Electrophysiology PIA Business Meeting Summary

Location: Toronto, Canada, Westin Harbour Castle Hotel, Room:

Pier 3

Date: Saturday, July 23, 2016

Time: 1:30-2:30 p.m.

Facilitator(s): Fiona Randall

Attendees:

Fiona Randall (FR) – Chair
Pim Drinkenburg (PD) – Vice-Chair
Claudio Babiloni (CB) – Programs Chair
Ivar Meyvantsson (IM) – replaced Kristinn Johnsen
James Hendrix (JH) - ISTAART

4 more NN members

Excused:

William McGeown (WM) – past Chair Kerry Kilborn – past Chair Kristinn Johnsen (KJ) – EC member at large

No response:

KC Fadem – EC member at large

Minutes:

Fiona Randall, EPIA chair, welcomed the audience and introduced the proposed meeting agenda at 13:30 hrs:

Agenda Items

- I. Welcome
- II. Current PIA Membership
- III. ISTAART/PIA Membership data
- IV. PIA Annual report
- V. PIA Operational Model update

- a. Executive Committee (EC)
- b. EPIA operational articles
- VI. Ongoing Projects and Goals for 2016-2017
- a. ISTAART/EPIA website
- b. Featured Research Session (FRS) at AAIC2017 (submission dates Nov 2016 / Feb 2017)
- c. EPIA Special Issue JAD
- d. EPIA Webinar
- e. White papers
- VII. Future Directions and Strategy
- VIII. AOB & Meeting Adjourned
- @ I. FR started the meeting by noting that a TeleCon line has been opened for EPIA members to call in.
- @ II. & III. FR reported that EPIA membership in June 2016 counted 143 members. While this is an increase over earlier years, it is still a key focus of the EC to increase this number and spectrum (preclinical clinical) to gain more momentum as a PIA. For more details see Appendix I.
- @ IV. Annual report to be found in appendix II, part 3: regarding ongoing projects FR reported that the EC focuses on an FRS proposal at AAIC 2017 with a deadline in Feb 2017.
- @ V. EC positions are now occupied as indicated above; the Communications chair position is still open and FR asks for anyone interested to come forward; the EPIA has adapted the ISTAART standards for the EC, which are now operational.
- @ VI. FR reported on the ongoing projects that:
 - a. WM has sent an email with an update on the website activities and plans. On the next EC meeting new ideas for the website will be discussed based on WG's email.
 - b. Regarding the FRS at AAIC meeting and concomitant exposure of the EPIA activities, it was reported that the repeated lack of successful application for an FRS has caused some concern/frustration about feasibility and criteria for selection: JH stated that visibility for the review / program committee is crucial; such could be achieved by composing a white paper.
 - c. Special Issue: plan was to have CB contacting Journal of Alzheimer's Disease editor to evaluate possibility for a Special Issue on EPIA activities. JH stated that a paper submission to Alz and Dementia would also be good for visibility he also mentioned a similar format of publication for CSF which he would share with the group after the meeting.
 - d. Some options discussed include to aim for a special issue on Uses of Electrophysiology in Alzheimer's Research spanning functional areas similar to this years E-PIA Day program either in J. Alz Res or Alz and Dementia. The other is a white paper review of Electrophysiology in Alzheimer's Drug Discovery. Both would be

valuable and if both can be produced then this will be important for building the PIA visibility.

e. Quarterly webinars that could be sponsored by ISTAART Are under investigation with ISTAART management.

@ VII. Future directions and strategy:

- FR reported that one key focus would be on promoting the group (e.g. 143 members now are still few compared to other PIAs of 800 members). So building visibility and educating colleagues on the EPIA's activities will be crucial: one possibility is to increase the number of EPIA meetings, if possible F2F meetings but otherwise via frequent webinars, where for example also Ph.D. students of EPIA members could be given a forum for presenting; another possibility is to increase membership and contributions by including all levels of electrophysiology, i.e. from in vitro cell recordings to clinical MEG: it is considered useful to get as much as possible Key-Opinion-Leaders involved in such activities.
- The progress on the two position papers was further discussed by CB: paper 1) diagnostic capabilities of EEG-biomarkers to be followed up by KJ of Mentis Cura; and paper 2) EEG biomarker in research and drug discovery, covering in vitro/in vivo (back-)translational topics. For this latter topic CB reported further that as a senior editor of the Journal of Alzheimer's Disease, he managed to discuss with and get buy-in from George Perry (editor-in-chief) for an EPIA-based Special Issue. The scientific session as presented on the 2016 EPIA meeting can serve as a backbone for this EPIA Special Issue: all speakers are asked to expand their author list to include (where possible from other labs) co-authors who would cover the filed/strengthen the message. There would be two additional slots for manuscripts available in the Special Issue: CB proposes to fill/select those slots with additional authors in such a way that the SI will provide a balanced overview of EPIA activities.
- CB suggests that education of the community should include involving more researchers: we could consider proposing a EPIA symposium in some strategic conferences on EEG, such as the ECNS2017 or IPEG 2018 meeting. JH added that in order to increase visibility to the AAIC program committee, it could be advantageous for the EPIA if we could compose a paper comparable to the recent CSF & AD paper, which provided an extensive review on where the technology stands, where it is leading to and for what applications it can be used now and in the future. WD suggests compiling such a review/position paper as a follow-up/derivative out of the to-be collected Special Issue manuscripts.
- CB further bring into discussion the issue of a 'virtual loop' in not gaining momentum: the EPIA gets no position in the larger (AA) audience and hence we get no buy-in from the AAIC program committee, which in turn does not give us a possibility to present on the larger podium. WD questions whether there are any guidelines or criteria that are used by the program committee, as at the moment it is a somewhat 'black box' and it has

been quite frustrating over the past years to propose and be turned down without further feedback. JH argues that while the competition for FRS space is fierce, there are no known criteria for selection: he guesses that the topic must be of interest to the AD field, possibly broadly; that the presence of a new position paper can spark interest; and that it is key to 'make ourselves a hot topic' as a PIA. Attendee NN added that it might be useful to introduce your technique to other areas where there is less competition for FRS, such as 'diagnosis in clinical trials'? JH reiterates that a white paper with an AD research KOL as co-author could be helpful, even if not an electrophysiology expert.

Lastly, FR thinks that increasing the EPIA interaction is key; the EC could meet/have a TC every 3 months? PD proposes to better have more frequent but shorter TCs, e.g. monthly for 30 to max 60 minutes must be feasible with the calendars of most of the EC members and the regular schedule would foster continuity and prevent activities to be become dormant in between TC or AAIC meetings. FR brings up the possibility to record webinars and make these only accessible to EPIA members? The feasibility and added value of such recordings will be discussed at the next EC TC when also the WEB page update and proposal by WM (email attached) will be discussed.

@ VIII. While there was no other business to discuss, FR thanked the attendees for their contributions and closed the business meeting at 14:15 hrs.

Minutes prepared by Pim Drinkenburg on request of the EC (July 24th, 2016).