CLINICAL EXAMINATION (Poster #51)

Cynthia De la Rosa Zapata, MD | A CASE OF FACIAL ONSET SENSORY AND MOTOR NEURONOPATHY
(FOSMN) (Poster #52)

Brandon Desowitz-Leibell, DO | DIFFERENTIATING IMMUNE MEDIATED NECROTIZING MYOPATHY
FROM OTHER AUTOIMMUNE MYOPATHIES (Poster #53)

Alexander Doubek, DO | CAN UPPER MOTOR NEURON LESIONS CAUSE ASYMMETRIC H-REFLEXES?
(Poster #54)

Nga Ying Eng, MD | A CASE OF SEVERE PROGRESSIVE WEAKNESS, CACHEXIA, AND ATAXIA FOUND TO
BE CONCURRENT SCURVY AND COGAN'S SYNDROME (Poster #55)

Nurul Fadli, MD | ALTERNATIVE DIAGNOSIS OF PATIENT SUSPECTED WITH AMYOTROPHIC LATERAL
SCLEROSIS (Poster #56)

Andrew Feldman, MD, MEd | SMALL FIBER NEUROPATHY PROGRESSING TO CHRONIC INFLAMMATORY
DEMYELINATING POLYNEUROPATHY (Poster #57)

Gabriela Figueiredo Pucci, MD | NOVEL MISSENSE MUTATION IN MYH2 MYOPATHY ASSOCIATED WITH
CONGENITAL EXOTROPIA AND ADULT-ONSET PROXIMAL WEAKNESS (Poster #58)

Ricardo Fuentes-Saavedra, MD | DIABETIC AMYOTROPHY: REHABILITATION INTERVENTIONS AFTER
ELECTRODIAGNOSTIC DIAGNOSIS (Poster #59)

Sonal Gagrani, MD | DEVELOPING AN INTEGRATIVE NCS/EMG RESIDENT CURRICULUM (Poster #60)

Sukhraj Gill, MD | STEROID-INDUCED MYOPATHY WITH IRRITABLE PATTERN ON EDX STUDY (Poster #61)

Glenn Harris, MD | SERONEGATIVE IMMUNE MEDIATED NECROTIZING MYOPATHY IN YOUNG ADULT
WITH CYSTIC FIBROSIS ON TRIKAFTA (Poster #64)

Morgan Heber, MD | SEVERE RHABDOMYOLYSIS FOLLOWING LEVETIRACETAM ADMINISTRATION: A
CASE SERIES (Poster #65)

Gabriel Howard, DO | INSULIN NEURITIS: A DEVASTATING COMPLICATION OF RAPID GLYCEMIC CORRECTION DIAGNOSED BY EMG/ NCS (Poster #66)

Sara Hubacek, MD | AN UNUSUAL CASE OF EARLY ELECTRODIAGNOSIS OF ACUTE MOTOR SENSORY AXONAL NEUROPATHY IN AN 18-YEAR-OLD FEMALE (Poster #67)

Matthew Jacobson, MD | ROLE OF NERVE BIOPSY IN IMAGING NEGATIVE NEOPLASTIC BRACHIAL PLEXOPATHY IN A WOMAN WITH METASTATIC BREAST CANCER (Poster #68)

Feras Jazaeri, MD | EARLY-ONSET DEMYLINATING POLYNEUROPATHY AND UPPER MOTOR NEURON SIGNS: THINK X-LINED ADRENO MYELONEUROPATHY (Poster #69)

Muruj Jumah, MD | ISOLATED SUBACUTE CAMPTOCORMIA IN ANTI-PL12 ASSOCIATED IMMUNE-MEDIATED NECROTIZING MYOPATHY (Poster #70)

Nakul Katyal, MD | CLINICAL EXPERIENCE WITH ROZANOLIXIZUMAB FOR TREATMENT OF ACETYLCHOLINE RECEPTOR ANTIBODY POSITIVE GENERALIZED MYASTHENIA GRAVIS (Poster #71)

Lydia Kauffman, MD | LATE ONSET, AUTOSOMAL RECESSIVE MYOSIN HEAVY CHAIN IIA - RELATED MYOPATHY AND OPHTHALMOPLÉGIA: A CASE REPORT (Poster #72)

Collette Kokikian, MD | OBTURATOR NEUROPATHY SECONDARY TO MINIMALLY INVASIVE URO-GYNECOLOGICAL SURGERIES (Poster #73)

Ryan Kollar, DO | ANTI-MAG ANTIBODY ASSOCIATED WALDENSTROM'S MACROGLOBULINEMIA WITH IMPROVEMENT FROM BENDAMUSTINE AND RITUXIMAB: A CASE REPORT (Poster #75)

Ryan Kollar, DO | EARLY-ONSET, BILATERAL HIRAYAMA DISEASE IN A YOUNG VIOLINIST: A CASE REPORT (Poster #74)

YOU'RE INVITED TO ATTEND A SYMPOSIUM

Addressing Challenges in the Management of Generalized MYASTHENIA GRAVIS in Specialized Populations: CONSIDERATIONS IN PREGNANCY AND PEDIATRIC PATIENTS

THURSDAY, OCTOBER 17, 2024

11:30 AM - 11:45 AM ET Registration

11:45 AM - 12:45 PM ET CE Symposium

Westin Savannah Harbor Golf Resort & Spa

1 Resort Drive

Savannah, GA 31421

Meeting Room:

Grand Ballroom CDEF – Level 2

1.00
CME/CNE
Credit

FEATURES:

- Interactive case-based presentation
- Downloadable whiteboard animation
- Online personalized poster generation portal

FACULTY



Alexis A. Lizarraga MD, MS
Associate Professor
Neuromuscular Division
Department of Neurology
University of Rochester School of
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Rochester, NY



Sabrina W. Yum, MD
Associate Professor of Clinical Neurology
Attending Neurologist
Clinical Director, CMTA Center of Excellence
Co-Director, Brachial Plexus Injury Program
Children's Hospital of Philadelphia
Philadelphia, PA



LIVE EVENT REGISTRATION AND SIMULCAST

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Haylie Kromer, DO | MULTI-LESION COMPRESSIVE ULNAR NEUROPATHY DIAGNOSED BY NEUROMUSCULAR ULTRASOUND AND ELECTRODIAGNOSTIC TECHNIQUES *(Poster #76)*

Samantha Kultgen, MD | PEDIATRIC ONSET SPINOCEREBELLAR ATAXIA 17 IN THE SETTING OF SUSPECTED GLOBAL DEVELOPEMENTAL DELAY *(Poster #77)*

Brianne Lacy, MD | NEUROMUSCULAR MANIFESTATIONS OF ADULT-ONSET GM1 GANGLIOSIDOSIS *(Poster #78)*

Allan Lara, MD | INFANTILE BOTULISM: CASE SERIES *(Poster #79)*

Rachel LaRosa, MD | UTILITY OF THE VAGUS NERVE ULTRASOUND IN PATIENTS WITH AUTONOMIC DYSFUNCTION *(Poster #80)*

Mark Levine, MD | CHARACTERIZING THE CLINICOPATHOLOGICAL FEATURES OF A COHORT OF IBM PATIENTS *(Poster #81)*

Dominique Low, MD, MPH | BEHAVIORAL NEUROLOGY SYMPTOMS IN PATIENTS WITH DUCHENNE MUSCULAR DYSTROPHY *(Poster #82)*

Elia Malek, MD | NAVIGATING THE COMPLEXITIES THROUGH CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY AND GENETIC NEUROPATHIES *(Poster #83)*

James Meiling, DO | BENIGN CRURAL AMYOTROPHY: TWO CASES OF A RARE CAUSE OF ISOLATED CALF ATROPHY *(Poster #84)*

James Meiling, DO | SONOGRAPHIC AND ELECTROMYOGRAPHIC CORRELATION OF SCAPULAR WINGING *(Poster #85)*

Isaac Metzler, DO | A CASE OF SPINAL ACCESSORY NEUROPATHY FROM LOCAL ANESTHETIC TRIGGER POINT INJECTIONS *(Poster #86)*

Nicholas Miller, MD | SURAL NEUROPATHY AFTER DRY NEEDLING *(Poster #87)*

Jenifer Moceri, DO | BANNWARTH SYNDROME (LYME NEUROBORRELIOSIS) OCCURRING DURING THE WINTER *(Poster #88)*

Daniel Moreno-Zambrano, MD | A RARE CASE OF ELSBERG SYNDROME MIMICKING GUILLAIN-BARRE SYNDROME *(Poster #89)*

Joshua Nardin, DO | ELECTRODIAGNOSTIC FINDINGS IN ANTI-MYELIN ASSOCIATED GLYCOPROTEIN ANTIBODY POLYNEUROPATHY *(Poster #90)*

Isabel Narvaez Correa, MD | A CASE OF RECURRENT UNPROVOKED RHABDOMYOLYSIS CAUSED BY PERIPHERAL NERVE HYPEREXCITABILITY SYNDROME *(Poster #91)*

Shannon Norland, DO, MPH | ULTRASOUND GUIDANCE AND NEUROMODULATION AS A COMPLEMENT TO ELECTRODIAGNOSTICS FOR THE TREATMENT OF NEUROMAS *(Poster #92)*

Chineze Nwebube, MD, MSc | AN UNUSUAL DIAGNOSIS IN A 28-YEAR-OLD MAN WITH WEAKNESS AND SLURRED SPEECH *(Poster #93)*

Peter Pacut, MD | MYH2 MUTATION IN MONOZYGOTIC AFRICAN AMERICAN TWINS PRESENTING WITH PTOSIS, DIPLOPIA, OPHTHALMOPLÉGIA AND PROXIMAL WEAKNESS (*Poster #94*)

Tefani Perera, MD | UTILITY OF THE REVISED AMYOTROPHIC LATERAL SCLEROSIS FUNCTIONAL RATING SCALE RESPIRATORY SUBSCORES FOR PREDICTING THE NEED FOR BILEVEL POSITIVE AIRWAY PRESSURE (*Poster #95*)

Saniya Pervin, MBBS | SCIATIC NEUROPATHY WITH CLINICO-RADIOLOGICAL PATTERN CONSISTENT WITH INTRANEURAL PERINEURIOMA: AN UNDERRECOGNIZED CAUSE OF PROGRESSIVE MONONEUROPATHY (*Poster #97*)

Saniya Pervin, MBBS | SEQUENTIAL DEVELOPMENT OF HERPES ZOSTER RADICULOPATHY FOLLOWED BY BRACHIAL PLEXOPATHY IN A PATIENT WITH POORLY CONTROLLED DIABETES, EXHIBITING FAVORABLE RESPONSE TO STEROIDS (*Poster #96*)

Stephanie Phillips, MD | UTILITY OF THE EARLY SJOGREN ANTIBODY PANEL AS A DIAGNOSTIC MARKER FOR SENSORY NEUROPATHY (*Poster #98*)

Michael Potemkin, BHSc | TOOLS AND METHODS FOR THE REMOTE ASSESSMENT OF AMYOTROPHIC LATERAL SCLEROSIS PROGRESSION: A SCOPING REVIEW (*Poster #99*)

Syed Qadri, MD | RADIAL TUNNEL VISION: USE OF ULTRA-HIGH FREQUENCY ULTRASOUND TO DIAGNOSE NERVE SHEATH TUMORS (*Poster #100*)

Sandra Reiter-Campeau, MD | ASSESSING NORMAL LATENCY CHANGES IN ULNAR NERVE SHORT-SEGMENT INCREMENTAL STUDIES USING 15 AND 25 MILLIMETER INCREMENTS (*Poster #101*)

Kassandra Reyes, DO | CHARACTERISTICS OF FAMILIAL AMYOTROPHIC LATERAL SCLEROSIS WITH A PHE20CYS MUTATION IN THE SOD1 GENE (*Poster #103*)

Cristhian Rojas Beltran, MD | BLINK REFLEX IN DEMSILLENIZING POLYNEUROPATHY, IN THE TWINKLING OF AN EYE (*Poster #104*)

Nicolas Ruan dos Santos Cavalcante, MD | EXERCISE TEST FOR EATON LAMBERT SYNDROME, CAN WE REALLY TRUST IT? A CASE REPORT (*Poster #105*)

Nicolas Ruan dos Santos Cavalcante, MD | PULSATING NERVE: INTRANEURAL VASCULARIZATION IN A PATIENT WITH LEPROSY REACTION (*Poster #106*)

Roopa Sharma, MD | EVALUATING EFGARTIGIMOD'S IMPACT ON MYASTHENIA GRAVIS: INSIGHTS FROM A COMPARATIVE STUDY AND COSMOS-EPIC DATA (*Poster #107*)

Roopa Sharma, MD | IMPACT OF DIABETES MELLITUS ON CLINICAL OUTCOMES IN CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY (*Poster #108*)

Kareem Shaw, DO | PROXIMAL BERRETTINI ANASTOMOSIS AND THE BENEFIT OF PREOPERATIVE ULTRASOUND (*Poster #109*)

Baljinder Singh, MD | CLINICAL OUTCOME AND PROGNOSTICATION OF INFLAMMATORY AND IMMUNE MYOPATHIES PATIENTS WITH AND WITHOUT CHEMOTHERAPY IN THE UNITED STATES (*Poster #110*)

Baljinder Singh, MD | EARLY GASTROSTOMY VERSUS LATE GASTROSTOMY TUBE PERFORMED IN ALS PATIENTS ADMITTED WITH ASPIRATION PNEUMONIA IN THE UNITED STATES (*Poster #9*)

Serena Soleimani, DO | A RARE CASE OF RELAPSING REMITTING CRANIAL MONONEURITIS MULTIPLEX AS INITIAL PRESENTATION OF NEUROSARCOIDOSIS (Poster #111)

Nithisha Thatikonda, MD | CONCURRENT GUILLAIN BARRE SYNDROME AND SEVERE NUTRITIONAL DEFICIENCY: COINCIDENCE OR SHARED PATHOPHYSIOLOGY? (Poster #113)

Nithisha Thatikonda, MD | UTILITY OF BEDSIDE ICE PACK TEST FOR EARLY RECOGNITION OF IMMUNE CHECK POINT INHIBITOR MEDIATED MYASTHENIA GRAVIS AND MYOSITIS (Poster #112)

Alex Thibodeaux, MD | RESPIRATORY SYNKINESIS IN THE SETTING OF CHRONIC UPPER TRUNK BRACHIAL PLEXOPATHY (Poster #114)

Hemani Ticku, MD | NORMAL NEEDLE ELECTROMYOGRAPHY IN KENNEDY DISEASE (Poster #115)

Andriana Tompany, DO | REAL-LIFE EXPERIENCE USING EFGARTIGIMOD IN MYASTHENIA GRAVIS PATIENTS: ALTERNATIVE FREQUENCY OF ADMINISTRATION BASED ON INDIVIDUAL PATIENT RESPONSE (Poster #117)

Andriana Tompany, DO | STUDY OF AN EXTERNAL VIBRATING AND COLD DEVICE TO REDUCE PAIN WITH NEEDLE ELECTROMYOGRAPHY (Poster #116)

Nicholas Tranchitella, MD | TREATMENT OF ULNAR NEUROPATHY AT THE ELBOW USING A GEL STAND-OFF FOR ULTRASOUND-GUIDED PERINEURAL INJECTION (Poster #118)

Vijaya Valapara, MD | IS MYASTHENIA GRAVIS A GENETIC CONDITION? A CASE SERIES OF TWO PATIENTS WITH FAMILIAL MG (Poster #119)

Darshana Vijaywargiya, MBBS | SPINAL MUSCULAR ATROPHY & CHARCOT MARIE TOOTH DISEASE 1B IN ONE PATIENT: A CASE FOR COMPREHENSIVE GENETIC TESTING (Poster #120)

2024 | AANEM ANNUAL MEETING

ATTEND THE INDUSTRY FORUM

Survey Says: Real World Insights on Treatment Initiation and Long-Term Management of Anti-Acetylcholine Receptor Antibody Positive Generalized Myasthenia Gravis with a Terminal Complement Inhibitor

Join us in exploring the long-term efficacy and safety data of a terminal complement inhibitor through a 164-week Open-Label Extension Study and hear an expert care team panel share best practices.

Tuesday, October 15, 2024

Doors Open: 11:30 AM

Session: 11:45 AM – 12:45 PM

Westin Savannah Harbor Golf Resort & Spa
Grand Ballroom CDEF – Level 2

Lunch will be provided by AANEM for session attendees



Nicholas Silvestri, MD, FAAN

Professor of Neurology, Jacobs School of Medicine & Biomedical Sciences
Co-director, UBMD Neurology Clinic and the Muscular Dystrophy Association Clinic
Physician, Buffalo General Medical Center
University at Buffalo, Buffalo, NY



Paul B. Ferguson, MD, FAAN

Professor and Chair, Department of Neurology
Marshall University, Joan C. Edwards School of Medicine
Marshall Health

Visit Booth
#115

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Amber Vocelle, DO | ASYMMETRIC SENSORY AND MOTOR DEFICITS AS PRESENTING SYMPTOMS OF LATE ONSET EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS (*Poster #121*)

Amber Vocelle, DO | NUTRITIONAL DEFICITS IN POEMS SYNDROME: A LIKELY CONTRIBUTOR TO POLYNEUROPATHY (*Poster #122*)

Vedang Vyas, MD | A CASE OF ANTI-MDA5 MYOSITIS WITH A RAPID AND DEVASTATING PROGRESSION (*Poster #123*)

Daniel Wido, MD | PERISCOPING A PERINEURIOMA: ULTRASOUND WITH ELECTRODIAGNOSTICS TO EVALUATE POSTERIOR INTEROSSEUS NERVE PALSY (*Poster #124*)

Nathaniel Wooten, MD | SMALL FIBER SENSORY NEUROPATHY/NEURONOPATHY PRESENTING AS NOTALGIA PARESTHETICA (*Poster #125*)

Mai Yamakawa, MD | CHARACTERIZATION OF LYMPHOCYTES IN AMYOTROPHIC LATERAL SCLEROSIS AND FRONTOTEMPORAL DEMENTIA BRAINS USING SINGLE NUCLEAR RNA SEQUENCING DATA (*Poster #126*)

Jordan Yaukey, DO | A CASE OF MILLER-FISHER PRESENTING WITH AN UNUSUAL TRIAD: HYPOPHONIA, DYSPHAGIA, OPHTHALMOPLÉGIA (*Poster #127*)

Aaron Zelikovich, MD | A CASE REPORT OF A PATIENT WITH CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY (CIDP) OR MULTIFOCAL MOTOR NEUROPATHY (MMN); CHALLENGES IN DIAGNOSIS AND TREATMENT. (*Poster #129*)

Aaron Zelikovich, MD | TRENDS OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) CLINICAL TRIALS FROM 1999-2024 POSTED ON WWW.CLINICALTRIALS.GOV (*Poster #128*)

International Physician Scholarship Recipients

The American Neuromuscular Foundation (ANF) and the North American Chapter of the International Federation of Clinical Neurophysiology (IFCN-NAC) scholarship programs provide opportunities for physicians who practice in economically developing countries to apply for funds to support their education through attendance at the AANEM Annual Meeting. Those who are attending virtually have had their registration covered by ANF and IFCN-NAC. Those who were able to travel received a \$1,000 travel scholarship to help defray the cost of travel and meeting registration.

American Neuromuscular Foundation

Jessica Campo Alvarez, MD | EXPANDING THE PHENOTYPE OF DISTAL HEREDITARY MOTOR NEURONOPATHY -7A: A CASE WITH SENSORY INVOLVEMENT (*Poster #149*)

Gehad Elsehrawy, MD | ASSESSMENT OF THE EFFECTIVENESS OF TRANSCUTANEOUS VAGUS NERVE STIMULATION ON NEUROPATHIC PAIN IN KNEE OSTEOARTHRITIS PATIENTS (*Poster #10*)

Nurul Fadli, MD | ALTERNATIVE DIAGNOSIS OF PATIENT SUSPECTED WITH AMYOTROPHIC LATERAL SCLEROSIS (*Poster #56*)

Luisa Gomez Ibañez, MD | CASE REPORT: BILATERAL CYCLIST'S PALSY (*Poster #167*)

Wilmer Santiago Herrera Malpica, MD | LUMBOSACRAL PLEXOPATHY AS A COMPLICATION OF RETROPERITONEAL HEMORRHAGE SECONDARY TO ENDOVASCULAR INTERVENTION (*Poster #186*)

Wilmer Santiago Herrera Malpica, MD | CONGENITAL ONSET PRESYNAPTIC MYASTHENIC SYNDROME: SPECIFIC MUTATION, PHENOTYPE, AND ANALYSIS OF STIMULATION POTENTIAL WITH CONCENTRIC ELECTRODES (*Poster #14*)

Liliana Elizabeth Rodríguez Zambrano, MD | EARLY DIAGNOSIS OF FAMILIAL AMYLOID POLYNEUROPATHY: A CASE REPORT (*Poster #259*)

Carlos Rodríguez-Alarcon, MD | ASSOCIATION BETWEEN HYPERGLYCEMIC CRISIS SEVERITY AND NEUROPATHIC MANIFESTATIONS IN HISPANIC PATIENTS WITH DE NOVO HYPERGLYCEMIA: A CROSS-SECTIONAL STUDY (*Poster #19*)

Carlos Rodríguez-Alarcon, MD | MICHIGAN NEUROPATHY SCREENING INSTRUMENT IN PRIMARY CARE HISPANIC LOW-INCOME COMMUNITIES: DETECTING DIABETIC PERIPHERAL NEUROPATHY AND THE INFLUENCE OF EDUCATION (*Poster #20*)

Carlos Rodríguez-Alarcon, MD | CASE REPORT: ISOLATED DYSPHAGIA AS THE PRIMARY MANIFESTATION OF MYASTHENIA GRAVIS (*Poster #17*)

Carlos Rodríguez-Alarcon, MD | CASE REPORT: MOTOR-PREDOMINANT GUILLAIN-BARRE SYNDROME FOLLOWING COVID-19 INFECTION (*Poster #18*)

Manqigge Su, MD | THE APPLICATION OF DROPLET DIGITAL PCR AND METAGENOMIC NEXT-GENERATION SEQUENCING IN PATHOGENS IDENTIFICATION OF PNEUMONIA IN PATIENTS WITH MYASTHENIA GRAVIS: A PROSPECTIVE COHORT STUDY (*Poster #278*)

Manqigge Su, MD | AGE-ASSOCIATED B CELLS IN MYASTHENIA GRAVIS AND THE INFLUENCE OF BRUTON'S TYROSINE KINASE ON THEIR DIFFERENTIATION AND FUNCTION (*Poster #277*)

Melissa Tunarosa Murcia, MD | TRANSIENT LEUKOENCEPHALOPATHY ASSOCIATED WITH GJB1 GENE X-LINKED CHARCOT-MARIE-TOOTH DISEASE: CASE REPORT (*Poster #292*)

Rui Zhao, MD | SAFETY AND EFFICACY OF TOFACITINIB IN PATIENTS WITH REFRACTORY MYASTHENIA GRAVIS: A PILOT STUDY (*Poster #313*)

Huahua Zhong, MD | PLASMA BIOMARKER-BASED ENDOTYPES OF MYASTHENIA GRAVIS AND ASSOCIATION WITH CLINICAL SUBTYPES AND THERAPEUTIC RESPONSE (*Poster #315*)

North American Chapter - International Federation of Clinical Neurophysiology

Ian Felipe Barbosa Souza, MD | BRACHIAL AND LUMBOSACRAL PLEXOPATHIES IN A REFERENCE CENTER: A 10-YEAR RETROSPECTIVE STUDY (*Poster #141*)

Stefhany Cadena, MD | GENETIC PATHOGENIC VARIANT LOAD AS POSSIBLE CAUSE OF THE CLINICAL HETEROGENEITY IN A PATIENT WITH LIMB GIRDLE MUSCULAR DYSTROPHY (LGMD): CASE REPORT (*Poster #147*)

Francisco Caiza Zambrano, MD, MSc | NEUROPATHY ASSOCIATED TO AMYLOIDOSIS DUE TO TRANSTHYRETIN VARIANTS AND THE IMPORTANCE OF A MULTIDISCIPLINARY EVALUATION (*Poster #148*)

Anabella Cecilia Gomez, MD | PERSISTENT DYSAUTONOMIC MANIFESTATIONS IN PATIENTS PREVIOUSLY DIAGNOSED WITH GUILLAIN-BARRÉ SYNDROME (*Poster #166*)

Juan Esteban Gonzalez Camargo, MD | USE OF ULTRASONOGRAPHY AND “J-IMAGE” TO APPROACH INFLAMMATORY MYOPATHY SECONDARY TO AUTOIMMUNE DISEASE: CASE REPORT *(Poster #170)*

Maha Ibrahim, MD | IMPACT OF NEUROPATHIC PAIN ON LIFE SATISFACTION AND MENTAL HEALTH AMONG SPINAL CORD INJURY PATIENTS IN EGYPT *(Poster #194)*

Mritunjai Kumar, MBBS, MD, DM | ROLE OF PRAZOSIN IN PATIENTS WITH GULLAIN BARRE SYNDROME WITH DYSAUTONOMIA WITH SYMPATHETIC OVER-ACTIVITY: A PROSPECTIVE COHORT STUDY *(Poster #208)*

Sushan Luo, MD, PhD | CLINICAL OUTCOME IN IMPENDING MYASTHENIC CRISIS WITH RESCUE THERAPIES: A PROSPECTIVE COHORT STUDY *(Poster #218)*

Mariana S. Minei-Ogata, MD | MOTOR UNIT NUMBER INDEX AND REVISED UPPER LIMB MODULE IN SPINAL MUSCULAR ATROPHY *(Poster #230)*

Jerne Kaz Niels Paber, MD | THE USE OF MUSCLE ULTRASONOGRAPHY IN DIAGNOSING AMYOTROPHIC LATERAL SCLEROSIS *(Poster #239)*

Dary Parra Parraga, MD | INFLAMMATORY MYOPATHY, A RARE ENTITY IN PEDIATRICS *(Poster #243)*

Laura Pinzón, MD | MYOPATHIC CHANGES IN ULTRASOUND AND EMG IN SYSTEMIC SCLEROSIS: CASE REPORT *(Poster #248)*

Laura Pinzón, MD | DOUBLE CRUSH MECHANISM DETECTED ON ULTRASOUND IN A PATIENT WITH DIABETES MELLITUS *(Poster #249)*

Prashanth Poulse, MD | CLINICAL, ELECTROPHYSIOLOGICAL AND MR NEUROGRAPHY PROFILE OF PARAPROTEINEMIC NEUROPATHY – A SINGLE CENTRE EXPERIENCE FROM SOUTH INDIA *(Poster #252)*

Yufan Zhou, MD, PhD | RESPONSE TO SINGLE LOW-DOSE RITUXIMAB CAN PREDICT A BETTER OUTCOME OF MULTI-CYCLE TREATMENT IN REFRACTORY MYASTHENIA GRAVIS: A SINGLE-CENTER STUDY *(Poster #316)*

Yufan Zhou, MD, PhD | A PREDICTIVE NOMOGRAM FOR SHORT-TERM OUTCOMES OF MYASTHENIA GRAVIS PATIENTS TREATED WITH LOW-DOSE RITUXIMAB *(Poster #317)*



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INDICATIONS AND USAGE:

FIRDAPSE is a potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults and pediatric patients 6 years of age and older.

SELECTED IMPORTANT SAFETY INFORMATION

FIRDAPSE can cause seizures. Consider discontinuation or dose-reduction of FIRDAPSE in patients who have a seizure while on treatment.

Please see Brief Summary of full Prescribing Information on the next page.

References: 1. Yoon CH, Owusu-Guha J, Smith A, Buschur P. Amifampridine for the management of Lambert-Eaton myasthenic syndrome: a new take on an old drug. *Ann Pharmacother*. 2020;54(1):56-63. 2. Full Prescribing Information for FIRDAPSE (amifampridine). Catalyst Pharma; 2024. 3. Shieh P, Sharma K, Kohrman B, Oh SJ. Amifampridine phosphate (FIRDAPSE®) is effective in a confirmatory phase 3 clinical trial in LEMS. *J Clin Neuromuscul Dis*. 2019;20(3):111-119. 4. Oh SJ, Scherbakova N, Kostera-Pruszyk A, et al. Amifampridine phosphate (FIRDAPSE®) is effective and safe in a phase 3 clinical trial in LEMS. *Muscle Nerve*. 2016;53(5):717-725.



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FIRDAPSE® (amifampridine) tablets for oral use

BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION FOR FIRDAPSE

INDICATIONS AND USAGE

FIRDAPSE is a potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults and pediatric patients 6 years of age and older.

DOSAGE AND ADMINISTRATION

- Administer orally in divided doses (3 to 5 times daily).
- The recommended starting dosage for adults (any weight) and pediatric patients weighing 45 kg or more is 15 mg to 30 mg daily, in divided doses.
 - Dosage can be increased by 5 mg daily every 3 to 4 days.
 - The maximum single dose is 20 mg.
- Dosage is not to exceed a maximum of 100 mg daily.
- The recommended starting dosage for pediatric patients weighing less than 45 kg is 5 mg to 15 mg daily, in divided doses.
 - Dosage can be increased by 2.5 mg daily every 3 to 4 days.
 - The maximum single dose is 10 mg.
- Dosage is not to exceed a maximum of 50 mg daily.

CONTRAINDICATIONS

FIRDAPSE is contraindicated in patients with:

- A history of seizures
- Hypersensitivity to amifampridine phosphate or another aminopyridine

WARNINGS AND PRECAUTIONS

Seizures

FIRDAPSE can cause seizures. Seizures have been observed in patients without a history of seizures taking FIRDAPSE at the recommended doses, at various times after initiation of treatment, at an incidence of approximately 2%. Many of the patients were taking medications or had comorbid medical conditions that may have lowered the seizure threshold. Seizures may be dose-dependent. Consider discontinuation or dose-reduction of FIRDAPSE in patients who have a seizure while on treatment.

Hypersensitivity

In clinical trials, hypersensitivity reactions and anaphylaxis associated with FIRDAPSE administration have not been reported. Anaphylaxis has been reported in patients taking another aminopyridine; therefore, it may occur with FIRDAPSE. If anaphylaxis occurs, administration of FIRDAPSE should be discontinued and appropriate therapy initiated.

ADVERSE REACTIONS

The following serious adverse reactions are described elsewhere in the labeling:

- Seizures
- Hypersensitivity

Clinical Trials Experience

Adults

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In controlled and uncontrolled trials (Study 1 and 2) in patients with LEMS, 63 patients were treated with FIRDAPSE, including 40 patients treated for more than 6 months, and 39 patients treated for more than 12 months. In an expanded access program, 139 patients with LEMS were treated with FIRDAPSE, including 102 patients treated for more than 6 months, 77 patients treated for more than 12 months, and 53 patients treated for more than 18 months.

Study 1 was a double-blind, placebo-controlled, randomized discontinuation study in adults with LEMS. Following an initial open-label run-in phase (up to 90 days), patients were randomized to either continue FIRDAPSE treatment or transition to placebo for a 14-day double-blind phase. Following final assessments, patients were allowed to resume FIRDAPSE treatment for up to 2 years (open-label, long-term safety phase of the study).

During the open-label run-in phase of Study 1, 53 patients received FIRDAPSE for an average of 81 days at an

average daily dosage of 50.5 mg/day. The average patient age was 52.1 years and 66% were female. There were 42 patients who had no prior exposure to FIRDAPSE at the initiation of this study. Table 1 shows adverse reactions with an incidence of 5% or greater occurring in the 42 LEMS patients newly initiated on treatment with FIRDAPSE during the run-in phase of the study.

Table 1. Adverse Reactions in ≥5% of LEMS Patients Newly Treated with FIRDAPSE in Study 1

ADVERSE REACTION	FIRDAPSE N=42 %
Paresthesia*	62
Upper respiratory tract infection	33
Abdominal pain	14
Nausea	14
Diarrhea	14
Headache	14
Elevated liver enzymes**	14
Back pain	14
Hypertension	12
Muscle spasms	12
Dizziness	10
Asthenia	10
Muscular weakness	10
Pain in extremity	10
Cataract	10
Constipation	7
Bronchitis	7
Fall	7
Lymphadenopathy	7

*Includes paresthesia, oral paresthesia, oral hypoesthesia

**Includes elevated alanine aminotransferase (ALT), aspartate aminotransferase (AST), lactate dehydrogenase (LDH), and gamma-glutamyl transferase (GGT)

Other Adverse Reactions

In the overall population treated in Study 1 (n=53), including the double-blind phase and the 2-year open-label long-term safety phase, additional adverse reactions occurring in at least 5% of the patients included: dyspnea, urinary tract infection, gastroesophageal reflux, insomnia, peripheral edema, pyrexia, viral infection, blood creatine phosphokinase increase, depression, erythema, hypercholesterolemia, and influenza. These patients received an average daily dosage of 66 mg of FIRDAPSE.

Pediatrics

Safety of FIRDAPSE was evaluated in pediatric patients in an expanded access program, where 21 pediatric patients received FIRDAPSE for at least 1 year. Adverse reactions reported in pediatric patients were similar to those seen in adult patients, with the exception of clinically significant weight loss in two pediatric patients at doses of 60 mg per day and higher.

DRUG INTERACTIONS

Drugs that Lower Seizure Threshold

The concomitant use of FIRDAPSE and drugs that lower seizure threshold may lead to an increased risk of seizures. The decision to administer FIRDAPSE concomitantly with drugs that lower the seizure threshold should be carefully considered in light of the severity of the associated risks.

Drugs with Cholinergic Effects

The concomitant use of FIRDAPSE and drugs with cholinergic effects (e.g., direct or indirect cholinesterase inhibitors) may increase the cholinergic effects of FIRDAPSE and of those drugs and increase the risk of adverse reactions.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to FIRDAPSE during pregnancy. Physicians are encouraged to enroll pregnant patients, or pregnant women may register themselves in the registry by calling 855-212-5856 (toll-free), using the Fax number 877-867-1874 (toll-free), by contacting the Pregnancy Coordinating Center at firdapsepregnancyregistry@ubc.com or by visiting the study website at www.firdapsepregnancystudy.com.

Risk Summary

There are no data on the developmental risk associated with the use of FIRDAPSE in pregnant women. In animal studies,

administration of amifampridine phosphate to rats during pregnancy and lactation resulted in developmental toxicity (increase in stillbirths and pup deaths, reduced pup weight, and delayed sexual development) at doses associated with maternal plasma drug levels lower than therapeutic drug levels (see Animal Data). In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively. The background risk of major birth defects and miscarriage for the indicated population is unknown.

Data

Animal Data

Oral administration of amifampridine phosphate (0, 7.5, 22.5, or 75 mg/kg/day) to female rats prior to and during mating and continuing throughout organogenesis produced no adverse effects on embryofetal development. Plasma amifampridine exposure (AUC) at the highest dose tested is approximately 7 times that in humans at the maximum recommended human dose (MRHD) of 80 mg amifampridine/day. Oral administration of amifampridine phosphate (0, 9, 30, or 57 mg/kg/day) to pregnant rabbits throughout organogenesis produced no adverse effects on embryofetal development. The highest dose tested is approximately 7 times the MRHD (80 mg/day amifampridine) on a body surface area (mg/m²) basis.

Oral administration of amifampridine phosphate (0, 7.5, 22.5, or 75 mg/kg/day) to female rats throughout pregnancy and lactation resulted in an increase in stillbirths and pup deaths, reduced pup weight, and delayed sexual development in female pups at the mid and high doses tested. The no-effect dose (7.5 mg/kg/day amifampridine phosphate) for adverse developmental effects is associated with a plasma amifampridine exposure (AUC) less than that in humans at the MRHD.

Lactation

Risk Summary

There are no data on the presence of FIRDAPSE in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for FIRDAPSE and any potential adverse effects on the breastfed infant from FIRDAPSE or from the underlying maternal condition.

In lactating rat, amifampridine was excreted in milk and reached levels similar to those in maternal plasma.

Pediatric Use

Safety and effectiveness of FIRDAPSE for the treatment of LEMS have been established in pediatric patients 6 years of age and older.

Use of FIRDAPSE for this indication is supported by evidence from adequate and well-controlled studies of FIRDAPSE in adults with LEMS, pharmacokinetic data in adult patients, pharmacokinetic modeling and simulation to identify the dosing regimen in pediatric patients, and safety data from pediatric patients aged 6 years and older.

Safety and effectiveness in pediatric patients below the age of 6 years have not been established.

Geriatric Use

Clinical studies of FIRDAPSE did not include sufficient numbers of subjects aged 65 and over (19 of 63 patients in Studies 1 and 2) to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, 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.

Renal Impairment

Renal clearance is an elimination pathway for amifampridine and the inactive metabolite, 3-N-acetyl amifampridine, and exposure of amifampridine is higher in subjects with renal impairment. Therefore, in patients with renal impairment, FIRDAPSE should be initiated at the lowest recommended initial daily dosage, and patients should be closely monitored for adverse reactions. Consider dosage modification or discontinuation of FIRDAPSE for patients with renal impairment as needed based on clinical effect and tolerability. The safety, efficacy, and pharmacokinetics of amifampridine have not been studied in patients with end-stage renal disease (CL_{cr} <15 mL/min or patients requiring dialysis). No dosage recommendation for FIRDAPSE can be made for patients with end-stage renal disease.

Hepatic Impairment

In patients with any degree of hepatic impairment, FIRDAPSE should be initiated at the lowest recommended initial daily dosage, and patients should be monitored for adverse reactions. Consider dosage modification or discontinuation of FIRDAPSE for patients with hepatic impairment as needed based on clinical effect and tolerability.

NAT2 Poor Metabolizers

Exposure of FIRDAPSE is increased in patients who are N-acetyltransferase 2 (NAT2) poor metabolizers. Therefore, initiate FIRDAPSE in patients who are known NAT2 poor metabolizers at the lowest recommended initial daily dosage and monitor for adverse reactions. Consider dosage modification of FIRDAPSE for patients who are known NAT2 poor metabolizers as needed based on clinical effect and tolerability.

PATIENT COUNSELING INFORMATION

Advise the patient and/or caregiver to read the FDA-approved patient labeling (Medication Guide).

Risk of Seizures

Inform patients that FIRDAPSE can cause seizures, and to notify their healthcare provider if they experience a seizure.

Hypersensitivity

Instruct patients to inform their healthcare provider if they have signs or symptoms of hypersensitivity, and to seek emergency help if symptoms of anaphylaxis occur.

FIRDAPSE Dosing

Instruct patients to take FIRDAPSE exactly as prescribed. Patients should carefully follow the dose escalation schedule provided by their healthcare provider to safely achieve the therapeutic dosage. Inform patients that the tablets may be divided in half at the score, if needed. Instruct patients not to take a double dose to make up for a missed dose.

If they require a dosage in less than 5 mg increments, have difficulty swallowing tablets, or require feeding tubes, refer patients and/or caregivers to the Instructions for Use on how to prepare a 1 mg/mL suspension. If the patient requires treatment with the 1 mg/mL FIRDAPSE suspension, advise patients and/or caregivers that supplies required to prepare the suspension may be obtained at their local pharmacy.

Drug Interactions

Instruct patients to notify their healthcare provider prior to starting any new medication, including over-the-counter drugs.

Pregnancy

Instruct patients that if they are pregnant or plan to become pregnant while taking FIRDAPSE they should inform their healthcare provider. Advise patients that there is a pregnancy registry that monitors pregnancy outcomes in women exposed to FIRDAPSE during pregnancy and encourage them to enroll if they become pregnant while taking FIRDAPSE.

Storage

Advise patients to store FIRDAPSE at 68°F to 77°F (20°C to 25°C).

Instruct patients and/or caregivers who prepare the 1 mg/mL suspension of FIRDAPSE that it should be prepared daily and refrigerated between doses. The suspension can be stored under refrigeration for up to 24 hours. Instruct the patient and/or caregiver to discard any unused portion of the suspension after 24 hours.



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Poster Presentations

Session I: Wednesday 6:15 - 6:45 pm | Session II: Thursday 9:30 - 10 am | Session III: Thursday 2:45 - 3:15 pm

Poster Number	Abstract Title	Presenting Author	Presentation Sessions
1	ISCHEMIC INJURY AND MICROVASCULITIS IN TREATMENT INDUCED NEUROPATHY OF DIABETES AND TREATMENT INDUCED DIABETIC LUMBOSACRAL RADICULOPLEXUS NEUROPATHY	Hebatallah Rashed, MD, PhD	I & II
2	PROFILING GRANZYMES IN ACUTE INFLAMMATORY DEMYELINATING POLYNEUROPATHY	Derek Wu, BS	I & III
3	NEUROLOGIC CLINICAL, ELECTROPHYSIOLOGIC, AND PATHOLOGIC CHARACTERISTICS OF PRIMARY VERSUS SECONDARY NEUROLYPHOMATOSIS	Michael Skolka, MD	I & II
4	CUTANEOUS SILENT PERIOD IN A PATIENT WITH WARM COMPLEX REGIONAL PAIN SYNDROME	Isvan Alvarez Herrera, CNCT	I & III
5	EARLY NERVE CONDUCTION FINDINGS PREDICT TREATMENT OUTCOMES IN CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY	Thapat Wannarong, MD	I & II
6	MYO-GUIDE MODEL: AUTOMATING NEUROMUSCULAR DISEASE DIAGNOSIS WITH MRI AND ARTIFICIAL INTELLIGENCE	Goknur Selen Kocak, MD	I & III
7	PLASMA EXOSOMES AS A POTENTIAL BIOMARKER FOR DIABETIC PERIPHERAL NEUROPATHY	Anza Memon, MD	I & II
8	ACTIVITY AND MANUFACTURING OF KYV-101 ANTI-CD19 CHIMERIC ANTIGEN RECEPTOR T CELLS DERIVED FROM PATIENTS WITH NEUROLOGICAL AUTOIMMUNE DISEASES	Tom Van Blarcom, PhD	I & III
9	EARLY GASTROSTOMY VERSUS LATE GASTROSTOMY TUBE PERFORMED IN ALS PATIENTS ADMITTED WITH ASPIRATION PNEUMONIA IN THE UNITED STATES	Baljinder Singh, MD	I & II
10	ASSESSMENT OF THE EFFECTIVENESS OF TRANSCUTANEOUS VAGUS NERVE STIMULATION ON NEUROPATHIC PAIN IN KNEE OSTEOARTHRITIS PATIENTS	Gehad Elsehrawy, PhD	I & III
11	REMOTE MONITORING OF MYASTHENIA GRAVIS USING WEARABLE SENSORS AND DIGITAL ASSESSMENTS	Amanda Guidon, MD, MPH	I & II
12	UTILIZING ARTIFICIAL INTELLIGENCE TO DIFFERENTIATE NEUROGENIC AND MYOGENIC CHANGES IN ULTRASOUND IMAGING	Amanda Guidon, MD, MPH	I & III
13	JUVENILE MYASTHENIA GRAVIS WITH RESPONSE TO RAVULIZUMAB-CWVZ	Reena Bastin, MD	I & II
14	CONGENITAL ONSET PRESYNAPTIC MYASTHENIC SYNDROME: SPECIFIC MUTATION, PHENOTYPE, AND ANALYSIS OF STIMULATION POTENTIAL WITH CONCENTRIC ELECTRODES	Wilmer Santiago Herrera Malpica, MD	I & III
15	ORBICULARIS OCULI MUSCLE STIMULATED JITTER ANALYSIS REVISED REFERENCE VALUES IN CHILDREN	Vishva Natarajan, MS	I & II
16	DUAL SRP / SCLERODERMA MYOSITIS PRESENTING AS AN ASYMMETRIC SHOULDER GIRDLE WEAKNESS	Shanmitha Arun, BS	I & III
17	CASE REPORT: ISOLATED DYSARTHRIA AS THE PRIMARY MANIFESTATION OF MYASTHENIA GRAVIS	Carlos Rodriguez-Alarcon, MD	I & II
18	CASE REPORT: MOTOR-PREDOMINANT GUILLAIN-BARRE SYNDROME FOLLOWING COVID-19 INFECTION	Carlos Rodriguez-Alarcon, MD	I & III
19	ASSOCIATION BETWEEN HYPERGLYCEMIC CRISIS SEVERITY AND NEUROPATHIC MANIFESTATIONS IN HISPANIC PATIENTS WITH DE NOVO HYPERGLYCEMIA: A CROSS-SECTIONAL STUDY	Carlos Rodriguez-Alarcon, MD	I & II
20	MICHIGAN NEUROPATHY SCREENING INSTRUMENT IN PRIMARY CARE HISPANIC LOW-INCOME COMMUNITIES: DETECTING DIABETIC PERIPHERAL NEUROPATHY AND THE INFLUENCE OF EDUCATION	Carlos Rodriguez-Alarcon, MD	I & II
21	DISABILITY AND MORTALITY IN LONG HAUL COVID-19 PATIENTS WITH RHABDOMYOLYSIS DURING THE ACUTE PHASE OF COVID-19 INFECTION	Kazim Jaffry, BA	I & III
22	MORTALITY AND MORBIDITY OF POST-ACUTE SEQUELAE OF COVID-19 PATIENTS WITH CRANIAL NEUROPATHIES	Kazim Jaffry, BA	I & III
23	UNVEILING DEMYELINATION IN DIABETIC NEUROPATHY: REVOLUTIONIZING CONDUCTION SLOWING DETECTION WITH AN INTUITIVE APPLICATION TOOL	Kazim Jaffry, BA	I & II
24	IMPACT OF ELEVATED INTERLEUKIN-6 (IL-6) IN PATIENTS WITH COVID-19 AND ACUTE MUSCLE INJURY: A RETROSPECTIVE ANALYSIS	Kazim Jaffry, BA	I & II
25	HUMAN-DERIVED NEURAL PROGENITOR CELL IMPLANTATION RESCUES MOTOR ENDPLATES FOLLOWING PERIPHERAL NERVE INJURY	Luigi Gonzales, BS	I & III
26	AGING ACCELERATES DEGRADATION OF HUMAN NEUROMUSCULAR JUNCTION FOLLOWING PERIPHERAL NERVE INJURY	Luigi Gonzales, BS	I & II
27	COMPLEX REPETITIVE DISCHARGES AND MYOPATHIC ELECTROMYOGRAPHIC CHANGES IN LAMBERT-EATON MYASTHENIC SYNDROME	Olivia Ault, BS	I & III
28	AN EXEMPLAR OF PERSON-CENTERED GENETIC TESTING TO ADVANCE DIAGNOSIS AND COUNSELING	Jialin Chen, BS	I & II
29	MUSCULOSKELETAL ULTRASOUND POSITIONING FOR NEUROGENIC THORACIC OUTLET BOTULINUM TOXIN INJECTION	Michelle Tan, BA	I & III
30	A CROSS-SECTIONAL ASSESSMENT OF AANEM-ACCREDITED ELECTRODIAGNOSTIC LABORATORIES IN RESIDENCY TRAINING AND IMPLICATIONS FOR PURSUING FELLOWSHIP	Milan Oxspring, BS	I & II
31	HETEROTOPIC OSSIFICATION: A POTENTIALLY OVERLOOKED COMPLICATION OF ELECTROMYOGRAPHY	Katrina Muñoz, MBE	I & III
32	SMALL FIBER NEUROPATHY ASSOCIATED WITH ANTIPLEXIN-D1 ANTIBODY	Michael Limia, MS	I & II
33	CASE REPORT: SCRAMBLER THERAPY REDUCES EFFECT OF PERIPHERAL NEUROPATHY	Abigail Bose, MD	I & III
34	FOCAL DYSTONIA FOLLOWING TRAUMA: CAN SURGERY MAKE IT BETTER?	Ian Ackers, DO, PhD	I & II
35	EXACERBATION OF ANTI-MAG NEUROPATHY WITH IMMUNE CHECKPOINT INHIBITOR	Malak Alaboudi, MD	I & III
36	LATE-ONSET RIBOFLAVIN-RESPONSIVE MULTIPLE ACYL-COA DEHYDROGENASE DEFICIENCY MISDIAGNOSED AS POLYMYOSITIS	Gustavo Arce Gomez, MD	I & II
37	NEUROMUSCULAR ULTRASOUND OF NEUROLYPHOMATOSIS IN B-CELL ACUTE LYMPHOBLASTIC LEUKEMIA	Adebola Awolosi, MB, BS	I & III
38	A CASE REPORT: COVID-19 ASSOCIATED MULTIFOCAL MOTOR NEUROPATHY	Alexander Bader, MD	I & II
39	NEUROMUSCULAR ULTRASOUND TO TEACH PERIPHERAL NERVOUS SYSTEM ANATOMY FOR NERVE CONDUCTION STUDIES AND ELECTROMYOGRAPHY	Marie Beaudin, MD, MSc	I & III
40	ASSESSING GLUCOCORTICOID ASSOCIATED TOXICITY IN MYASTHENIA GRAVIS USING THE GLUCOCORTICOID TOXICITY INDEX	Marie Beaudin, MD, MSc	I & II
41	CHRONIC NEUROPATHY AND A SUPERIMPOSED NEUROMUSCULAR JUNCTION DISORDER IN A DIFFICULT TO WEAN PATIENT: A CASE REPORT	Miriam Bekhit, MD	I & III
42	EXPLORING THE LINK BETWEEN GLOSSOPHARYNGEAL NERVE DISORDER AND DIABETES MELLITUS: A RETROSPECTIVE ANALYSIS OF THE COSMOS-EPIC DATABASE	Nicholas Bellacicco, DO	I & II
43	CASE REPORT: AN UNUSUAL PATTERN OF DIFFUSE COMPLEX REPETITIVE DISCHARGES ISOLATED TO ONE MYOTOME IN A PATIENT WITH SEVERE RADICULOPATHY AND ANTERIOR HORN CELLS INJURY	Abdalmalik Bin Khunayfir, MD	I & III
44	CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY DUE TO NEUROBORRELIOSIS: A CAUSATION OR ASSOCIATION?	Abdalmalik Bin Khunayfir, MD	I & II
45	NEUROMUSCULAR COMPLICATIONS OF IMMUNE CHECKPOINT INHIBITORS: A CASE SERIES	Abigail Bose, MD	I & III
46	PARTIAL MOTOR CONDUCTION BLOCK IN INHERITED NEUROPATHIES	Kelby Brown, MD, MA	I & II
47	A CASE OF GM1-ANTIBODY CIDP COMPLICATED BY RESPIRATORY FAILURE RESPONSIVE TO RITUXIMAB	Andrew Chapman, MD	I & III
48	MEDIAL PECTORALIS MAJOR MUSCLE ATROPHY WITH CLAVICULAR HEAD SPARRING IN A BODYBUILDER	Byron Cheon, MD, MS	I & II
49	THE ROLE OF NEUROMUSCULAR ULTRASOUND IN COMPRESSION NEUROPATHIES: A CASE REPORT OF A TIBIO-FIBULAR GANGLION CYST	Lauren Cooper, MD	I & III
50	ISOLATED EXTENSOR DIGITORUM COMMUNIS WEAKNESS AFTER A GOUT FLARE	Lauren Cooper, MD	I & II
51	UTILITY OF BILATERAL VERSUS UNILATERAL ELECTRODIAGNOSTIC TESTING FOR LUMBOSACRAL RADICULOPATHY IN PATIENTS WITH NORMAL CLINICAL EXAMINATION	Jessica Creager, MD	I & III
52	A CASE OF FACIAL ONSET SENSORY AND MOTOR NEURONOPATHY (FOSMN)	Cynthia De la Rosa Zapata, MD	I & II
53	DIFFERENTIATING IMMUNE MEDIATED NECROTIZING MYOPATHY FROM OTHER AUTOIMMUNE MYOPATHIES	Brandon Desowitz-Leibell, DO	I & III
54	CAN UPPER MOTOR NEURON LESIONS CAUSE ASYMMETRIC H-REFLEXES?	Alexander Doubek, DO	I & II
55	A CASE OF SEVERE PROGRESSIVE WEAKNESS, CACHEXIA, AND ATAXIA FOUND TO BE CONCURRENT SCURVY AND COGAN'S SYNDROME	Nga Ying Eng, MD	I & III
56	ALTERNATIVE DIAGNOSIS OF PATIENT SUSPECTED WITH AMYOTROPHIC LATERAL SCLEROSIS	Nurul Fadli, MD	I & II

57	SMALL FIBER NEUROPATHY PROGRESSING TO CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY	Andrew Feldman, MD, MEd	I & III
58	NOVEL MISSENSE MUTATION IN MYH2 MYOPATHY ASSOCIATED WITH CONGENITAL EXOTROPIA AND ADULT-ONSET PROXIMAL WEAKNESS	Gabriela Figueiredo Pucci, MD	I & II
59	DIABETIC AMYOTROPHY: REHABILITATION INTERVENTIONS AFTER ELECTRODIAGNOSTIC DIAGNOSIS	Ricardo Fuentes-Saavedra, MD	I & III
60	DEVELOPING AN INTEGRATIVE NCS/EMG RESIDENT CURRICULUM	Sonal Gagrani, MD	I & II
61	STERIOD-INDUCED MYOPATHY WITH IRRITABLE PATTERN ON EDX STUDY	Sukhraj Gill, MD	I & III
62	THE RELATIONSHIP BETWEEN DISORDERED SLEEP AND PAIN PERCEPTION IN PATIENTS WITH PERIPHERAL NEUROPATHY	Julia Greenberg, MD	I & II
63	PERCEIVED STRESS AND ITS ASSOCIATION WITH SLEEP QUALITY IN PATIENTS WITH NEUROPATHIC PAIN AND DISTAL SYMMETRIC POLYNEUROPATHY	Julia Greenberg, MD	I & III
64	SERONEGATIVE IMMUNE MEDIATED NECROTIZING MYOPATHY IN YOUNG ADULT WITH CYSTIC FIBROSIS ON TRIKAFTA	Glenn Harris, MD	I & II
65	SEVERE RHABDOMYOLYSIS FOLLOWING LEVETIRACETAM ADMINISTRATION: A CASE SERIES	Morgan Heber, MD	I & III
66	INSULIN NEURITIS: A DEVASTATING COMPLICATION OF RAPID GLYCEMIC CORRECTION DIAGNOSED BY EMG/NCS	Gabriel Howard, DO	I & II
67	AN UNUSUAL CASE OF EARLY ELECTRODIAGNOSIS OF ACUTE MOTOR SENSORY AXONAL NEUROPATHY IN AN 18-YEAR-OLD FEMALE	Sara Hubacek, MD	I & III
68	ROLE OF NERVE BIOPSY IN IMAGING NEGATIVE NEOPLASTIC BRACHIAL PLEXOPATHY IN A WOMAN WITH METASTATIC BREAST CANCER	Matthew Jacobson, MD	I & II
69	EARLY-ONSET DEMYELINATING POLYNEUROPATHY AND UPPER MOTOR NEURON SIGNS: THINK X-LINED ADRENOMYELONEUROPATHY	Feras Jazaeri, MD	I & III
70	ISOLATED SUBACUTE CAMPTOCORMIA IN ANTI-PL12 ASSOCIATED IMMUNE-MEDIATED NECROTIZING MYOPATHY	Muruj Jumah, MD	I & II
71	CLINICAL EXPERIENCE WITH ROZANOLIXIZUMAB FOR TREATMENT OF ACETYLCHOLINE RECEPTOR ANTIBODY POSITIVE GENERALIZED MYASTHENIA GRAVIS	Nakul Katyal, MD	I & III
72	LATE ONSET, AUTOSOMAL RECESSIVE MYOSIN HEAVY CHAIN IIA - RELATED MYOPATHY AND OPHTHALMOPLEGIA: A CASE REPORT	Lydia Kauffman, MD	I & II
73	OBTURATOR NEUROPATHY SECONDARY TO MINIMALLY INVASIVE URO-GYNECOLOGICAL SURGERIES	Collette Kokikian, MD	I & III
74	EARLY-ONSET, BILATERAL HIRAYAMA DISEASE IN A YOUNG VIOLINIST: A CASE REPORT	Ryan Kollar, DO	I & II
75	ANTI-MAG ANTIBODY ASSOCIATED WALDENSTROM'S MACROGLOBULINEMIA WITH IMPROVEMENT FROM BENDAMUSTINE AND RITUXIMAB: A CASE REPORT	Ryan Kollar, DO	I & III
76	MULTI-LESION COMPRESSIVE ULNAR NEUROPATHY DIAGNOSED BY NEUROMUSCULAR ULTRASOUND AND ELECTRODIAGNOSTIC TECHNIQUES	Haylie Kromer, DO	I & II
77	PEDIATRIC ONSET SPINOCEREBELLAR ATAXIA 17 IN THE SETTING OF SUSPECTED GLOBAL DEVELOPEMENTAL DELAY	Samantha Kultgen, MD	I & III
78	NEUROMUSCULAR MANIFESTATIONS OF ADULT-ONSET GM1 GANGLIOSIDOSIS	Brianne Lacy, MD	I & II
79	INFANTILE BOTULISM: CASE SERIES	Allan Lara, MD	I & III
80	UTILITY OF THE VAGUS NERVE ULTRASOUND IN PATIENTS WITH AUTONOMIC DYSFUNCTION	Rachel LaRosa, MD	I & II
81	CHARACTERIZING THE CLINICOPATHOLOGICAL FEATURES OF A COHORT OF IBM PATIENTS	Mark Levine, MD	I & III
82	BEHAVIORAL NEUROLOGY SYMPTOMS IN PATIENTS WITH DUCHENNE MUSCULAR DYSTROPHY	Dominique Low, MD, MPH	I & II
83	NAVIGATING THE COMPLEXITIES THROUGH CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY AND GENETIC NEUROPATHIES	Elia Malek, MD	I & III
84	BENIGN CRURAL AMYOTROPHY: TWO CASES OF A RARE CAUSE OF ISOLATED CALF ATROPHY	James Meiling, DO	I & II
85	SONOGRAPHIC AND ELECTROMYOGRAPHIC CORRELATION OF SCAPULAR WINGING	James Meiling, DO	I & III
86	A CASE OF SPINAL ACCESSORY NEUROPATHY FROM LOCAL ANESTHETIC TRIGGER POINT INJECTIONS	Isaac Metzler, DO	I & II
87	SURAL NEUROPATHY AFTER DRY NEEDLING	Nicholas Miller, MD	I & III
88	BANNWARTH SYNDROME (LYME NEUROBORRELIOSIS) OCCURRING DURING THE WINTER	Jenifer Mocerri, DO	I & II
89	A RARE CASE OF ELSBERG SYNDROME MIMICKING GUILLAIN-BARRE SYNDROME	Daniel Moreno-Zambrano, MD	I & III
90	ELECTRODIAGNOSTIC FINDINGS IN ANTI-MYELIN ASSOCIATED GLYCOPROTEIN ANTIBODY POLYNEUROPATHY	Joshua Nardin, DO	I & II
91	A CASE OF RECURRENT UNPROVOKED RHABDOMYOLYSIS CAUSED BY PERIPHERAL NERVE HYPEREXCITABILITY SYNDROME	Isabel Narvaez Correa, MD	I & III
92	ULTRASOUND GUIDANCE AND NEUROMODULATION AS A COMPLEMENT TO ELECTRODIAGNOSTICS FOR THE TREATMENT OF NEUROMAS	Shannon Norland, DO, MPH	I & II
93	AN UNUSUAL DIAGNOSIS IN A 28-YEAR-OLD MAN WITH WEAKNESS AND SLURRED SPEECH	Chineze Nwibube, MD, MSc	I & III
94	MYH2 MUTATION IN MONOZYGOTIC AFRICAN AMERICAN TWINS PRESENTING WITH PTOSIS, DIPLOPIA, OPHTHALMOPLEGIA AND PROXIMAL WEAKNESS	Peter Pacut, MD	I & II
95	UTILITY OF THE REVISED AMYOTROPHIC LATERAL SCLEROSIS FUNCTIONAL RATING SCALE RESPIRATORY SUBSCORES FOR PREDICTING THE NEED FOR BILEVEL POSITIVE AIRWAY PRESSURE	Tefani Perera, MD	I & III
96	SEQUENTIAL DEVELOPMENT OF HERPES ZOSTER RADICULOPATHY FOLLOWED BY BRACHIAL PLEXOPATHY IN A PATIENT WITH POORLY CONTROLLED DIABETES, EXHIBITING FAVORABLE RESPONSE TO STEROIDS	Saniya Pervin, MBBS	I & II
97	SCIATIC NEUROPATHY WITH CLINICO-RADIOLOGICAL PATTERN CONSISTENT WITH INTRANEURAL PERINEURIOMA: AN UNDERRECOGNIZED CAUSE OF PROGRESSIVE MONONEUROPATHY	Saniya Pervin, MBBS	I & III
98	UTILITY OF THE EARLY SJOGREN ANTIBODY PANEL AS A DIAGNOSTIC MARKER FOR SENSORY NEUROPATHY	Stephanie Phillips, MD	I & II
99	TOOLS AND METHODS FOR THE REMOTE ASSESSMENT OF AMYOTROPHIC LATERAL SCLEROSIS PROGRESSION: A SCOPING REVIEW	Michael Potemkin, BHS	I & III
100	RADIAL TUNNEL VISION: USE OF ULTRA-HIGH FREQUENCY ULTRASOUND TO DIAGNOSE NERVE SHEATH TUMORS	Syed Qadri, MD	I & II
101	ASSESSING NORMAL LATENCY CHANGES IN ULNAR NERVE SHORT-SEGMENT INCREMENTAL STUDIES USING 15 AND 25 MILLIMETER INCREMENTS	Sandra Reiter-Campeau, MD	I & III
102	PERSISTENT FEMORAL NEUROPATHY FOLLOWING NERVE BLOCK FOR KNEE SURGERY	Sarada Sakamuri, MD	I & II
103	CHARACTERISTICS OF FAMILIAL AMYOTROPHIC LATERAL SCLEROSIS WITH A PHE20CY5 MUTATION IN THE SOD1 GENE	Kassandra Reyes, DO	I & III
104	BLINK REFLEX IN DEMSILIENIZING POLYNEUROPATHY, IN THE TWINKLING OF AN EYE	Cristhian Rojas Beltran, MD	I & II
105	EXERCISE TEST FOR EATON LAMBERT SYNDROME, CAN WE REALLY TRUST IT? A CASE REPORT	Nicolas Ruan dos Santos Cavalcante, MD	I & III
106	PULSATING NERVE: INTRANEURAL VASCULARIZATION IN A PATIENT WITH LEPROSY REACTION	Nicolas Ruan dos Santos Cavalcante, MD	I & II
107	EVALUATING EFGARTIGIMOD'S IMPACT ON MYASTHENIA GRAVIS: INSIGHTS FROM A COMPARATIVE STUDY AND COSMOS-EPIC DATA	Roopa Sharma, MD	I & III
108	IMPACT OF DIABETES MELLITUS ON CLINICAL OUTCOMES IN CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY	Roopa Sharma, MD	I & II
109	PROXIMAL BERRETTINI ANASTOMOSIS AND THE BENEFIT OF PREOPERATIVE ULTRASOUND	Kareem Shaw, DO	I & III
110	CLINICAL OUTCOME AND PROGNOSTICATION OF INFLAMMATORY AND IMMUNE MYOPATHIES PATIENTS WITH AND WITHOUT CHEMOTHERAPY IN THE UNITED STATES	Baljinder Singh, MD	I & II
111	A RARE CASE OF RELAPSING REMITTING CRANIAL MONONEURITIS MULTIPLEX AS INITIAL PRESENTATION OF NEUROSARCOIDOSIS	Serena Soleimani, DO	I & III
112	UTILITY OF BEDSIDE ICE PACK TEST FOR EARLY RECOGNITION OF IMMUNE CHECK POINT INHIBITOR MEDIATED MYASTHENIA GRAVIS AND MYOSITIS	Nithisha Thatikonda, MD	I & II
113	CONCURRENT GUILLAIN BARRE SYNDROME AND SEVERE NUTRITIONAL DEFICIENCY: COINCIDENCE OR SHARED PATHOPHYSIOLOGY?	Nithisha Thatikonda, MD	I & III
114	RESPIRATORY SYNKINESIS IN THE SETTING OF CHRONIC UPPER TRUNK BRACHIAL PLEXOPATHY	Alex Thibodeaux, MD	I & II

Poster Presentations

Session I: Wednesday 6:15 - 6:45 pm | Session II: Thursday 9:30 - 10 am | Session III: Thursday 2:45 - 3:15 pm

115	NORMAL NEEDLE ELECTROMYOGRAPHY IN KENNEDY DISEASE	Hemani Ticku, MD	I & III
116	STUDY OF AN EXTERNAL VIBRATING AND COLD DEVICE TO REDUCE PAIN WITH NEEDLE ELECTROMYOGRAPHY	Andriana Tompany, DO	I & II
117	REAL-LIFE EXPERIENCE USING EFGARTIGIMOD IN MYASTHENIA GRAVIS PATIENTS: ALTERNATIVE FREQUENCY OF ADMINISTRATION BASED ON INDIVIDUAL PATIENT RESPONSE	Andriana Tompany, DO	I & III
118	TREATMENT OF ULNAR NEUROPATHY AT THE ELBOW USING A GEL STAND-OFF FOR ULTRASOUND-GUIDED PERINEURAL INJECTION	Nicholas Tranchitella, MD	I & II
119	IS MYASTHENIA GRAVIS A GENETIC CONDITION? A CASE SERIES OF TWO PATIENTS WITH FAMILIAL MG	Vijaya Valapara, MD	I & III
120	SPINAL MUSCULAR ATROPHY & CHARCOT MARIE TOOTH DISEASE 1B IN ONE PATIENT: A CASE FOR COMPREHENSIVE GENETIC TESTING	Darshana Vijaywargiya, MBBS	I & II
121	ASYMMETRIC SENSORY AND MOTOR DEFICITS AS PRESENTING SYMPTOMS OF LATE ONSET EOSINOPHILIC GRANULOMATOSIS WITH POLYANGIITIS	Amber Vocelle, DO	I & III
122	NUTRITIONAL DEFICITS IN POEMS SYNDROME: A LIKELY CONTRIBUTOR TO POLYNEUROPATHY	Amber Vocelle, DO	I & II
123	A CASE OF ANTI-MDA5 MYOSITIS WITH A RAPID AND DEVASTATING PROGRESSION	Vedang Vyas, MD	I & III
124	PERISCOPING A PERINEURIOMA: ULTRASOUND WITH ELECTRODIAGNOSTICS TO EVALUATE POSTERIOR INTEROSSEUS NERVE PALSY	Daniel Wido, MD	I & II
125	SMALL FIBER SENSORY NEUROPATHY/NEURONOPATHY PRESENTING AS NOTALGIA PARESTHETICA	Nathaniel Wooten, MD	I & III
126	CHARACTERIZATION OF LYMPHOCYTES IN AMYOTROPHIC LATERAL SCLEROSIS AND FRONTOTEMPORAL DEMENTIA BRAINS USING SINGLE NUCLEAR RNA SEQUENCING DATA	Mai Yamakawa, MD	I & II
127	A CASE OF MILLER-FISHER PRESENTING WITH AN UNUSUAL TRIAD: HYPOPHONIA, DYSPHAGIA, OPHTHALMOPLÉGIA	Jordan Yaukey, DO	I & III
128	TRENDS OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) CLINICAL TRIALS FROM 1999-2024 POSTED ON WWW.CLINICALTRIALS.GOV	Aaron Zelikovich, MD	I & II
129	A CASE REPORT OF A PATIENT WITH CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY (CIDP) OR MULTIFOCAL MOTOR NEUROPATHY (MMN): CHALLENGES IN DIAGNOSIS AND TREATMENT	Aaron Zelikovich, MD	I & III
130	MYASTHENIA GRAVIS UNMASKED: INSIGHTS FROM POSTPARTUM CASE-SERIES ANALYSIS	Mrinal Acharya, MBBS, MD, DM	I & II
131	ULTRASOUND MEASURES AS A BIOMARKER FOR MUSCLE ATROPHY IN LATE ONSET TAY SACHS DISEASE	Abdullah Al Qahtani, MD, MPH	I & III
132	DIAPHRAGM ULTRASOUND MEASUREMENTS IN PATIENTS WITH SHORTNESS OF BREATH IN A NEUROMUSCULAR TERTIARY CENTER	Monica Alcantara, MD, PhD	I & II
133	PHASE 3 TRIAL DESIGNS EVALUATING RILIPRUBART, A C1S-COMPLEMENT INHIBITOR, IN CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY	Miguel Alonso-Alonso, MD, PhD	I & III
134	VALUE OF HIGH-RESOLUTION ULTRASOUND IN DIAGNOSING MULTIFOCAL MOTOR NEUROPATHY IN A PATIENT WITH CERVICAL SPINAL STENOSIS	Amad Amedy, BA	I & II
135	MANAGEMENT OF MYASTHENIA GRAVIS IN A PATIENT WITH PRE-EXISTING HYPOGAMMAGLOBULINEMIA	Albert Amran, MD	I & III
136	MOTOR END PLATE MORPHOMETRY FROM MUSCLE BIOPSY CORRELATED WITH ELECTROMYOGRAPHY DATA IN PATIENTS WITH BRACHIAL PLEXUS/PERIPHERAL NERVE INJURY	Saman Andali, BS	I & II
137	KNOWLEDGE OF MYASTHENIA GRAVIS AND NEUROMUSCULAR DISEASE AMONG NEUROLOGY RESIDENTS	Yaacov Anziska, MD	I & III
138	PHASE 3B STUDY MT-1186-A02 TO INVESTIGATE THE SUPERIORITY OF DAILY DOSING VS THE FDA-APPROVED ON/OFF REGIMEN OF ORAL EDARAVONE IN PATIENTS WITH AMYOTROPHIC LATER SCLEROSIS	Stephen Apple, MD	I & II
139	PHASE 3 OPEN-LABEL SAFETY EXTENSION STUDY OF ORAL EDARAVONE ADMINISTERED OVER 96 WEEKS IN PATIENTS WITH ALS (MT-1186-A03)	Stephen Apple, MD	I & III
140	A CASE OF MYOCLONIC EPILEPSY WITH RAGGED RED FIBERS (MERRF) WITH UNIQUE BRAIN MRI FINDINGS	Mona Avnaki, MD	I & II
141	BRACHIAL AND LUMBOSACRAL PLEXOPATHIES IN A REFERENCE CENTER: A 10-YEAR RETROSPECTIVE STUDY	Ian Felipe Barbosa Souza, MD	I & III
142	UTILITY OF QUANTITATIVE GQ1B ANTIBODY TITERS IN MILLER FISHER SYNDROME FOR DIAGNOSIS AND PROGNOSIS - A RETROSPECTIVE STUDY	Naman Bareja, MBBS	I & II
143	TREATMENT OUTCOMES AMONG PATIENTS WITH GENERALIZED MYASTHENIA GRAVIS IN THE CZECH REPUBLIC: RESULTS FROM MYASTHENIA GRAVIS REGISTRY (MYREG)	Kavita Gandhi, MS	I & III
144	LONG-TERM SAFETY AND EFFICACY OF EFGARTIGIMOD PH20 SC IN GENERALIZED MYASTHENIA GRAVIS: INTERIM ANALYSIS OF ANTI-ACETYLCHOLINE RECEPTOR ANTIBODY SERONEGATIVE PARTICIPANTS IN ADAPT-SC+	Ratna Bhavaraju-Sanka, MD	I & II
145	LONG-TERM CORTICOSTEROID TREATMENT PATTERNS AND STEROID-SPARING EFFECTS OF APPROVED TREATMENTS FOR GENERALIZED MYASTHENIA GRAVIS IN THE UNITED STATES	Michael Blackowicz, PhD	I & III
146	COMBINED ANALYSES OF PARTICIPANTS WITH ANTI-ACETYLCHOLINE RECEPTOR SERONEGATIVE GENERALIZED MYASTHENIA GRAVIS TREATED WITH EFGARTIGIMOD ACROSS CLINICAL STUDIES	Edward Brauer, PharmD	I & II
147	GENETIC PATHOGENIC VARIANT LOAD AS POSSIBLE CAUSE OF THE CLINICAL HETEROGENEITY IN A PATIENT WITH LIMB GIRDLE MUSCULAR DYSTROPHY (LGMD): CASE REPORT	Steffany Cadena, MD	I & III
148	NEUROPATHY ASSOCIATED TO AMYLOIDOSIS DUE TO TRANSTHYRETIN VARIANTS AND THE IMPORTANCE OF A MULTIDISCIPLINARY EVALUATION	Francisco Caiza Zambrano, MD, MSc	I & II
149	EXPANDING THE PHENOTYPE OF DISTAL HEREDITARY MOTOR NEURONOPATHY -7A: A CASE WITH SENSORY INVOLVEMENT	Jessica Campo Alvarez, MD	I & III
150	A REAL-WORLD EXPERIENCE WITH EFGARTIGIMOD IN GENERALIZED MYASTHENIA GRAVIS IN CHINA	Yuping Chen, MD	I & II
151	PERIOPERATIVE OUTCOMES OF THE MECKELTOMY IN MYASTHENIA GRAVIS WITH EFGARTIGIMOD: A CASE SERIES	Yuping Chen, MD	I & III
152	THYMOMA-ASSOCIATED AUTOIMMUNE DISEASE RESPONSE TO EFGARTIGIMOD: A CASE REPORT	Yuanyi Chen, BS	I & II
153	LEVERAGING AI TO CHARACTERIZE MENTAL HEALTH EXPERIENCES THROUGHOUT THE MYASTHENIA GRAVIS DIAGNOSIS JOURNEY	Zia Choudhry, PhD	I & III
154	DEXAMETHASONE OPHTHALMIC SOLUTION MAY BENEFIT PATIENTS WITH OCULOMOTOR MANIFESTATIONS OF MYASTHENIA GRAVIS	Albert Cook, MD	I & II
155	SPONTANEOUS RESOLUTION OF INFILIXIMAB-ASSOCIATED CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY	Cintia da Hora, MD, PhD	I & III
156	ULTRASONOGRAPHIC EVALUATION OF THE VAGUS NERVE IN PATIENTS CARRYING THE AMYLOIDOSIS GENE	Jorge Diaz-Ruiz, MD	I & II
157	EFFECT SIZE ANALYSIS OF CIPAGLUCOSIDASE ALFA PLUS MIGLUSTAT VERSUS ALGLUCOSIDASE ALFA IN ENZYME REPLACEMENT THERAPY-EXPERIENCED ADULTS WITH LATE-ONSET POMPE DISEASE IN PROPEL	Mazen M. Dimachkie, MD	I & III
158	PITFALLS OF SINGLE FIBER ELECTROMYOGRAPHY (SFEMG) IN THE DIAGNOSIS OF SERONEGATIVE MYASTHENIA GRAVIS	Xinli Du, MD, PhD	I & II
159	RITUXIMAB INDUCED WORSENING OF CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY	Tricia Factora, MD	I & III
160	SERUM NEUROFILAMENT LIGHT CHAIN AS A BIOMARKER IN SENSORY NEURONOPATHY: A CASE SERIES	Qihua Fan, MD	I & II
161	ELECTROGRAPHICAL SIGNIFICANCE OF PERIODIC DISCHARGES AND ASSOCIATION WITH ETIOLOGY AND OUTCOMES IN A TERTIARY CARE HOSPITAL IN PAKISTAN, A RETROSPECTIVE COHORT STUDY	Ayisha Farooq Khan, MBBS	I & III
162	EXPOSURE-RESPONSE RELATIONSHIPS: HYALURONIDASE-FACILITATED SUBCUTANEOUS AND INTRAVENOUS IMMUNOGLOBULIN 10% IN CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY	Immanuel Freedman, PhD	I & II
163	CORTICOSTEROID DOSE TAPERING DURING TREATMENT WITH ZILUCOPLAN IN PATIENTS WITH GENERALIZED MYASTHENIA GRAVIS: 120-WEEK FOLLOW-UP OF RAISE-XT	Miriam Freimer, MD	I & III
164	SELF-ADMINISTRATION OF SUBCUTANEOUS ROZANOLIXIZUMAB IN PATIENTS WITH GENERALIZED MYASTHENIA GRAVIS: CLINICAL STUDY DESIGN	Rachana K. Gandhi Mehta, MD	I & II
165	SAFETY, TOLERABILITY, PHARMACOKINETICS, IMMUNOGENICITY, AND EFFICACY OF ARGX-119 IN PARTICIPANTS WITH DOK7-CONGENITAL MYASTHENIC SYNDROMES: PHASE 1B STUDY IN PROGRESS	Deborah Gelinis, MD	I & III
166	PERSISTENT DYSAUTONOMIC MANIFESTATIONS IN PATIENTS PREVIOUSLY DIAGNOSED WITH GUILLAIN-BARRÉ SYNDROME	Anabella Cecilia Gomez, MD	I & II
167	CASE REPORT: BILATERAL CYCLIST'S PALSY	Luisa Gomez Ibañez, MD	I & III

168	CASE REPORT: SMALL FIBER NEUROPATHY IN A PATIENT WITH LEPROSY EVALUATED WITH A QUANTITATIVE SENSORY TESTING	Luisa Gomez Ibañez, MD	I & II
169	THE COST OF ENDURANCE: INVESTIGATING NERVE INJURIES IN ULTRACYCLING ATHLETES	Nathali Carolina González Alvarado, MD	I & III
170	USE OF ULTRASONOGRAPHY AND "J-IMAGE" TO APPROACH INFLAMMATORY MYOPATHY SECONDARY TO AUTOIMMUNE DISEASE: CASE REPORT	Juan Esteban Gonzalez Camargo, MD	I & II
171	IMPACT OF ALS-CBS PERFORMANCE ON ALS-RELATED SYMPTOM MANAGEMENT: A RETROSPECTIVE ANALYSIS	Jacob Goodwin, MD	I & III
172	OBTURATOR NEUROPATHY: A RETROSPECTIVE REVIEW OF 36 PATIENTS	Samuel Goorman, BS	I & II
173	A CASE SERIES OF ORAL CORTICOSTEROID TAPERING AFTER TREATMENT WITH EFGARTIGIMOD IV IN FOUR PATIENTS WITH ANTI-ACETYLCHOLINE RECEPTOR AUTOANTIBODY SEROPOSITIVE GENERALIZED MYASTHENIA GRAVIS	Raghav Govindarajan, MD	I & III
174	DRY BERIBERI AND WERNICKE'S ENCEPHALOPATHY DUE TO THIAMINE DEFICIENCY WITH ALBUMINOCYTOLOGICAL DISSOCIATION MIMICKING GUILLAIN-BARRÉ SYNDROME: A DIAGNOSTIC CONUNDRUM	Supreeth Gowda, MBBS	I & II
175	THE ROLE OF CUTANEOUS SILENT PERIOD IN SENSORY GANGLIONOPATHIES AVALIATON: A CASE SERIES AND REVIEW	Hendrick Gramasco, MD	I & III
176	EFFICACY AND SAFETY OF SUBCUTANEOUS EFGARTIGIMOD PH20 IN CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY: ADHERE TRIAL SUBGROUP ANALYSIS	Jeffrey T. Guptill, MD	I & II
177	EFFICACY AND SAFETY OF SUBCUTANEOUS EFGARTIGIMOD PH20 IN CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY: ADHERE/ADHERE+ TRIAL	Jeffrey T. Guptill, MD	I & III
178	PHASE 3 TRIAL INVESTIGATING IMPACT OF INTRAVENOUS EFGARTIGIMOD IN ANTI-ACETYLCHOLINE RECEPTOR ANTIBODY NEGATIVE GENERALIZED MYASTHENIA GRAVIS	Jeffrey T. Guptill, MD	I & II
179	THE RAPID ACCESS ALS CLINIC MODEL: CAN WE MOVE THE NEEDLE AND IMPROVE ALS DIAGNOSTIC DELAY?	Kelly Gwathmey, MD	I & III
180	SAFETY PROFILE OF INTRAVENOUS EFGARTIGIMOD FROM CLINICAL TRIALS IN IMMUNOGLOBULIN G-MEDIATED AUTOIMMUNE DISEASES	Kelly Gwathmey, MD	I & II
181	SAFETY PROFILE OF SUBCUTANEOUS EFGARTIGIMOD PH20 FROM CLINICAL TRIALS IN IMMUNOGLOBULIN G-MEDIATED AUTOIMMUNE DISEASES	Kelly Gwathmey, MD	I & III
182	CYCLIC AND EVERY-OTHER-WEEK DOSING OF INTRAVENOUS EFGARTIGIMOD FOR GENERALIZED MYASTHENIA GRAVIS: PART A OF ADAPT NXT	Ali A. Habib, MD	I & II
183	DESIGN OF KYSA-6, A PHASE 2, OPEN-LABEL, MULTICENTER STUDY OF KYV-101, A NOVEL FULLY HUMAN ANTI-CD19 CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY IN REFRACTORY GENERALIZED MYASTHENIA GRAVIS	Aiden Haghikia, MD	I & III
184	AMYOTROPHIC LATERAL SCLEROSIS: FUNCTIONAL BRAIN CHANGES	Bárbara Aymeé Hernandez, MD, PhD	I & II
185	DUAL INNERVATION OF THE EXTENSOR DIGITORUM BREVIS MUSCLE	Jesus Hernandez, RN, CNCT, RNCST	I & III
186	LUMBOSACRAL PLEXOPATHY AS A COMPLICATION OF RETROPERITONEAL HEMORRHAGE SECONDARY TO ENDOVASCULAR INTERVENTION	Wilmer Santiago Herrera Malpica, MD	I & II
187	LARYNGEAL NEUROPATHY: A RETROSPECTIVE REVIEW OF 52 PATIENTS	Elizabeth Ho, MD	I & III
188	EFGARTIGIMOD TREATMENT IN IDIOPATHIC INFLAMMATORY MYOPATHY	Ying Hou, PhD	I & II
189	DEMOGRAPHICS AND BASELINE DISEASE CHARACTERISTICS IN THE INEBILIZUMAB, A SELECTIVE CD19+ B CELL DEPLETER, GENERALIZED MYASTHENIA GRAVIS REGISTRATIONAL STUDY (MINT)	James F. Howard Jr., MD	I & III
190	DESIGN OF THE PLACEBO-CONTROLLED PHASE 3 STUDY OF INEBILIZUMAB, A SELECTIVE CD19+ B CELL DEPLETER, IN GENERALIZED MYASTHENIA GRAVIS: THE MINT STUDY	James F. Howard Jr., MD	I & III
191	EFFICACY OF ZILUCOPLAN IN PATIENTS WITH GENERALIZED MYASTHENIA GRAVIS WITHOUT PRIOR IMMUNOGLOBULIN OR PLASMA EXCHANGE TREATMENT IN THE RAISE STUDY	James F. Howard Jr., MD	I & II
192	LONG-TERM SAFETY AND EFFICACY OF ZILUCOPLAN IN GENERALIZED MYASTHENIA GRAVIS: 120-WEEK INTERIM ANALYSIS OF RAISE-XT	James F. Howard Jr., MD	I & II
193	PERIPHERAL CD4+ T PROFILE IN REFRACTORY MYASTHENIA GRAVIS	Xiao Huan, MD, PhD	I & III
194	IMPACT OF NEUROPATHIC PAIN ON LIFE SATISFACTION AND MENTAL HEALTH AMONG SPINAL CORD INJURY PATIENTS IN EGYPT	Maha Ibrahim, MD	I & II
195	FACTORS INFLUENCING EXACERBATIONS AND CRISES IN GENERALIZED MYASTHENIA GRAVIS: FINDINGS FROM A CLAIMS DATABASE STUDY	Louis Jackson, PharmD	I & III
196	DELAYED DIAGNOSIS OF HEREDITARY NEURALGIC AMYOTROPHY DUE TO NOVEL SEPT9 VARIANT C988G>A	Min Kang, MD	I & II
197	DISEASE SEVERITY AND HEALTHCARE RESOURCE UTILIZATION FOR CHRONIC INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY AND MULTIFOCAL MOTOR NEUROPATHY: RESULTS FROM AN INTEGRATED DATABASE	Chafic Karam, MD	I & III
198	EMPASIPRUBART (ARGX-117) IN MULTIFOCAL MOTOR NEUROPATHY: INITIAL SAFETY AND EFFICACY DATA OF THE PHASE 2 ARDA STUDY	Chafic Karam, MD	I & II
199	A CASE OF SOD1 AMYOTROPHIC LATERAL SCLEROSIS TREATED WITH TOFERSEN: SLOWED PROGRESSION AND RENEWED HOPE	Ramita Karra, MD	I & III
200	A RARE PRESENTATION OF MYASTHENIA GRAVIS WITH NEUROMYELITIS OPTICA	Esha Kataria, DO	I & II
201	DNTH103 SHOWS SUSTAINABLE INHIBITION OF COMPLEMENT AND PREVENTS NERVE CONDUCTION VELOCITY IMPAIRMENT IN A PRECLINICAL MODEL OF CIDP	Hans Katzberg, MD	I & III
202	RARE CASE OF POSTERIOR INTEROSSEOUS NEUROPATHY SECONDARY TO SCHWANNOMA	Tyler Kendall, MD	I & II
204	REDUNDANT NERVE ROOTS ON MAGNETIC RESONANCE IMAGING CAN PREDICT ONGOING DENERVATION IN PATIENTS WITH LUMBAR SPINAL STENOSIS	Keewon Kim, MD	I & II
205	SYMPTOMATIC MANIFESTATION OF SPINAL AND BULBAR MUSCULAR ATROPHY (SBMA) IN HETEROZYGOUS FEMALE: A CASE REPORT	Keewon Kim, MD	I & III
206	CHARACTERISTICS OF INFLAMMATORY MYOPATHY PATIENTS IN A REGIONAL MYOSITIS CENTRE: DATABASE DEVELOPMENT AND EXPLORATORY ANALYSIS	Priscilla Moon Young Kim, BSc	I & II
207	FOCAL MYOSITIS OF THE DISTAL LOWER EXTREMITIES WITH SUBSEQUENT PERONEAL NEUROPATHIES IN A PATIENT WITH COVID-19 INFECTION	Travis Kooima, MD	I & II
208	ROLE OF PRAZOSIN IN PATIENTS WITH GUILLAIN BARRE SYNDROME WITH DYSAUTONOMIA WITH SYMPATHETIC OVER-ACTIVITY: A PROSPECTIVE COHORT STUDY	Mritunjai Kumar, MBBS, MD, DM	I & III
209	IMPACT OF VUTRISIRAN ON ACTIVITIES OF DAILY LIVING AND FUNCTIONAL STATUS IN PATIENTS WITH HATTR AMYLOIDOSIS	Varun Kumar, MPH, MSc	I & II
210	A PATIENT WITH PARAMYOTONIA CONGENITA DUE TO A NOVEL SCN4A GENE MUTATION	Carlos Lara, MD	I & III
211	PHASE 2 EFFICACY AND SAFETY OF RILIPRUBART, A C1S-COMPLEMENT INHIBITOR, IN CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY	Richard A. Lewis, MD	I & II
212	LONG-TERM SAFETY, TOLERABILITY, AND EFFICACY OF SUBCUTANEOUS EFGARTIGIMOD PH20 IN PARTICIPANTS WITH GENERALIZED MYASTHENIA GRAVIS: INTERIM RESULTS OF THE ADAPT-SC+ STUDY	Yuebing Li, MD, PhD	I & III
213	CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY MISDIAGNOSIS: A META-ANALYSIS	Ziqiang Lin, MD	I & II
214	PAINLESS NEURALGIC AMYOTROPHY IN A PEDIATRIC PATIENT	Tiffany Lin, MD	I & III
215	A NOVEL TREATMENT APPROACH FOR IDIOPATHIC POSTERIOR INTEROSSEOUS NERVE ENTRAPMENT	Daniella Lipnick, MD	I & II
216	POZELIMAB AND CEMDISIRAN COMBINATION THERAPY IN PATIENTS WITH MYASTHENIA GRAVIS: PHASE 3 NIMBLE TRIAL DESIGN	Ching Lum, PharmD	I & III
217	EFGARTIGIMOD IN GENERALIZED MYASTHENIA GRAVIS: A MULTICENTER REAL-WORLD COHORT STUDY IN CHINA	Sushan Luo, MD, PhD	I & II
218	CLINICAL OUTCOME IN IMPENDING MYASTHENIC CRISIS WITH RESCUE THERAPIES: A PROSPECTIVE COHORT STUDY	Sushan Luo, MD, PhD	I & III
219	SUBACUTE PROGRESSION ANTI-HU SENSORY GANGLIONOPATHY IN ASSOCIATION WITH MYXOID CHONDROSARCOMA IN REMISSION	Lindsay Malatesta, MD	I & II

Poster Presentations

Session I: Wednesday 6:15 - 6:45 pm | Session II: Thursday 9:30 - 10 am | Session III: Thursday 2:45 - 3:15 pm

220	NEUROSYPHILIS: AN UNSUSPECTING MIMIC TO SERONEGATIVE MYASTHENIA GRAVIS	Lindsay Malatesta, MD	I & III
221	UTILITY OF GENETIC PANELS FOR NEUROMUSCULAR DISORDERS IN A TERTIARY REFERRAL CENTER NEUROLOGY CLINIC IN CENTRAL PENNSYLVANIA	Mansoureh Mamarabadi, MD	I & II
222	ENZYME REPLACEMENT THERAPY AND IMMUNOTHERAPY YIELD SIGNIFICANT FUNCTIONAL IMPROVEMENT IN TWO CHILDREN WITH POMPE DISEASE: CASE REPORTS IN COLOMBIA	Daniel Manrique Hernandez, MD	I & III
223	NEW GENERATION SEQUENCING IN HYPER-CKEMIA EVALUATION	Lucas Marenga de Arruda Buarque, MD	I & II
224	LOW FREQUENCY REPETITIVE STIMULATION AS A TOOL TO DIFFERENTIATE EATON-LAMBERT MYASTHENIC SYNDROME FROM MYASTHENIA GRAVIS	Lucas Marenga de Arruda Buarque, MD	I & III
225	PREDICTING SURGICAL OUTCOMES FOR CUBITAL TUNNEL SYNDROME WITH THE CONWAY SCALE: A PILOT STUDY	Chrissa McClellan, MD, PT	I & II
226	ACCURACY OF NEEDLE PLACEMENT IN TERES MINOR USING SURFACE LANDMARKS VERSUS ULTRASONOGRAPHY	Anna McCrate, MD	I & III
227	A CHILDREN'S HOSPITAL'S APPROACH TO OBTAINING OPTIMUM DATA FROM NERVE CONDUCTION STUDIES AND ELECTROMYOGRAPHY MINIMIZES NEED FOR SEDATION	Bridget McGowan, MD	I & II
228	ULNAR NEUROPATHY AS AN UNCOMMON PRESENTATION OF NEUROSARCOIDOSIS: A CASE SERIES	Anza Memon, MD	I & III
229	SAFETY AND EFFICACY OF DELANDISTROGENE MOXEPARVOVEC VERSUS PLACEBO IN DUCHENNE MUSCULAR DYSTROPHY: PHASE 3 EMBARK PRIMARY RESULTS	Jerry Mendell, MD	I & II
230	MOTOR UNIT NUMBER INDEX AND REVISED UPPER LIMB MODULE IN SPINAL MUSCULAR ATROPHY	Mariana S. Minei-Ogata, MD	I & III
231	ANOMALOUS INNERVATION OF THE FOOT- TIBIAL FOOT	Igal Mirman, MD	I & II
232	EVALUATION OF THE DURABILITY OF LONG-TERM IVIG IN MULTIFOCAL MOTOR NEUROPATHY	Jennifer Morganroth, MD, MBA	I & III
233	APPLICATION OF ELECTROPHYSIOLOGICAL TECHNIQUES AND ULTRASONOGRAPHY IN ULNAR NERVE INJURIES: A CASE STUDY IN AN ADULT WORKER	Jorge Nicolas Munoz - Rodriguez, MD	I & II
234	SAFETY AND EFFECTIVENESS OF RAVULIZUMAB IN GENERALIZED MYASTHENIA GRAVIS: EVIDENCE FROM A GLOBAL REGISTRY	Pushpa Narayanaswami, MD	I & III
235	STEROID USE, TOXICITY, AND MONITORING IN PATIENTS WITH GENERALIZED MYASTHENIA GRAVIS: A SURVEY OF NEUROLOGISTS IN THE UNITED STATES	Pushpa Narayanaswami, MD	I & II
236	CONCOMITANT CORTICOSTEROID USE WITH RAVULIZUMAB IN ADULTS WITH ANTI-ACETYLCHOLINE RECEPTOR ANTIBODY-POSITIVE GENERALIZED MYASTHENIA GRAVIS: PHASE 3 CHAMPION-MG OPEN-LABEL EXTENSION FINAL RESULTS	Michael Nicolle, MD, DPhil	I & III
237	SAFETY, TOLERABILITY, EFFICACY, PHARMACOKINETICS, AND IMMUNOGENICITY OF ARGX-119 IN PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS: A PHASE 2A STUDY IN PROGRESS	Deborah Gelinis, MD	I & II
238	PRIMARY SPEECH APRAXIA FOR NEARLY 10 YEARS THAT DEVELOPS INTO MOTOR NEURON DISEASE: AMYOTROPHIC LATERAL SCLEROSIS VARIANT	Emma Orozco, MD	I & III
239	THE USE OF MUSCLE ULTRASONOGRAPHY IN DIAGNOSING AMYOTROPHIC LATERAL SCLEROSIS	Jerne Kaz Niels Paber, MD	I & II
240	INCIDENCE AND OUTCOME OF MENINGOCOCCAL INFECTION WITH ECULIZUMAB OR RAVULIZUMAB IN PATIENTS WITH GMG OR NMOSD: AN ANALYSIS OF US CLINICAL PRACTICE	Shirali Pandya, MPH, PhD	I & III
241	EVOLVING GLOBAL EPIDEMIOLOGY OF MYASTHENIA GRAVIS: RESULTS FROM A SYSTEMATIC LITERATURE REVIEW	Jenny Y. Park, PharmD, MS	I & II
242	THE BURDEN OF GLUCOCORTICOID USE AMONG PATIENTS WITH GENERALIZED MYASTHENIA GRAVIS IN THE UNITED STATES	Jenny Y. Park, PharmD, MS	I & III
243	INFLAMMATORY MYOPATHY, A RARE ENTITY IN PEDIATRICS	Dary Parra Parraga, PgDip	I & II
244	WEST NILE ENCEPHALITIS ADVANCING TO ACUTE FLACCID MYELITIS	Krima Patel, DO	I & III
245	THIAMINE DEFICIENCY MASQUERADING AS ACUTE MOTOR AND SENSORY AXONAL NEUROPATHY (AMSAN) IN THE SETTING OF HEAVY ALCOHOL USE	Parthkumar Patel, DO	I & II
246	ASSESSING THE SUITABILITY OF THE NEURO-QOL FATIGUE TO EVALUATE FATIGUE IN PATIENTS WITH MYASTHENIA GRAVIS	Sheryl Pease, MBA	I & III
247	RADIAL CONDUCTION BLOCK AND POSTERIOR INTEROSSEOUS NERVE: STAY ATTUNED WITH MULTIFOCAL MOTOR NEUROPATHY	Jose Pedro Soares Balma, MD	I & II
248	MYOPATHIC CHANGES IN ULTRASOUND AND EMG IN SYSTEMIC SCLEROSIS: CASE REPORT	Laura Pinzón, MD	I & III
249	DOUBLE CRUSH MECHANISM DETECTED ON ULTRASOUND IN A PATIENT WITH DIABETES MELLITUS	Laura Pinzón, MD	I & II
250	CONCENTRIC NEEDLE BENDING DURING ROUTINE EXTENSOR HALLUCIS LONGUS ELECTROMYOGRAPHY	Michael Platto, MD	I & III
251	RISK OF SERIOUS INFECTIONS AND MALIGNANCIES IN ADULT MYASTHENIA GRAVIS PATIENTS: A US CLAIMS DATABASE STUDY	Jana Podhorna, MD	I & II
252	CLINICAL, ELECTROPHYSIOLOGICAL AND MR NEUROGRAPHY PROFILE OF PARAPROTEINEMIC NEUROPATHY - A SINGLE CENTRE EXPERIENCE FROM SOUTH INDIA	Prashanth Poullose, MD	I & III
253	SAFETY, PULMONARY FUNCTION, AND MOTOR FUNCTION IN AMBULATORY AND NONAMBULATORY PARTICIPANTS WITH DUCHENNE MUSCULAR DYSTROPHY TREATED WITH VILTOLARSEN: RESULTS FROM THE GALACTIC53 CLINICAL TRIAL	Michelle L. Previtera, PhD	I & II
254	AXONAL POLYNEUROPATHY SECONDARY TO AUTOIMMUNE VASCULITIS, DIAGNOSTIC APPROACH WITH ULTRASONOGRAPHY	Daniela Andrea Puerto Avila, MD	I & III
255	READABILITY ANALYSIS ASSESSING READABILITY IN ONLINE HEALTH INFORMATION FOR PEDIATRIC NEUROMUSCULAR DISORDERS: A FOCUS ON CEREBRAL PALSY AND MYELODYSPLASIA	Manvi Punukollu, BS	I & II
256	INTERIM RESULTS FOR MYASTHENIA GRAVIS-RESOURCE UTILIZATION, EPIDEMIOLOGY, SURVIVAL & TREATMENT PATTERNS (MG-REST) STUDY IN ONTARIO, CANADA	Kobina Quansah, MSc	I & III
257	A CASE OF SPONTANEOUS REGRESSION OF THYMOMA IN ACH-R ANTIBODY POSITIVE MYASTHENIA GRAVIS	Nikhil Rajulapati, BS	I & II
258	ALNYLAM ACT®: EFFECTIVENESS OF GENETIC TESTING IN ESTABLISHING A DIAGNOSIS IN PATIENTS WITH SUSPICION OF HEREDITARY TRANSFERRIN AMYLOIDOSIS	Steven Roblin, PhD	I & III
259	EARLY DIAGNOSIS OF FAMILIAL AMYLOID POLYNEUROPATHY: A CASE REPORT	Liliana Elizabeth Rodriguez Zambrano, MD	I & II
261	EFFECTIVENESS OF EFGARTIGIMOD IN PATIENT WITH MYASTHENIA GRAVIS AND TUMOR: A SINGLE CENTER EXPERIENCE	Zhe Ruan, PhD	I & II
262	REAL-WORLD REDUCTION IN ORAL CORTICOSTEROID UTILIZATION FOLLOWING EFGARTIGIMOD INITIATION	Tobias Ruck, MD	I & III
263	CHRONIC STEROID TOXICITY IN ADULTS WITH MYASTHENIA GRAVIS IN THE UNITED STATES BASED ON ELECTRONIC HEALTH RECORDS	Tobias Ruck, MD	I & II
264	COMPLIANCE TO DAILY SELF-ADMINISTERED SUBCUTANEOUS ZILUCOPLAN IN PATIENTS WITH GENERALIZED MYASTHENIA GRAVIS: A POST HOC ANALYSIS OF THE RAISE-XT STUDY	Katherine Ruzhansky, MD	I & III
265	HIRAYAMA DISEASE (MONOMELIC AMYOTROPHY) INITIALLY DIAGNOSED AND MANAGED WITH MULTIFOCAL MOTOR NEUROPATHY, CASE REPORT	Camilo Salazar, MD	I & II
266	THE DUKE MG PATIENT REGISTRY: III. THE COMPARATIVE EFFECTIVENESS OF AZATHIOPRINE AND MYCOPHENOLATE MOFETIL IN MYASTHENIA GRAVIS, A RETROSPECTIVE SINGLE CENTER REVIEW	Donald Sanders, MD	I & III
267	QUALITY OF LIFE IN GENERALIZED MYASTHENIA GRAVIS: RESULTS FROM A GLOBAL REGISTRY OF ECULIZUMAB AND RAVULIZUMAB TREATMENT	Christopher A. Scheiner, MD, PhD	I & II
268	LUMBOSACRAL RADICULOPLEXUS NEUROPATHY WITH THORACIC WALL INVOLVEMENT - RECOGNIZING A RARE PERIPHERAL NERVOUS SYSTEM DISORDER	Alexander Sellers, MD	I & III
269	ISOLATED ANARTHRIA: AN ATYPICAL PRESENTATION OF MYASTHENIA GRAVIS	Amanda Sellers, MD	I & II
270	ADVERSE PREGNANCY OUTCOMES IN MYASTHENIA GRAVIS: A RETROSPECTIVE COHORT STUDY IN A US HEALTH INSURANCE CLAIMS DATABASE	John Sheehan, PhD	I & III
271	PERINATAL TREATMENT PATTERNS IN MYASTHENIA GRAVIS	John Sheehan, PhD	I & II
272	A NOVEL CASE OF ADENOVIRUS ENCEPHALITIS AND ACUTE INFLAMMATORY DEMYELINATING POLYRADICULONEUROPATHY IN AN IMMUNOCOMPROMISED ADULT	Ashish Shrestha, MD	I & III

273	RICHE-CANNIEU ANASTOMOSIS WITH DEEP ULNAR PALMAR MOTOR NEUROPATHY MIMICKING A SEVERE MEDIAN CONDUCTION BLOCK AT THE WRIST	Chaichana Sinthuwong, MD	I & II
274	PAIN-RELATED SOMATOSENSORY EVOKED POTENTIALS AS A TOOL IN EVALUATING SMALL-FIBER NEUROPATHY IN HATTR AMYLOIDOSIS	Jose Pedro Soares Balma, MD	I & III
275	THE SAFETY AND EFFICACY PROFILE OF ECUZUMAB IN MYASTHENIC CRISIS: A PROSPECTIVE SMALL CASE SERIES	Jie Song, MD	I & II
276	SAFETY AND EFFECTIVENESS OF NIPOCALIMAB IN ADOLESCENT PARTICIPANTS IN THE OPEN LABEL PHASE 2/3 VIBRANCE-MG CLINICAL STUDY	Jonathan Strober, MD	I & III
277	AGE-ASSOCIATED B CELLS IN MYASTHENIA GRAVIS AND THE INFLUENCE OF BRUTON'S TYROSINE KINASE ON THEIR DIFFERENTIATION AND FUNCTION	Manqigqe Su, MD	I & II
278	THE APPLICATION OF DROPLET DIGITAL PCR AND METAGENOMIC NEXT-GENERATION SEQUENCING IN PATHOGENS IDENTIFICATION OF PNEUMONIA IN PATIENTS WITH MYASTHENIA GRAVIS: A PROSPECTIVE COHORT STUDY	Manqigqe Su, MD	I & III
279	A CASE REPORT OF A GENETIC SYNDROME (CANVAS) PRESENTING WITH ATAXIA, NEUROPATHY, AND CHRONIC COUGH	Yuyao Sun, MD	I & II
280	SUBCUTANEOUS EFGARTIGIMOD PH20 IN CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY: KEY SECONDARY OUTCOMES FROM THE ADHERE TRIAL	Niraja Suresh, MD	I & III
281	CARDIOVASCULAR COMORBIDITIES AND MYASTHENIA GRAVIS: A SYSTEMATIC REVIEW AND META-ANALYSIS	Sophia Tahir, MD, MBA	I & II
282	TRANSCRIPTOMIC SIGNATURE INDUCED BY EDARAVONE IN MOTOR NEURONS FROM AN ALS PATIENT WITH A TDP-43 MUTATION	Makoto Tamura, PhD	I & III
283	LONG-TERM FOLLOW-UP STUDY OF RISDIPLAM IN PARTICIPANTS WITH SPINAL MUSCULAR ATROPHY (WeSMA)	Imran Tanvir, MD, MBA	I & II
284	POST INFLAMMATORY SENSORY GANGLIONOPATHY IN ASSOCIATION WITH COVID VACCINATION	ChaVonne Tatum, RNCST	I & III
285	ASYMMETRIC SENSORY MOTOR DEMYELINATING NEUROPATHY SECONDARY TO NOVEL GJB1 MUTATION	ChaVonne Tatum, RNCST	I & II
286	INTRAVENOUS IMMUNOGLOBULIN THERAPY FOR POST-COVID-19 POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME	Jinny Tavee, MD	I & III
287	SOCIAL DETERMINANTS OF HEALTH ARE ASSOCIATED WITH DELAYED DIAGNOSIS IN MYASTHENIA GRAVIS	Judith Thompson, PharmD, MPH	I & II
288	EVIDENCE OF MISDIAGNOSIS IN ADMINISTRATIVE CLAIMS DATA FOR INDIVIDUALS WITH MYASTHENIA GRAVIS	Judith Thompson, PharmD, MPH	I & III
289	TARSAL TUNNEL SECONDARY TO AN ANKLE CYST DIAGNOSED BY ULTRASOUND: A CASE REPORT	Olivia Tincher, DO	I & II
290	TO ASSESS THE EFFICACY AND REPRODUCIBILITY OF A DEEP LEARNING ALGORITHM IN THE SEGMENTATION OF THE MEDIAN NERVE ON ULTRASOUND IMAGES	Kyle Tse, MD	I & III
291	NERVE ULTRASOUND IN THE DIAGNOSIS OF ULNAR NEUROPATHY AT THE ELBOW DUE TO HANSEN'S DISEASE - CASE REPORT	Kyle Tse, MD	I & II
292	TRANSIENT LEUKOENCEPHALOPATHY ASSOCIATED WITH GJB1 GENE X-LINKED CHARCOT-MARIE-TOOTH DISEASE: CASE REPORT	Melissa Tunarosa Murcia, MD	I & III
293	EMPASIPRUBART (ARGX-117) IN MULTIFOCAL MOTOR NEUROPATHY: BASELINE CHARACTERISTICS AND MMN CONFIRMATION COMMITTEE OUTCOME OF THE PHASE 2 ARDA STUDY COHORT 1	Olivier Van de Steen, MD, PhD	I & II
294	THE BURDEN PEOPLE SUFFERING FROM CIDP EXPERIENCE IN TERMS OF UTILITIES: COMPARISON WITH THE GENERAL POPULATION	Benjamin Van Hoorick, MD	I & III
295	HETEROGENEITY OF EQ-5D-5L UTILITIES AMONG PEOPLE SUFFERING FROM CIDP	Benjamin Van Hoorick, MD	I & II
296	COLCHICINE-INDUCED TUBULAR AGGREGATE MYOPATHY MIMICKING DISTAL MYOPATHY: A CASE REPORT	Laura Vargas, MD	I & III
297	DNTH103, A POTENTIALLY SAFER AND MORE CONVENIENT NOVEL THERAPY FOR GENERALISED MYASTHENIA GRAVIS	John Vissing, MD	I & II
298	COVID-19 VACCINATION RESPONSE IN PARTICIPANTS RECEIVING EFGARTIGIMOD IV OR EFGARTIGIMOD PH20 SC IN ADAPT+ OR ADAPT-SC+	Tuan Vu, MD	I & III
299	A PHASE 3, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY WITH AN OPEN-LABEL EXTENSION PERIOD TO EVALUATE THE EFFICACY AND SAFETY OF TELITACICEPT IN PATIENTS WITH GENERALIZED MYASTHENIA GRAVIS	Tuan Vu, MD	I & III
300	ROZANOLIXIZUMAB IN PATIENTS AGED ≥65 YEARS WITH GENERALIZED MYASTHENIA GRAVIS: A POST HOC ANALYSIS OF THE PHASE 3 MYCARING STUDY	Tuan Vu, MD	I & II
301	EFFICACY AND SAFETY OF NIPOCALIMAB IN PATIENTS WITH GENERALIZED MYASTHENIA GRAVIS: TOPLINE RESULTS FROM THE DOUBLE-BLIND, PLACEBO-CONTROLLED, RANDOMIZED PHASE 3 VIVACITY-MG3 STUDY	Tuan Vu, MD	I & II
302	CASE REPORT: ANTI-NEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA)-ASSOCIATED VASCULITIS (AAV) PRESENTING WITH CONCURRENT NEUROMYOPATHY	Han Wang, MD	I & III
303	COPPER DEFICIENCY INDUCED MYELONEUROPATHY WITH COEXISTING VITAMIN B6 AND B12 DEFICIENCY	Han Wang, MD	I & II
304	EFGARTIGIMOD SUCCESSFUL TREATMENT IN A CASE OF ANTI-AMPA LIMBIC ENCEPHALITIS ASSOCIATED WITH THYMOMATOUS MYASTHENIA GRAVIS	Lin Wang, MS	I & III
305	CONCOMITANT INTRAVENOUS IMMUNOGLOBULIN OR PLASMA EXCHANGE HAS NO EFFECT ON COMPLEMENT INHIBITION BY ZILUCOPLAN	Michael D. Weiss, MD	I & II
306	STEROID USE, TOXICITY, AND MONITORING IN PATIENTS WITH CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY: A SURVEY OF NEUROLOGISTS IN THE UNITED STATES	Gil Wolfe, MD	I & III
307	CLINICAL OUTCOMES, DISEASE COURSE, AND QUALITY OF LIFE IN PATIENTS WITH MULTIFOCAL MOTOR NEUROPATHY: IMMERSION, STUDY IN PROGRESS	Jamie Wood, PhD	I & II
308	AN ATYPICAL CASE OF CIDP WITH NEUROFASCIN 155 ANTIBODY AND POLYCYTHEMIA VERA MIMICKING POEMS SYNDROME	Ge Xiong, MD, PhD	I & III
309	PREDICTION OF SURVIVAL OUTCOMES FOR PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS UTILIZING MACHINE LEARNING	Ian Xu, BS	I & II
310	PATIENT PREFERENCES FOR GENERALIZED MYASTHENIA GRAVIS TREATMENT PROFILES: RESULTS OF A WEB-BASED SURVEY	Karen S. Yee, PhD	I & III
311	FAMILY WITH A VCP MUTATION: VARIABLE PHENOTYPICAL PRESENTATIONS LINKED BY ABNORMAL RNA METABOLISM	Jessica Yi, MD	I & II
312	IN VIVO DETECTION OF NEUROFASCIN (NF)155 ANTIBODIES IN A PATIENT WITH PROGRESSIVE CIDP	David Younger, MD, DrPH, MPH, MS	I & III
313	SAFETY AND EFFICACY OF TOFACITINIB IN PATIENTS WITH REFRACTORY MYASTHENIA GRAVIS: A PILOT STUDY	Rui Zhao, BMed	I & II
314	CASE REPORT: EFGARTIGIMOD PLUS RITUXIMAB IMPROVES MUSK AUTOANTIBODY POSITIVE MYASTHENIA GRAVIS PRESENTING AS DYSPNEA	Yiming Zheng, MD	I & III
315	PLASMA BIOMARKER-BASED ENDOTYPES OF MYASTHENIA GRAVIS AND ASSOCIATION WITH CLINICAL SUBTYPES AND THERAPEUTIC RESPONSE	Huahua Zhong, MD	I & II
316	RESPONSE TO SINGLE LOW-DOSE RITUXIMAB CAN PREDICT A BETTER OUTCOME OF MULTI-CYCLE TREATMENT IN REFRACTORY MYASTHENIA GRAVIS: A SINGLE-CENTER STUDY	Yufan Zhou, MD, PhD	I & III
317	A PREDICTIVE NOMOGRAM FOR SHORT-TERM OUTCOMES OF MYASTHENIA GRAVIS PATIENTS TREATED WITH LOW-DOSE RITUXIMAB	Yufan Zhou, MD, PhD	I & II
318	CREATION OF PATIENT-CENTERED EDUCATIONAL VIDEOS FOR GLUCOCORTICOID TREATMENT COUNSELLING	Annie Zhu, MD	I & III

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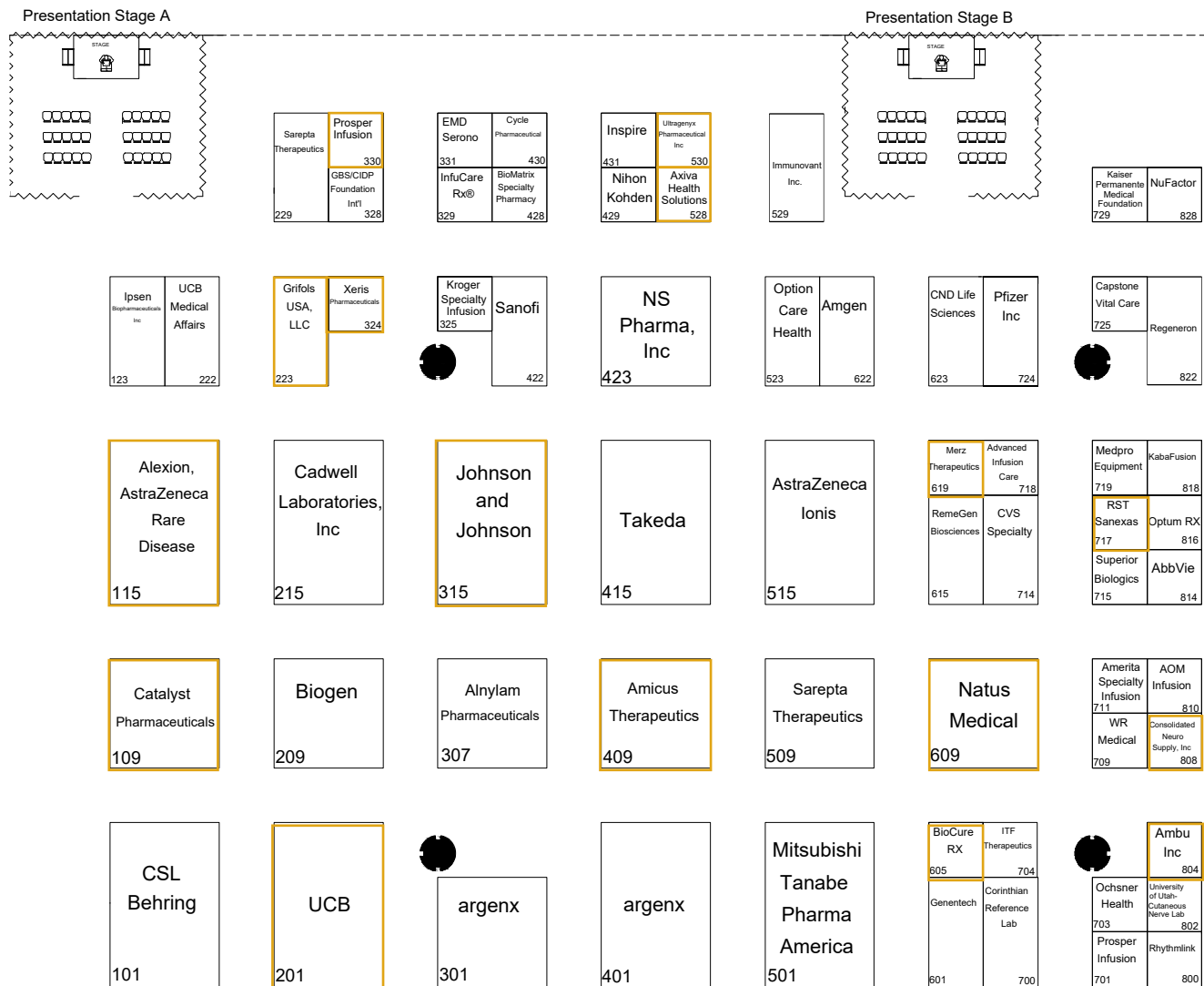


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Ambu Inc.

Booth 804

Since 1937, Ambu has been rethinking medical solutions to save lives and improve patient care. Millions of patients and healthcare professionals worldwide depend on the efficiency, safety and performance of our single-use endoscopy, anesthesia, and patient monitoring solutions. For more information, please visit ambuusa.com.

Glen Burnie, MD | www.ambuusa.com/neurology

Exhibitors continued...

Amerita Specialty Infusion

Booth 711

Amerita is a leading specialty infusion company focused on providing complex therapies and clinical services to patients outside of a hospital at a convenient location in a patient's home, Home Infusion Branch, Infusion Suite, or Ambulatory Infusion Center. For more information about about Amerita, please visit AmeritaIV.com.

Greenwood Village, CO | www.ameritaiv.com

Amgen Rare Disease

Booth 622

Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human therapeutics. This approach begins by using tools like advanced human genetics to unravel the complexities of disease and understand the fundamentals of human biology.

Thousand Oaks, CA | www.amgen.com

Amicus Therapeutics, Inc.

Booth 409

Amicus Therapeutics is a global, patient-dedicated biotechnology company focused on discovering, developing and delivering novel high-quality medicines for people living with rare metabolic diseases. With extraordinary patient focus, Amicus Therapeutics is committed to advancing and expanding a robust pipeline of medicines for rare metabolic diseases. For any Medical Information inquiries, please email

MedInfoUSA@amicusrx.com (US Only) and Medinfo@amicusrx.com (International). For any Patient Advocacy inquiries, please email patientadvocacyintl@amicusrx.com.

Princeton, NJ | www.amicusrx.com

AOM Infusion

Booth 810

Specialty Pharmacy/Home Infusion

Benbrook, TX | www.aominfusionrx.com

argenx

Booth 301

argenx is a global immunology company committed to improving the lives of people suffering from severe autoimmune diseases. Partnering with leading academic researchers through its Immunology Innovation Program (IIP), argenx aims to translate immunology breakthroughs into a world-class portfolio of novel antibody-based medicines. argenx developed and is commercializing the first approved neonatal Fc receptor (FcRn) blocker, globally in the U.S., Japan, Israel, the EU, the UK, China and Canada. The Company is evaluating efgartigimod in multiple serious autoimmune diseases and advancing several earlier stage experimental medicines within its therapeutic franchises. For more information, visit www.argenx.com.

Boston, MA | www.argenx.com

argenx

Booth 401

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Boston, MA | www.argenx.com

Exhibitors continued...

AstraZeneca Ionis

Booth 515

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development and commercialization of prescription medicines in Oncology, Rare Diseases and BioPharmaceuticals, including Cardiovascular, Renal & Metabolism, Respiratory & Immunology. Based in Cambridge, UK, AstraZeneca operates in over 100 countries. Its innovative medicines are used by millions of patients worldwide. For more information, please visit www.astrazeneca-us.com or Twitter @AstraZeneca US.

Wilmington, DE | www.astrazeneca-us.com

Axiva Health Solutions

Booth 528

Axiva is a Specialty home infusion provider.

Lenexa, KS | www.axiva.com

BioCure RX

Booth 605

BioCure partners with neurologists to add infusion services to your practice. We set up and manage the entire process including nursing, medication procurement, prior authorizations, billing, and collection. We also focus on profit optimization with our on-site account management throughout the entire process. Come talk to us and hear more of why with the combination of our owned pharmacy and our deep knowledge with our partner neurology practices we are bringing a higher than average revenue and profit stream to neurology.

Houston, TX | www.biocurerx.com

Biogen

Booth 209

Biogen is a leading global biotechnology company that pioneers science and drives innovations for complex and devastating diseases. Biogen is advancing a pipeline of potential therapies across neurology, neuropsychiatry, specialized immunology and rare disease and remains acutely focused on its purpose of serving humanity through science while advancing a healthier, more sustainable and equitable world. Founded in 1978, Biogen has pioneered multiple breakthrough innovations including a broad portfolio of medicines to treat multiple sclerosis, the first approved treatment for spinal muscular atrophy, and two co-developed treatments to address a defining pathology of Alzheimer's disease.

Weston, MA | www.biogen.com

BioMatrix Specialty Pharmacy

Booth 428

BioMatrix is a trusted, independent specialty infusion pharmacy with decades of experience. Our compassionate care team helps patients navigate the often-challenging healthcare environment. We treat our patients like family and get them started on therapy quickly. We work closely with them as well as their family and their healthcare providers throughout the patient journey, staying focused on continuity of care and optimal clinical outcomes. Every day, in every interaction, we are dedicated to making a difference in people's lives.

Totowa, NJ | www.biomatrixsprx.com

Exhibitors continued...

Cadwell Laboratories, Inc.

Booth 215

Cadwell designs and manufactures innovative neurodiagnostic and neuromonitoring solutions. With the introduction of Sierra NMUS1®, we are the first and only company to offer a fully integrated, full-featured electrodiagnostic and imaging system, capable of EMG, NCS, VEP, AEP, SSEP, and neuromuscular ultrasound. Joining Sierra Summit® with Sierra NMUS1 empowers you to combine point-of-care imaging with your electrodiagnostic examination, to help you maximize diagnostic capabilities and optimize your workflow. Learn more at www.cadwell.com.

Kennewick, WA | www.cadwell.com

Capstone Vital Care

Booth 725

Specialty Home Infusion

Orlando, FL | www.capstonevitalcare.com

Catalyst Pharmaceuticals, Inc.

Booth 109

Catalyst is committed to developing and commercializing innovative medicines that address rare neurological and epileptic diseases.

Coral Gables, FL | www.catalystpharma.com

CND Life Sciences

Booth 623

CND Life Sciences supports the care of patients facing the potential diagnosis of a neurodegenerative disease. Operating a CLIA-certified and CAP-accredited laboratory in Scottsdale, Arizona, CND provides the Syn-One Test® to clinicians and patients nationally as the only commercially available test to detect, visualize, and quantify phosphorylated alpha-synuclein located in cutaneous nerves. The test uses small skin biopsies collected in a clinician's office through a 15-minute minimally invasive procedure. Syn-One is supported by technology licensed from Beth Israel Deaconess Medical Center in Boston and has demonstrated high accuracy in detecting phosphorylated alpha-synuclein in patients with a suspected synucleinopathy including Parkinson's disease and pure autonomic failure.

Scottsdale, AZ | www.cndlifesciences.com

Consolidated Neuro Supply, Inc.

Booth 808

Located in the heart of the technology district in Milford, OH, Consolidated Neuro Supply Inc. is a leading provider of health care products used to diagnose neurological disorders and monitor critical neurological structures during high-risk surgical procedures. With 20+ years of experience we continue to provide our customers with quality health care products while maintaining our focus on service and value. Product offerings include EMG needle electrodes, EEG electrodes, subdermal needle electrodes, pedicle screw and direct nerve stimulators. Please visit us at www.neurosupply.com.

Milford, OH | www.neurosupply.com

Corinthian Reference Lab

Booth 700

Corinthian Reference Lab (CRL) is a commercial neuropathology laboratory specializing in neurological disease detection via epidermal nerve fiber density (ENFD) testing.

Benbrook, TX | www.corinthianreferencelab.com

Exhibitors continued...

CSL Behring

Booth 101

CSL Behring is a global biotherapeutics leader driven by our promise to save lives. We meet patients' needs using the latest technologies to develop and deliver innovative biotherapies that are used to treat serious and rare conditions such as coagulation disorders, primary immune deficiencies, hereditary angioedema and respiratory disease.

King of Prussia, PA | www.cslbehring.com

CVS Specialty

Booth 714

Personalized Specialty Pharmacy Services - Our commitment to helping patients and their physicians manage complex drug therapies by delivering individualized patient care with compassion and dedication has made us one of the leading specialty pharmacies in the country. To learn more or to enroll patients, call 1-800-238-7828.

Woonsocket, RI | www.cvsspecialty.com

Cycle Pharmaceuticals

Booth 430

At Cycle Pharmaceuticals we've been helping to empower rare disease patients with treatments for over a decade. We're committed to supporting patients in every way we can, and everything we do is with patients and their caregivers' best interests at heart. We focus on providing treatments and services for patients with neurological, rare metabolic, and rare immunological conditions, most of which are genetic conditions. This includes a treatment for patients with Primary Periodic Paralysis. Learn more at www.cyclepharma.com

Cambridge, UK | www.cyclepharma.com

Dysautonomia International

River Concourse

Dysautonomia International is the leading 501(c)3 non-profit that advocates for over 70 million people living with POTS and other autonomic nervous system disorders. Stop by our table outside the exhibit hall to learn about the resources we offer, including research grants, clinician education courses, peer-to-peer clinical guidance, patient education materials, and patient support groups. Connect with us on social!

X: [@dysautonomia](https://twitter.com/dysautonomia)

Facebook: [@dysautonomiainternatl](https://www.facebook.com/dysautonomiainternatl)

Instagram: [@dysautonomiaintl](https://www.instagram.com/dysautonomiaintl)

LinkedIn: [@dysautonomia-international](https://www.linkedin.com/company/dysautonomia-international)

East Moriches, NY | DysautonomiaInternational.org

EMD Serono, Inc.

Booth 331

EMD Serono, the healthcare business of Merck KGaA, Darmstadt, Germany, has a long-standing legacy in neurology and immunology, with significant R&D and commercial experience in multiple sclerosis (MS). The company's MS portfolio includes two products for the treatment of relapsing MS - Rebif® (interferon beta-1a) and MAVENCLAD® (cladribine) tablets. In addition to EMD Serono's commitment to MS, the company also has a pipeline focusing on discovering new therapies that have potential in other neuroinflammatory and immune-mediated diseases, including potential first-in-class treatments for systemic lupus erythematosus (SLE), and generalized myasthenia gravis (gMG).

Rockland, MA | www.emdserono.com

GBS/CIDP Foundation International

Booth 328

The GBS | CIDP Foundation International is a global nonprofit organization supporting individuals and their families affected by Guillain-Barre' syndrome (GBS), chronic inflammatory demyelinating polyneuropathy (CIDP), Multifocal Motor Neuropathy (MMN) and related conditions through a commitment to support, education, research and advocacy.

Conshohocken, PA | www.gbs-cidp.org

Exhibitors continued...

Genentech

Booth 601

For more than 40 years, we've been following the science, seeking solutions to unmet medical needs. As a proud member of the Roche Group, we make medicines to treat patients with serious medical conditions. We are headquartered in South San Francisco, California.

South San Francisco, CA | www.gene.com

Grifols USA, LLC

Booth 223

Grifols is a global healthcare company that since its founding in Barcelona in 1909 has enhanced the health and well-being of people around the world. We produce essential plasma medicines for patients to treat chronic, rare and, at times, life-threatening conditions. The company provides a comprehensive portfolio of solutions in transfusion medicine and also offers hospitals, pharmacies and healthcare professionals information and services that deliver efficient, expert medical care. Grifols, with nearly 24,000 employees in more than 30 countries and regions, is committed to a sustainable business model that sets the standard for continuous innovation, quality, safety, and ethical leadership in the industry.

Los Angeles, CA | www.grifols.com/en/home

Immunovant, Inc.

Booth 529

Immunovant is a clinical-stage immunology company, dedicated to enabling normal lives for people with autoimmune diseases. As trailblazers in anti FcRn technology, we are developing innovative, targeted therapies to meet the complex and variable needs of people with autoimmune diseases.

New York, NY | www.immunovant.com

InfuCare Rx®

Booth 329

InfuCare Rx® is a leading nationwide specialty infusion provider offering comprehensive and unparalleled clinical therapy management services to patients with chronic conditions, in the convenience of their home or alternate care setting. Our team is committed to improving patients' lives through personalized therapy regimens and ongoing educational programs. Therapies provided include Immunoglobulin, Rituxan®, Vyvgart®, Vyvgart® Hytrulo, Rystiggo®, Ultomiris®, Ocrevus®, and Briumvi®.

Fairfield, NJ | www.infucarerx.com

Inspire

Booth 431

Inspire partners with life sciences companies to bridge the gap between the data they have and the data they need to make informed decisions. We combine patient medical records with patient experience data from Inspire's nearly 3 million patient and caregiver members - representing over 3,600 health conditions and collected over 15 years - to provide unmatched clinical evidence for numerous therapeutic areas. Using innovative methods of combining data, we help clients build evidence to answer questions about how patients adhere to prescribed treatment regimens and reasons they stop, compare treatment effectiveness, identify unmet patient needs, and more. Visit about.inspire.com.

Arlington, VA | www.corp.inspire.com

Ipsen Biopharmaceuticals, Inc.

Booth 123

Ipsen is a global biopharmaceutical company focused on innovation and specialty care. We develop and commercialize medicines in three key therapeutic areas Oncology, Rare Disease and Neuroscience. For more information, visit www.ipsenus.com.

Cambridge, MA | www.ipsenus.com

Exhibitors continued...

ITF Therapeutics

Booth 704

ITF Therapeutics is the U.S.-based rare disease division of Italfarmaco S.p.A. In January 2024, Italfarmaco launched ITF Therapeutics as a new division in the United States with a focus on the development and commercialization of products to treat rare diseases including DMD. Building on a legacy grounded in collaboration and innovation, ITF Therapeutics strives to partner with leaders from the U.S. patient advocacy and treatment communities to ensure that our programs reflect and support their unique needs and goals. The establishment of ITF Therapeutics also reflects Italfarmaco's goal to build a world-class team of experts that share a passion to make a positive impact for rare disease communities.

Concord, MA | www.itftherapeutics.com

Johnson & Johnson

Booth 315

Our strength in healthcare innovation empowers us to build a world where complex diseases are prevented and cured, treatments are smarter and less invasive—and solutions are personal.

Titusville, NJ | www.jnj.com

KabaFusion, LLC

Booth 818

KabaFusion is a national, patient-focused home infusion company specializing in IVIG, SCIG and Acute IV therapies. As an industry-leader, with over 30 years' experience in home-infusion, we provide comprehensive support to our patients and providers before, during and after treatment. We truly believe in putting the "care" back in healthcare.

Cerritos, CA | www.kabafusion.com

Kaiser Permanente Medical Foundation

Booth 729

A non-profit organization to organize expertise, systems, resources and standards to manage ambulatory care operations in Kaiser Permanente's Colorado and Washington markets. Physicians are employed by our for-profit Permanente Medical Groups in each market to provide access and care delivery thru a integrated care model and a multi-specialty medical group.

www.wpmgcareers.org

Kroger Specialty Infusion

Booth 325

Kroger Specialty Infusion is a specialized home infusion provider for Subcutaneous Immune Globulin (SCIG) and IV Immune Globulin (Ig) for autoimmune and primary immune deficiency diseases. We provide an individualized care plan to ensure each patient achieves an optimal treatment outcome within a safe environment in their home, our infusion suite, and in the physicians' office. Our focused approach to disease management, along with our expertise in complex illnesses, allows us to offer a range of therapeutic medications and treatments. We are also a leading provider of plasma therapies.

Torrance, CA | www.krogerspecialtyinfusioninc.com

Medpro Equipment

Booth 719

Medpro has been supplying the latest solutions and medical devices in the medical field both for corporations and clinics.

Elmont, NY | www.medproequipment.com

Exhibitors continued...

Merz Therapeutics

Booth 619

At Merz Therapeutics, we seek to address the unique needs of people who suffer from movement disorders, neurological conditions, and other health conditions that severely impact patients' quality of life. With our patient-centric approach, cutting-edge research and development efforts, highly-scientific medical affairs resources and dedicated commercial teams, we continue the advancement of new and individualized treatment standards, including botulinum toxin.

Raleigh, NC | www.merztherapeutics.com/us

Mitsubishi Tanabe Pharma America

Booth 501

Mitsubishi Tanabe Pharma America, Inc. (MTPA) is relentlessly focused on the goal of providing therapies for some of the most difficult-to-treat diseases. Our teams work diligently to develop science-based options that will enable healthcare providers to offer proven treatments for devastating illnesses. We thrive on navigating complex problems in science and medicine and strive to support patients who live with debilitating diseases.

Jersey City, NJ | www.mt-pharma-america.com

Natus Medical

Booth 609

For over 70 years, Natus has been providing advanced technology and market-leading solutions in EMG, NCS and EPs, building on the legacy of the most widely used and trusted names in the industry, including Nicolet®, TECA® and Dantec®.

Middleton, WI | www.natus.com

Nihon Kohden America

Booth 429

Nihon Kohden is a leading medical technology company dedicated to advancing patient care through innovative solutions. With a rich history of over 70 years, Nihon Kohden has become a global leader in precision medical devices, specializing in advanced heart, lung and brain care solutions.

Irvine, CA | www.us.nihonkohden.com

NS Pharma, Inc.

Booth 423

NS Pharma is a highly focused, research-driven biopharmaceutical company working in ultra rare diseases. Our current goal is to optimize the potential of exon-skipping therapy in treating Duchenne muscular dystrophy (DMD) while investigating alternative therapies within this disease state and others to ultimately help patients and caregivers.

Paramus, NJ | www.NSPharma.com

NuFactor

Booth 828

Nufactor offers safe, convenient, and reliable infusion solutions for patients receiving IG, antihemophilic factor, and infliximab. Count on us for high-quality therapies and individualized care all in the comfort of your home.

Temecula, CA | www.nufactor.com

Ochsner Health System

Booth 703

Join the Ochsner group practice in Neuroscience to hone your expert clinical skills and innovate in a supportive environment with people who support your vision. Ochsner is hiring Neurologist and Physiatrist across Louisiana and Mississippi. For more information please visit Ochsner.org/neurorecruitment.

New Orleans, LA | Ochsner.org/neurorecruitment

Option Care Health

Booth 523

Option Care Health, the #1 infusion therapy and pharmacy services provider in the U.S. Only national infusion provider in-network with every major health plan, including their affiliates. Offering flexible treatment options, at one of 160+ infusion suites (AIS) or at home. Treating patients with a wide range of acute and chronic conditions through our broad portfolio.

Bannockburn, IL | www.optioncarehealth.com

Exhibitors continued...

Periodic Paralysis Association

River Concourse

A non-profit organization dedicated to patient education and advocacy and fundraising for additional research into Primary Periodic Paralysis.

Brighton, MI | www.periodicparalysis.org

Pfizer Inc

Booth 724

At Pfizer, we apply science and our global resources to bring therapies to people that extend and significantly improve their lives. We strive to set the standard for quality, safety and value in the discovery, development, and manufacture of health care products, including innovative medicines and vaccines.

New York, NY | www.Pfizer.com

Prosper Infusion

Booth 330

Prosper Infusion is the leading independent home infusion pharmacy focused on neurology and rheumatology. Owned and operated by founders with family who struggled with existing infusion providers, Prosper is purpose built to help patients across the country receiving treatment like immune globulins (IVIG). Unlike most, our goal is to not become the largest infusion company in the world, but instead provide a concierge-level care for your neuromuscular patients. Please reach out today.

Westchase, FL | www.prosperinfusion.com

Prosper Infusion

Booth 701

Prosper Infusion is the leading independent home infusion pharmacy focused on neurology and rheumatology. Owned and operated by founders with family who struggled with existing infusion providers, Prosper is purpose built to help patients across the country receiving treatment like immune globulins (IVIG). Unlike most, our goal is to not become the largest infusion company in the world, but instead provide a concierge-level care for your neuromuscular patients. Please reach out today.

Westchase, FL | www.prosperinfusion.com

Regeneron Pharmaceuticals, Inc.

Booth 822

Regeneron is a leading biotechnology company that invents life-transforming medicines for people with serious diseases. Founded and led for over 30 years by physician-scientists, our unique ability to repeatedly translate science into medicine has led to numerous FDA-approved treatments and candidates in development. Our medicines and pipeline are designed to help patients with eye diseases, allergic and inflammatory diseases, cancer, cardiovascular and metabolic diseases, pain, hematologic conditions, infectious diseases and rare diseases. Regeneron is accelerating and improving the traditional drug development process through our proprietary VelociSuite® technologies, and through research initiatives such as the Regeneron Genetics Center.

Tarrytown, NY | www.Regeneron.com

RemeGen Biosciences

Booth 615

RemeGen Biosciences is committed to the discovery and development of innovative and differentiated therapeutics. We strive to create value through delivering medicines for the treatment of diseases with unmet medical needs.

South San Francisco, CA | www.remegenbio.com

RhythmLink International, LLC

Booth 800

RhythmLink® International, LLC designs, manufactures and distributes medical devices and provides custom packaging, private labeling, custom products and contract manufacturing to its customers. RhythmLink is recognized as a leader within its field at providing the important physical connection between patients and the diagnostic equipment to record or elicit neurophysiologic biopotentials. Originally founded by neurodiagnostic technicians and engineers in 2002, RhythmLink strives to provide continuous innovation and superior quality in all of its products. Based in Columbia, SC, RhythmLink's advancements and improvements in technology, business development and corporate branding have brought national and international recognition.

Columbia, SC | www.RhythmLink.com

Exhibitors continued...

RST Sanexas

Booth 717

FDA cleared RST-SANEXAS neoGEN® - Series is a well-established, advanced quantum-based Electric cell-Signaling Technology (EcST) for pain management, circulation, and muscle rehabilitation. The ultra-high digital frequency generator delivers targeted FM and AM electronic energy signals that penetrate deeper into the tissue to the damaged nerve cells. The therapeutic energy waves produce complex Electric cell-Signaling processes along with associated harmonic resonance frequencies. RST-SANEXAS neoGEN® speaks the language of cells in a safe, non-invasive, effective, and non-pharmaceutical way activating the repair processes and relieving pain.

Las Vegas, NV | www.rstsanexas.com

Sanofi

Booth 422

We're taking on the complex challenges of neurological diseases, advancing scientific understanding and developing treatments to address long-unmet needs. Since 2012, we've been working to improve the lives of people with serious neuro-degenerative diseases. Our pipeline medicines address MS, ALS, Parkinson's disease (PD), and chronic inflammatory demyelinating polyradiculoneuropathy.

Cambridge, MA | www.sanofi.com

Sarepta Therapeutics

Booth 509

Sarepta Therapeutics is on an urgent mission: engineer precision genetic medicine for rare diseases that devastate lives and cut futures short. We hold leadership positions in Duchenne muscular dystrophy (DMD) and limb-girdle muscular dystrophies (LGMDs), and we currently have more than 40 programs in various stages of development. Our vast pipeline is driven by our multi-platform Precision Genetic Medicine Engine in gene therapy, RNA and gene editing.

Cambridge, MA | www.sarepta.com

Sarepta Therapeutics

Booth 229

Sarepta Therapeutics is on an urgent mission: engineer precision genetic medicine for rare diseases that devastate lives and cut futures short. We hold leadership positions in Duchenne muscular dystrophy (DMD) and limb-girdle muscular dystrophies (LGMDs), and we currently have more than 40 programs in various stages of development. Our vast pipeline is driven by our multi-platform Precision Genetic Medicine Engine in gene therapy, RNA and gene editing.

Cambridge, MA | www.sarepta.com

Superior Biologics

Booth 715

Super Biologics is a specialty pharmacy, providing alternate-site infusion services to individuals with a wide array of chronic conditions. Improving wellness and quality of life is our passion and mission. Superior Biologics pharmacists and high-tech nurses have extensive experience in the administration of complex therapies, providing medication, nursing and related supplies safely and conveniently.

Sharon Hill, PA | www.superiorbiologics.com

Takeda

Booth 415

Takeda is a global, values-based, R&D-driven biopharmaceutical leader headquartered in Japan, committed to discover and deliver life-transforming treatments, guided by our commitment to patients, our people and the planet. Takeda focuses its R&D efforts on four therapeutic areas: Oncology, Rare Genetic and Hematology, Neuroscience, and Gastroenterology (GI). We also make targeted R&D investments in Plasma-Derived Therapies and Vaccines.

Cambridge, MA | www.takeda.com

Exhibitors continued...

The Lambert-Eaton LEMS Family Association

River Concourse

The Lambert-Eaton LEMS Family Association is a 501c3 nonprofit. Our mission, to strengthen Awareness, Research, and Family for the Lambert-Eaton Myasthenic Syndrome (LEMS) community. We increase awareness of LEMS in the medical and research communities, have a patient Registry, and build a greater sense of family in the LEMS community.

Fort Worth, TX | www.lemsfamily.org

UCB

Booth 201

UCB, Brussels, Belgium (www.ucb.com) is a global biopharmaceutical company focused on the discovery and development of innovative medicines and solutions to transform the lives of people living with severe diseases of the immune system or of the central nervous system. UCB is listed on Euronext Brussels (symbol: UCB).

Follow us on:

Instagram: https://www.instagram.com/ucb_usa/

X: https://x.com/ucb_news

YouTube: www.youtube.com/UCB

LinkedIn: www.linkedin.com/company/ucb-pharma

Smyrna, GA | www.ucb.com

UCB Medical Affairs

Booth 222

UCB, Brussels, Belgium (www.ucb.com) is a global biopharmaceutical company focused on the discovery and development of innovative medicines and solutions to transform the lives of people living with severe diseases of the immune system or of the central nervous system. UCB is listed on Euronext Brussels (symbol: UCB).

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YouTube: www.youtube.com/UCB

LinkedIn: www.linkedin.com/company/ucb-pharma

Smyrna, GA | www.ucb.com

Ultragenyx Pharmaceutical Inc.

Booth 530

Ultragenyx is a biopharmaceutical company committed to bringing novel products to patients for the treatment of serious rare and ultrarare genetic diseases. The company has built a diverse portfolio of approved therapies and product candidates aimed at addressing diseases with high unmet medical need and clear biology for treatment, for which there are typically no approved therapies treating the underlying disease. The company is led by a management team experienced in the development and commercialization of rare disease therapeutics. Ultragenyx's strategy is predicated upon time- and cost-efficient drug development, with the goal of delivering safe and effective therapies to patients with the utmost urgency.

www.ultragenyx.com

University of Utah - Cutaneous Nerve Lab

Booth 802

The University of Utah Cutaneous Nerve Laboratory is a CAP-approved, clinical diagnostic lab that specializes in the evaluation of small fiber sensory neuropathy through simple skin punch biopsies. We also serve as a core lab resource for NIH, pharmaceutical, and industry-sponsored research projects. We ship biopsy kits, receive and process specimens for intra-epidermal nerve fiber density, and provide timely quality control to centers.

Salt Lake City, UT | nerve.uofumedicine.org

WR Medical Electronics Company

Booth 709

We are committed to providing full Autonomic and Peripheral testing solutions that are efficient, validated, and help physicians and patients find the answers they deserve sooner.

Maplewood, MN | www.wrmed.com

Exhibitors continued...

Xeris Pharmaceuticals, Inc.

Booth 324

At Xeris Biopharma™, we're committed to making a difference in people's lives through proprietary technology that brings life-changing solutions to diverse patient populations. From developing and commercializing unique therapies in endocrinology, neurology, and gastroenterology to maintaining a robust pipeline of research and development programs for the future, we strive to make things better for healthcare providers and their patients. Our innovative, ready-to-use therapies help remove many of the associated burdens of and barriers to treatment, ultimately improving patients' quality of life, and their overall health—and healthcare—experience.

Chicago, IL | xerispharma.com/products/keveyis



Discover the clinical profile of AMVUTTRA® (vutrisiran)

Uncover the data and access resources
by visiting booth **#307** and at **www.amvuttrahcp.com**.



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AANEM deeply appreciates the support, contributions, and partnerships from the following companies. Their assistance helps AANEM provide an exceptional annual meeting.

Platinum PLUS Support
(\$150,000+)



Inspired by **patients.**
Driven by **science.**

Platinum Support
(\$110,000 - \$149,999)



CSL Behring



Gold Support
(\$75,000 - \$109,999)



Silver Support
(\$50,000 - \$74,999)



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(\$25,000 - \$49,999)



Friend Support
(Up to \$24,999)



We thank these organizations for their commitment to AANEM and this educational initiative.



The American Neuromuscular Foundation (ANF) is the official foundation of the AANEM. The ANF supports and advances research and education through research grants and awards, with the goal of STRENGTHENING the global effort to CURE neuromuscular diseases.

ANF appreciates every donation and looks forward to seeing the caring community of donors grow. These contributions are generous, impactful, and play a vital role in empowering researchers to pursue breakthroughs in NMD treatments and ultimately enhance patient care.

(Contributions listed were received between Aug. 1, 2023– July 31, 2024.)

Titanium \$10,000 +

The Estate of Patricia S. Cook, MD

Platinum \$2,500 - \$9,999

Jitendra Baruah, MD

Holli Horak, MD

Perry Richardson, MD

Gold \$1,000 - \$2,499

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Silver \$250 - \$999

Shirlyn Adkins, JD

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AANEM is greatly appreciative of everyone who has contributed to the AANEM Advocacy Fund. Your donations make a real difference in supporting those affected by NMDs, whether it's in policy discussions or everyday challenges. We truly appreciate your generosity and support.

(Contributions listed were received between Aug. 1, 2023– July 31, 2024.)

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Five AANEM members will race for a cure with ANF's charity team in the 2024 TCS New York City Marathon to help raise awareness and funds for NM research and education!



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www.neuromuscularfoundation.org/marathon



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Abbreviations

AANEM: American Association of Neuromuscular & Electrodiagnostic Medicine

AI: Artificial Intelligence

ALS: Amyotrophic Lateral Sclerosis

APP: Advanced Practice Provider

ATTR: Transthyretin Amyloidosis

CEU: Continuing Educational Units

CIDP: Chronic Inflammatory Demyelinating Polyradiculoneuropathy

CIPN: Chemotherapy Induced Peripheral Neuropathy

CME: Continuing Medical Education

CMT: Charcot-Marie-Tooth

CNE: Concentric Needle Electrodes

CNS: Central Nervous System

CTS: Carpal Tunnel Syndrome

DMD: Duchenne Muscular Dystrophy

DNA: Deoxyribonucleic Acid

DX: Diagnosis

EDX: Electrodiagnostic

EHR: Electronic Health Record

EMG: Electromyography

FSHD: Facioscapulohumeral Muscular Dystrophy

GBS: Guillain-Barré Syndrome

hATTR: Hereditary Transthyretin Amyloidosis

irAE: Immune-Related Adverse Events

LAC: Lateral Antebrachial Cutaneous

LEMS: Lambert-Eaton Myasthenic Syndrome

MAC: Medial Antebrachial Cutaneous

MG: Myasthenia Gravis

MGFA: Myasthenia Gravis Foundation of America

MSK: Musculoskeletal

MUAP: Motor Unit Action Potential

MUP: Motor Unit Potential

NCS: Nerve Conduction Study

NIV: Non-Invasive Ventilation

NM: Neuromuscular

NMD: Neuromuscular Disease/Disorder

NMJ: Neuromuscular Junction

NMUS: Neuromuscular Ultrasound

PI: Principal Investigator

PIN: Posterior Interosseous Nerve

PM&R: Physical Medicine and Rehabilitation

POTS: Postural Orthostatic Tachycardia Syndrome

RNS: Repetitive Nerve Stimulation

RX: Prescription

SA: Self-Assessment

SARS-COV-2: Severe Acute Respiratory Syndrome Coronavirus 2

SFEMG: Single-Fiber Electromyography

SMA: Spinal Muscular Atrophy

TOS: Thoracic Outlet Syndrome

TPP: Training Program Partnership

TTS: Tarsal Tunnel Syndrome

UCNS: United Council for Neurologic Subspecialties

US: Ultrasound



Dianthus is Honored to Support the AANEM 2024 Meeting

For more information or to join our clinical studies in **gMG, MMN, and CIDP** as an investigator, please contact us at clinicaltrials@dianthustx.com

Speaker Index

Abdel-Hamid, Hoda, 52	Craig, Earl, 29, 43	Hopfinger, Mary, 24
Adams, Robert, 34	Del Toro, David, 45, 56	Howard, Ileana, 37, 56
Ajrout-Driss, Senda, 46	Dines, James, 56	Howard, James, 21
Allen-Sharpley, Michelle, 47	Dombroski, Kristin, 45	Izenberg, Aaron, 38
Almohabar, Edie, 38	Doughty, Christopher, 42, 54	Jin, Peter, 62
Alter, Katharine, 19	Dubey, Divyanshu, 38	Jordan, Morgan, 59
Andrapalliyal, Nirmal, 28	Duplechan, Lester, 18, 23, 27, 40	Juel, Vern, 39
Arcila-Londono, Ximena, 46	Dutton, Rebecca, 33, 40, 45, 54, 58	Kassardjian, Charles, 46, 60
Babu, Suma, 46	El-Abassi, Rima, 58	Katirji, Bashar, 27, 42, 51, 54
Bacher, Corey, 60	Elafros, Melissa, 54	Kaur, Divpreet, 50
Bandyopadhyay, Sankar, 35	Ensrud, Erik, 51, 60	Kesner, Vita, 37, 58
Barkhaus, Paul, 26, 56	Evans, Christopher, 21	Kiyasova, Vera, 21
Bassam, Bassam, 33	Fay, Alexander, 21, 47	Klotz, Jenna, 24
Bateman, E. Ali, 49	Ferrante, Mark, 19, 42	Kolb, Noah, 51, 60
Baute Penry, Vanessa, 18, 28	Fortin, Christian, 49	Krzesniak-Swinarska, Monika, 19, 23, 27, 60
Beaudin, Marie, 26, 51	Franz, Colin, 34, 46, 51, 61	Kuntz, Nancy, 21, 60,
Beecher, Grayson, 20, 61	Freimer, Miriam, 48	Kushlaf, Hani, 27, 32, 61
Benson, Daniel, 34	Fullam, Timothy, 22	Laughlin, Ruple, 34, 39, 41, 48, 51
Berini, Sarah, 22	Geiger, Christopher, 27, 34	Li, Yingkai, 20
Beydoun, Said, 35, 42, 43	Ginsberg, Matthew, 35, 52	Li, Yuebing, 35, 61
Bloodworth, Donna, 38	Goodman, Brent, 24	Liewluck, Teerin, 20, 36
Bonner, Alexandra, 52	Goyal, Neelam, 20, 35	Litchy, William, 27, 44, 59
Boon, Andrea, 27, 56, 59, 61	Grant, Collin, 37, 56	Little, Ann, 54
Cardon, Meeta, 24	Grover, Kavita, 49	Liu, Yusha Katie, 61
Cartwright, Michael, 27, 38, 56, 62	Guidon, Amanda, 35, 39	London, Zachary, 28, 48, 49
Castro, Diana, 20	Gwathmey, Kelly, 29, 33, 46	Luetmer, Marianne, 18
Chémali, Kamal, 24, 42	Habib, Ali, 40, 48, 50	Machado, Pedro, 42
Chiodo, Anthony, 37, 51	Haghikia, Aiden, 21	Madigan, Nicolas, 62
Choi, Joseph, 38	Hanson, Christopher, 39	Malhotra, Gautam, 34, 41, 56
Chou, Raymond, 25	Harrison, Taylor, 59	Mamarabadi, Mansoureh, 18, 41
Clairmont, Albert, 18	Hayat, Ghazala, 23	Manasson, Julia, 21
Claytor, Benjamin, 35, 61	Hearn, Sandra, 28, 51	Martinez-Thompson, Jennifer, 62
Colorado, Dale, 49	Hehir, Michael, 35, 41	Massey, Janice, 26
Comer, Adam, 28	Hobson-Webb, Lisa, 24, 56	



VIRTUAL INDUSTRY FORUM

Assessing Progress in FSHD Treatment Options: Unraveling Challenges and Measuring Outcomes

Wednesday, October 16, 2024 | 11:45am - 12:45pm ET



Register Now!
<https://cmeinstitute.com/FSHD- LIVE-24>

This activity will be held during the AANEM Annual Meeting.
It is not part of the official scientific program of the AANEM.

Speaker Index

Masterson, Samantha, 20, 21
 Mauricio, Elizabeth, 34
 McGowan, Bridget, 60
 McNeish, Brendan, 60
 Meiling, James, 28, 34, 58
 Miller Olson, Emily, 33, 40, 45, 54
 Milone, Margherita, 36
 Mitchell, Betty, 41, 45, 53
 Morren, John, 34, 37, 43, 54
 Mosher, Kathryn, 46, 52
 Mukherjee-Clavin, Bipasha, 28
 Munin, Michael, 18, 23
 Muppidi, Srikanth, 51
 Naclerio, Maggie, 42
 Naddaf, Elie, 23, 42, 51
 Narayanaswami, Pushpa, 18, 48, 60
 Narvaez Correa, Isabel, 29
 Nelson, Stanley, 47
 Nguyen, Gabrielle, 52
 Nguyen, Thy, 41
 Nicolau, Stefan, 41
 Niu, Zhiyv, 62
 Norbury, John, 39, 41, 53, 56
 Nowak, Richard, 18, 21
 O'Connor, Kevin, 18, 20
 Oliveira Marques, Marcos Vinícius, 56
 Oskarsson, Bjorn, 62
 Pacut, Peter, 29
 Paik, Julie, 42
 Park, Tracy, 59
 Parmar, Hemant, 54
 Pasnoor, Mamatha, 21
 Peltier, Amanda, 18, 32, 62

Preston, David, 24, 27, 42
 Punga, Anna, 20, 26, 59
 Quan, Dianna, 29, 43, 56
 Quinn, Colin, 48
 Rad, Nassim, 62
 Raja, Shruti, 38, 48
 Rakocevic, Goran, 60
 Ramos-Platt, Leigh Maria, 49
 Robinson, Lawrence, 25, 43, 44, 49, 54, 56
 Rodney, Deena, 42
 Roy, Bhaskar, 20
 Rubin, Devon, 22, 25, 28, 34, 52
 Sakamuri, Sarada, 25, 26, 61
 Sakonju, Ai, 35
 Salajegheh, Mohammad, 33, 47, 60
 Sanders, Donald, 26, 39, 50
 Saporta, Mario, 28
 Sawhney, Mankaran, 34
 Sawicki, Darlene, 42
 Saygin, Didem, 20
 Shaibani, Aziz, 22
 Shanina, Elena, 23, 27
 Shieh, Perry, 41
 Shook, Steven, 59
 Shugars, Chelsea, 28
 Sikorski, Patricia, 20
 Silvestri, Nicholas, 25, 41, 51
 Simmons, Daniel, 22, 59
 Skov, Martin, 21
 Smith, Benn, 20
 Smith, Sarah, 28, 61
 Spencer, Melissa, 41

Spiegelberg, Teresa, 45, 54
 Sridhara, Channarayapatna, 58
 Stanley-Copeland, Ashley, 24
 Stavros, Kara, 36, 62
 Stiles, Lauren, 24
 Stino, Amro, 36
 Strakowski, Jeffrey, 19, 23, 34, 38, 52, 55
 Strober, Jonathan, 21
 Sultan, Shumaila, 33
 Tan, Faye, 33, 38, 56
 Tan, Michelle, 38
 Taylor, Macy, 39
 Thangarajh, Mathula, 39
 Tionson, Emmanuelle, 47
 Traub, Rebecca, 54
 Trivedi, Jaya, 47
 Tsao, Bryan, 42
 Tsou, Amy, 29
 Vazquez Do Campo, Rocio, 38, 59
 Verma, Sumit, 35
 Vilaisaktipakorn, Pitchamol, 39
 Vu, Tuan, 21
 Weiskopf, Emma, 37
 Weiss, Michael, 62
 Wozow, Cynthia, 46
 Yu, Faye, 21
 Zaidman, Craig, 21, 24, 52, 62
 Zaman, Iram, 39
 Zhong, Huahua, 20

AMGEN INDUSTRY FORUM BREAKFAST: The Role of B Cells in gMG Pathogenesis

This activity will be held during the AANEM Annual Meeting.
It is not part of the official scientific program of the AANEM.



Tuesday, October 15, 2024

6:45 AM – 7:45 AM ET
(Breakfast will be available)

Grand Ballroom AB – Level 2

Westin Savannah Harbor Golf Resort & Spa

Presenters

Kevin C O'Connor, PhD	Pushpa Narayanaswami, MD, FAAN	Richard J. Nowak, MD, MS
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FOR AN MTPA-SPONSORED INDUSTRY FORUM ABOUT**

The Demonstrated Clinical Evidence and Real-World Experience of RADICAVA ORS[®]

WHEN:

Thursday, October 17, 2024

6:45 AM – 7:45 AM

Registration begins at 6:30 AM.

WHERE:

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Grand Ballroom AB – Level 2

Located right next to the Savannah Convention Center

**Please stop by MTPA Booth #501 for more information about RADICAVA ORS[®]
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Food and beverage are provided by AANEM.

Statements & Policies

Meeting Objectives

The 2024 annual meeting will focus on improving patient care, medical knowledge, interpersonal communication, professionalism, and systems-based practices in the following areas: updates in NM and MSK disorders; status of inherited muscle diseases; genomics and emerging gene therapies; new technologies and treatments; autoimmune disorders; neuropathies, antibody testing, US, EDX, and biopsy skills.

After attending this activity, attendees will:

- Enhance their ability to obtain a comprehensive patient history and examination; improve their ability to develop a differential diagnosis and direct appropriate diagnostic work-ups; assess rehabilitation potential for patients with NM and MSK disease; treat patients with pain, utilize EMG to precisely assess the severity of nerve injuries, recognize the association of immunization with new onset of NM diseases and how COVID impacts patient care, and recognize how assessment techniques can improve the lives of patients. (Patient care)
- Develop technical skills necessary to perform neurologic, EDX, and rehabilitative procedures; identify and describe important EDX, biopsy, genetic, and US findings; develop awareness of treatments, therapies, and side effects; and discuss the latest literature on NMDs. (Medical knowledge, Practice-based learning)
- Improve ability to communicate with and educate patients, families, and members of the healthcare team; articulate a confident clinical approach to common questions faced as an inpatient consultant; demonstrate professionalism in clinical, research, and academic practice. (Interpersonal communication skills, Professionalism)
- Develop strategies for working in a multidisciplinary session, awareness of emerging treatments and therapies; identify and access supportive healthcare services and mechanisms that improve patient care and patient quality of life. (Systems-based practice)

Accreditation Statement

The AANEM is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA Credit Designation Statement

The AANEM designates this live activity for a maximum of 22.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Self-Assessment Credit

Self-assessment credits will be available for those attending the live in-person meeting. AANEM will report completion of this self-assessment activity to the American Board of Psychiatry and Neurology and American Board of Physical Medicine & Rehabilitation.

Disclaimer Statement

AANEM will disclose to learners the relevant financial relationships for those in control of CME content prior to the educational activity or disclose that there were no relevant financial relationships. Information will be provided through print and verbal disclosures.

AANEM Annual Meeting Refund Policy

The association dedicates a significant amount of time and expense to deliver a great annual meeting each year. While we hope everyone who registers for the annual meeting will be able to attend, we understand that circumstances may sometimes prevent this from happening. AANEM has established the following policy for those who request a refund.

Refund requests received prior to 60 days from the start of late registration will be refunded at 100%.

Refund requests received 60 days to 14 days from the start of late registration will be subject to a \$100 cancellation fee and any remaining amount will be refunded.

Refund requests received from 13 days through the start of late registration will be subject to a \$150 cancellation fee and any remaining amount will be credited toward future AANEM purchases (credit expires 2 years after the first day of the annual meeting). Registration fees will not be refunded after the start of late registration.*

**Individual workshops, events or sessions that were purchased in addition to the standard registration fee may be cancelled during the meeting, as long as the attendee has not cancelled their standard meeting registration. A refund of 50% of the purchase price will be provided. The ticket must be returned to the registration desk to receive a refund.*

AANEM CME Programming

It is the policy of the AANEM to ensure balance, independence, objectivity and scientific rigor in all of its educational activities. This program is for scientific and educational purposes only and will not, directly or indirectly, promote the interests of any commercial interest. All CME sessions that are offered as part of the official AANEM Annual Meeting program are determined solely by the AANEM Annual Meeting planning committees and approved by the AANEM Board. Planning

committees identify professional practice gaps, choose topics, and identify session chairs for each session, and determine the educational format. Material presented at the sessions cannot contain any advertising, corporate logo, trade name, or product group message. All scientific research referred to, reported or used in support of justification of a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis. Speakers are requested to provide a balanced view of therapeutic options, using generic names in presentations to contribute to impartiality. If content includes trade name, speakers are instructed to incorporate the trade names from several companies.

Specific disclosure information for all speakers, planning committee members and course chairs participating in the 2024 Annual Meeting is provided in the Disclosure Index at the registration desk or online at www.aanem.org/disclosures.

Industry Forums/Presentation Stages

Industry Forums/Presentation Stages are commercially supported educational activities held in conjunction with the AANEM Annual Meeting. These sessions are not part of the AANEM's official annual meeting program and are planned by an outside company or party. These sessions are clearly labeled as "Industry Forums" or "Presentation Stages" to allow the participant to be fully aware of any bias in the presentations. Seating at sessions is limited. Food at the Industry Forums is provided by the AANEM to attendees on a first come, first served basis.

Permission to Use Image

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Audio or video recording by attendees at any session, or any time during the AANEM Annual Meeting, is strictly prohibited.

Innovation in CIDP: Clinical Data of VYVGART® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) in the ADHERE and ADHERE+ Clinical Trials

Join our expert panel as they discuss the use of VYVGART Hytrulo via subcutaneous injection for adult patients with chronic inflammatory demyelinating polyneuropathy (CIDP). The experts will share insights on various aspects of the disease and its treatment, including:

- Clinical overview of CIDP, pathophysiology, and disease burden
- Role of neonatal Fc receptor (FcRn) inhibition and VYVGART Hytrulo
- Efficacy and safety data from the ADHERE trial and additional information on the open label safety extension study ADHERE+

Session Faculty



Yessar Hussain, MD

Assistant Professor
University of Texas at Austin
Dell Medical School
Austin, Texas



Chafic Karam, MD

Associate Professor of Clinical Neurology
University of Pennsylvania Health System
Philadelphia, PA

INDICATION

VYVGART® HYTRULO (efgartigimod alfa and hyaluronidase-qvfc) is indicated for the treatment of adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive.

VYVGART® HYTRULO (efgartigimod alfa and hyaluronidase-qvfc) is indicated for the treatment of adult patients with chronic inflammatory demyelinating polyneuropathy (CIDP).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VYVGART HYTRULO is contraindicated in patients with serious hypersensitivity to efgartigimod alfa products, to hyaluronidase, or to any of the excipients of VYVGART HYTRULO. Reactions have included anaphylaxis and hypotension leading to syncope.

WARNINGS AND PRECAUTIONS

Infection

VYVGART HYTRULO may increase the risk of infection. The most common infections observed in Study 1 in patients with gMG were urinary tract infection (10% of efgartigimod alfa-fcab-treated patients vs 5% of placebo-treated patients) and respiratory tract infections (33% of efgartigimod alfa-fcab-treated patients vs 29% of placebo-treated patients). Patients on efgartigimod alfa-fcab vs placebo had below normal levels for white blood cell counts (12% vs 5%, respectively), lymphocyte counts (28% vs 19%, respectively), and neutrophil counts (13% vs 6%, respectively). The majority of infections and hematologic abnormalities were mild to moderate in severity. Delay VYVGART HYTRULO administration in patients with an active infection until the infection has resolved; monitor for clinical signs and symptoms of infections. If serious infection occurs, administer appropriate treatment and consider withholding VYVGART HYTRULO until the infection has resolved.

Immunization

Immunization with vaccines during VYVGART HYTRULO treatment has not been studied; the safety with live or live-attenuated vaccines and the response to immunization with any vaccine are unknown. Because VYVGART HYTRULO causes a reduction in immunoglobulin G (IgG) levels, vaccination with live-attenuated or live vaccines is not recommended during VYVGART HYTRULO treatment. Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation of a new treatment cycle with VYVGART HYTRULO.

Hypersensitivity Reactions

In clinical trials, hypersensitivity reactions, including rash, angioedema, and dyspnea were observed in patients treated with VYVGART HYTRULO or intravenous efgartigimod alfa-fcab. Urticaria was also observed in patients treated with VYVGART HYTRULO. Hypersensitivity reactions were mild or moderate, occurred within 1 hour to 3 weeks of administration, and did not lead to treatment discontinuation in gMG. Anaphylaxis and hypotension leading to syncope have been reported in postmarketing experience with intravenous efgartigimod alfa-fcab. Anaphylaxis and hypotension occurred during or within an hour of administration and led to infusion discontinuation and in some cases to permanent treatment discontinuation. Healthcare professionals should monitor for clinical signs and symptoms of hypersensitivity reactions for at least 30 minutes after administration. If a hypersensitivity reaction occurs, the healthcare professional should institute appropriate measures if needed or the patient should seek medical attention.

Infusion-Related Reactions

Infusion-related reactions have been reported with intravenous efgartigimod alfa-fcab in postmarketing experience. The most frequent symptoms and signs were hypertension, chills, shivering, and thoracic, abdominal, and back pain. Infusion-related reactions occurred during or within an hour of administration and led to infusion discontinuation. If a severe infusion-related reaction occurs, initiate appropriate therapy. Consider the risks and benefits of readministering VYVGART HYTRULO following a severe infusion-related reaction. If a mild to moderate infusion-related reaction occurs, patients may be rechallenged with close clinical observation, slower infusion rates, and pre-medications.

ADVERSE REACTIONS

Patients with gMG: In Study 1, the most common (≥10%) adverse reactions in efgartigimod alfa-fcab-treated patients were respiratory tract infection, headache, and urinary tract infection. In Study 2, the most common (≥10%) adverse reactions in VYVGART HYTRULO-treated patients were injection site reactions and headache. Injection site reactions occurred in 38% of VYVGART HYTRULO-treated patients, including injection site rash, erythema, pruritus, bruising, pain, and urticaria. In Study 2 and its open-label extension in patients with gMG, all injection site reactions were mild to moderate in severity and did not lead to treatment discontinuation. The majority occurred within 24 hours after administration and resolved spontaneously. Most injection site reactions occurred during the first treatment cycle, and the incidence decreased with each subsequent cycle.

Patients with CIDP: In Study 3 stage B, the overall safety profile observed in patients with CIDP treated with VYVGART HYTRULO was consistent with the known safety profile of VYVGART HYTRULO and of efgartigimod alfa-fcab administered intravenously. In Study 3, injection site reactions occurred in 15% of patients treated with VYVGART HYTRULO compared to 6% of patients who received placebo. The most common of these injection site reactions were injection site bruising and injection site erythema. All injection site reactions were mild to moderate in severity. Most injection site reactions occurred during the first 3 months of treatment.

USE IN SPECIFIC POPULATIONS

Pregnancy

As VYVGART HYTRULO is expected to reduce maternal IgG antibody levels, reduction in passive protection to the newborn is anticipated. Risks and benefits should be considered prior to administering live or live-attenuated vaccines to infants exposed to VYVGART HYTRULO in utero.

Lactation

There is no information regarding the presence of efgartigimod alfa or hyaluronidase, from administration of VYVGART HYTRULO, in human milk, the effects on the breastfed infant, or the effects on milk production. Maternal IgG is known to be present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for VYVGART HYTRULO and any potential adverse effects on the breastfed infant from VYVGART HYTRULO or from the underlying maternal condition.

Please see the full Prescribing Information at <https://www.argenx.com/product/vyvgart-prescribing-information.pdf>.

You may report side effects to the US Food and Drug Administration by visiting <http://www.fda.gov/medwatch> or calling 1-800-FDA-1088. You may also report side effects to argenx US, Inc, at 1-833-argx411 (1-833-274-9411).



This activity is not part of the official scientific program of the AANEM. argenx complies with all applicable laws, regulations, ordinances, and industry standards that relate to interactions with health care professionals, including transparency disclosure requirements.

Industry Forum from UCB

Point-Counterpoint:

An Expert-led Discussion on
Generalized Myasthenia Gravis
(gMG) Treatment Choice



Add this event to
your calendar
by scanning the
QR Code!

WEDNESDAY

October 16, 2024

11:45 AM ET – **12:45** PM ET

(Doors will open at 11:30 AM ET.)

**The Westin Savannah
Harbor Golf Resort and Spa
Grand Ballroom CDEF - Level 2**

SAVANNAH, GA

Lunch will be provided by AANEM for
session attendees. Seating is limited.



**When individuality
meets optionality.**

**You are invited
to join UCB for
an industry
forum featuring:**

A dynamic point-counterpoint panel discussion, where
leading gMG experts will share their perspectives on
treatment choice

An exploration of real-world patient cases

The latest data for rozanolixizumab-noli and zilucoplan

This thought-provoking program will foster a collective dialogue to address ongoing
challenges experienced by those living with gMG and encourage discussion about
targeted therapy options to support specific patient needs.

Esteemed Expert Speakers:



Christyn Edmundson, MD

Neuromuscular Medicine Specialist
Swedish Health System
Seattle, WA



Ali Habib, MD

Clinical Professor
University of California, Irvine
Orange, CA

This activity will be held during the AANEM Annual Meeting. It is not part of the official scientific program of the AANEM.

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Inspired by **patients.**
Driven by **science.**