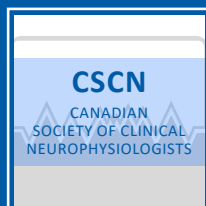
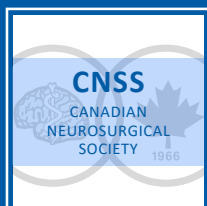


CANADIAN NEUROLOGICAL SCIENCES FEDERATION

NEURO NEWS

cnsf.org



ANNUAL EDITION 2026



CANADIAN
NEUROLOGICAL
SCIENCES
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FÉDÉRATION
DES SCIENCES
NEUROLOGIQUES
DU CANADA



www.cnsf.org/about-cnsf

CNSF Vision

The improved wellbeing of children and adults with diseases, disorders and injuries of the nervous system and the prevention of these conditions.

CNSF Mission

To support the neuroscience professions in Canada, and particularly those members of the CNSF societies, through education, advocacy, membership services and research promotion.

Notes about the Mission:

- **Education** includes the annual CNSF Congress, the Canadian Journal of Neurological Sciences (CJNS), and all other continuing professional development (CPD) activities.
- **Membership Services** includes services delivered to the member societies of the CNSF and their individual members, the research to identify member needs, and other related activities.
- **Advocacy** includes activities such as building public awareness about diseases, disorders and injuries of the nervous system, and advocacy for improved public policy and increased medical research. Such advocacy may be direct or in collaboration with other organizations.

CNSF Values

An organization's values convey those non-negotiable elements in how the mission is implemented in pursuit of the vision. Values mean that outcomes are not the only thing that matters – how outcomes are achieved is also important. Success is not only determined through outcomes, but also through conduct and approach.

Excellence in Education: Continuing professional development is a cornerstone of the success of the individual practitioner, the profession, and the member societies. Accordingly, all CNSF educational efforts must reflect excellence in their quality, relevance and delivery.

Representative and Inclusive: The CNSF is a federation of societies representing diverse and collegial medical professionals with a common focus on diseases, disorders, and injuries of the nervous system. Accordingly, the CNSF must reflect and engage these societies and their members in how it works and what it does.

A Strong and Effective Voice: The well-being of individuals with diseases, disorders, and injuries of the nervous system and, where possible, the prevention of these conditions, comprise an important vision. The work of the member societies and their respective members is also important.

The CNSF must advocate with a strong and effective voice knowing that its mission and vision have unique and important value to society.

Responsible Stewardship: The CNSF's financial resources are secured from the dues paid by the professionals of its member societies and from commercial sponsors who support its vision and mission. The CNSF has an obligation to the professionals of its member societies to manage these resources wisely, maintain good governance practices, and conform to the standards established by the responsible agencies (e.g. governments, the RCPSC, provincial and territorial regulatory bodies).

Creating a More Connected Future



A Joint Message from the CNSF President and the CNSF CEO

At a time when Canada's health system is being asked to do more with less, the pressure to adapt has never been greater. Federal departments, including Health Canada, are facing significant fiscal restraint, with mandates to reduce spending by 15%. Yet within these constraints lies a clear opportunity: to focus on smarter, more coordinated approaches that drive both health outcomes and system performance.

At the same time, neurological conditions are rapidly becoming treatable. Advances in neuro-therapeutics, medical and surgical, are rapidly tackling the leading cause of disability in Canada, increasing the urgency for integrated, data-driven care. Developments in neuroscience and digital health are opening new possibilities, but realizing their full impact requires alignment, collaboration, and leadership.

This is where we, as CNSF, are uniquely positioned. As the national convener of clinical neuroscience expertise, we have an opportunity to not only respond to these challenges, but to help create the future.

We asked a fundamental question: what does meaningful value truly look like for our members and for our partners?

Through this reflection and a collaborative process, two clear ways CNSF creates value became apparent: one for members and one for strategic partners. The following value propositions will guide our priorities, decisions, and growth in the years ahead:

1. For Our Members

At the CNSF, we cultivate connection and a sense of belonging for our members. We streamline necessary processes and facilitate connections with peers, leaders, and industry partners. We are committed to driving system-wide improvements in clinical neurosciences and that means cultivating opportunities to collaborate and share expertise.

2. For Our Strategic Partners

At the CNSF, we are committed to driving system-wide improvements in clinical neurosciences through collaboration, advocacy, and evidence-informed policy. We support initiatives that enhance patient outcomes, empower physicians, and strengthen access to innovative solutions. Meaningful progress in Canadian healthcare requires bold partnerships.

What This Means for Our Members

Members can look forward to a more connected and empowering community. We are placing members at the centre of everything we do, and making it easier to engage with peers, leaders, and industry partners across the clinical neuroscience community.

Congress will continue to serve as a nexus, but it will also be part of a year-round platform for education, advocacy, research, and professional development. Members will have more opportunities to build meaningful relationships, share expertise, and access mentorship to strengthen both individual growth and the broader Canadian neuroscience community.

Education will be more seamless and integrated. Centralized resources, streamlined learning opportunities for CME credits will allow members to learn efficiently and consistently.

Our advocacy efforts will continue to advance the interests of both physicians and patients. We'll promote equitable access to therapeutics, fair physician compensation, robust research funding, and solutions for health human resource challenges.

Research initiatives will focus on discovery, clinical trials, and implementation science, while partnership programs will connect members with industry collaborators, funding opportunities, and applied research projects.

The Canadian Journal of Neurological Sciences will continue to showcase research, policy, and guidelines, while amplifying Canadian neuroscience on both national and international stages.

Through these initiatives, we will ensure that membership delivers tangible value. Our goal is for all members to feel supported in their professional growth and to have more opportunities to build meaningful connections with one another.

This is the future we're working toward, and our annual business plan will guide us step by step in bringing it to life.

What This Means for Our Partners

We know that meaningful progress in healthcare cannot happen in isolation.

For many years, our sponsors and partners have been instrumental in making Congress the success it is today. And we see an opportunity to build on this strong and essential foundation.

We are expanding sponsorship beyond Congress, and opening up more ongoing opportunities to partner in advancing patient care, research, and education.

Our partners benefit in several meaningful ways:

- Access to physicians: Our national network provides sponsors with consistent opportunities to engage with Canadian physician leaders, and facilitates both formal and informal connections that strengthen collaboration.
- Collaboration opportunities: We bring sponsors and partners into our initiatives, whether it's advocacy, research, or education, so they can work alongside our members on projects that make a tangible impact.
- Education and research involvement: Sponsors and partners have the chance to contribute to leading-edge research, help shape educational programs, and connect directly to the clinicians and scientists driving innovation in neuroscience.

As you flip through these pages and experience this year's Congress, you'll see the contributors who make this event possible. Together, they strengthen our ability to build a stronger, more connected clinical neuroscience community. And we couldn't be more grateful for their support.

Goals for 2026

Deriving from our two key value propositions are five strategic goals. Each are supported by targeted activities designed to move us closer to our mission and vision:

1. Stabilize and Align the CNSF

Strengthen governance through updated bylaws, policies, and onboarding processes; reduce organizational risk; and ensure a solid foundation for growth and collaboration.

2. Expand and Modernize the Membership Model

Enhance engagement through curated content, improved digital platforms, and inclusive strategies that build a stronger federation identity among current and future clinical neuroscience professionals.

3. Establish CNSF as a Year-Round Learning and Revenue Platform

Move beyond Congress to deliver continuous education, maintain accreditation, and secure sponsorships, ensuring financial sustainability and professional excellence.

4. Grow Federation-Wide Influence

Launch a federated advocacy strategy rooted in shared clinical and research priorities, strengthen data analytics, and reinforce CNSF's leadership across the healthcare ecosystem.

5. Build a Connected Research Community

Create a national collaboration hub, develop a research registry, and implement matchmaking initiatives to link members with funders and partners, reducing duplication and accelerating innovations

Stronger Together

None of this can succeed without you. We are stronger, together. By bringing multiple independent societies under one federation and embracing multidisciplinary collaboration, we've built a culture through Congress that we are now carrying into new opportunities beyond the event itself.

To our staff and volunteers, including board and committee members, thank you. Your dedication makes this year's Congress, and our work year-round, possible.

To our partners, thank you for sharing in CNSF's vision and investing in the success of our community.

To our members, thank you for contributing to breakthrough research, innovative practices, and community initiatives that advance patient care across the country. Know that many are committed to supporting your growth and improving the system we all rely on.

Together, we will continue to bridge innovation and practice, and ensure that progress translates into meaningful outcomes for patients, providers, and the healthcare system as a whole.

Enjoy Congress, and thank you for being part of this impactful gathering.

Sincerely,



Michael D. Hill, MD FRCPC
President, Canadian
Neurological Sciences
Federation



Gayle Burnett,
Chief Executive Officer,
Canadian Neurological
Sciences Federation

CNSF online website: cnsf.org



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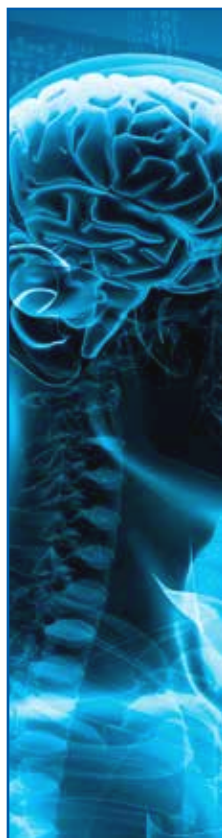
x.com/CNSFNeuroLinks



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CNSF at a Glance

- The CNSF is the national hub for clinicians in the neurosciences, bringing together multidisciplinary education, collegial connection, and unified advocacy. It serves six National Specialty Societies:
 - Canadian Neurological Society (CNS)
 - Canadian Neurosurgical Society (CNSS)
 - Canadian Society of Clinical Neurophysiologists (CSCN)
 - Canadian Association of Child Neurology (CACN),
 - Canadian Society of Neuroradiology (CSNR)
 - Canadian Stroke Consortium (CSC)
- As an accrediting body recognized by the Royal College of Physicians and Surgeons of Canada, we support high standards across the field, both within our programs and through accreditation services for external initiatives.
- Our partnership opportunities connect members with relevant industry partners, funding opportunities, and diverse expertise to support initiatives and advance research.
- We have equal and diverse representation of member societies on CNSF committees and the CNSF Board.
- Our advocacy agenda supports physicians, patients, and the Canadian healthcare system. We make it easier for members to stay current, solve real clinical challenges, and navigate their professional growth with credible guidance and a community that understands their world.

CNSF Board of Directors 2025–2026



Michael D. Hill
CNSF President
CNS, CSC Member



Patrick McDonald
CNSF Vice-President
CNSS Member



Fraser Moore
CNSF Vice-President
CNS, CSCN Member



Cecil Hahn
CNSF Vice-President
CACN, CSCN Member



Donatella Tampieri
CNSF Vice-President
CSNR Member



Christian Stapf
CNSF Vice-President
CSC Member



Gayle Burnett
CNSF
Chief Executive Officer



Kesh Reddy
CNSF Past President
CNSS Member



Alice Schabas
CNS President



Pardh Chivukula
CNS Vice-President



Gwynedd Pickett
CNSS President



David Steven
CNSS Vice-President



Marcus Ng
CSCN President



Christine Stables
CSCN Vice-President



Sunita Venkateswaran
CACN President



Anita Datta
CACN Vice-President



Matthias Schmidt
CSNR President



Laila Alshafai
CSNR Vice-President

CNSF Board of Directors 2025–2026 continued



Andrew Demchuk
CSC Chair



Ashfaq Shuaib
CSC Member



Joseph Megyesi
CNSF
Director-at-Large



Steven Peters
CNSF
Director-at-Large



Alex Vu (CNS)
Residents'
Representative
(Voting)



Sophia Vaccarino
CNS Jr. Residents'
Representative



Eva Liu
CNSS Residents'
Representative



Ryan Sandarage
CNSS Jr. Residents'
Representative



Gabrielle Herman
CACN Residents'
Representative



Audrée Gauthier
CACN Jr. Residents'
Representative



Jacky Chow
CSNR Residents'
Representative

CNSF Committee Chairs 2025-2026



**Alexandre
Henri-Bhargava**
Professional
Development
Committee Chair



Joseph Megyesi
Scientific Program
Committee Chair



Tejas Sankar
Canadian Journal of
Neurological Sciences
Editor-in-Chief



Ian Fleetwood
Nominations,
Membership and
Awards Committee
Chair



Draga Jichici
Clinical Practice
Guidelines
Committee Chair



Michael D. Hill
Advocacy Committee
Chair

2025-2026 Member Society Boards of Directors and Committee Representatives

The Canadian Neurological Sciences Federation (CNSF) is comprised of member societies representing diverse specialties within the neurosciences. Each society is governed by a volunteer Board of Directors. Together, these leaders strengthen collaboration and advance our mission.

We extend our sincere appreciation to the dedicated volunteers who served during the 2025–2026 term. Their commitment of time, expertise, and leadership contributes significantly to the success of their respective societies and to the advancement of CNSF initiatives overall.

Board member rosters will be updated following each society’s Annual General Meeting.



Canadian Neurological Society
Société canadienne de neurologie

Canadian Neurological Society (CNS)

President.....	Alice Schabas
Vice President.....	Pardh Chivukula
Secretary Treasurer.....	Andrew Mattar
Past President.....	Steven Peters
Director from British Columbia.....	Alexandre Henri-Bhargava
Director from Alberta.....	Nabeela Nathoo
Director from Saskatchewan.....	Andrew Kirk
Director from Manitoba.....	Claudia Candale
Director from Ontario.....	Courtney Casserly
Director from Ontario.....	Michelle-Lee Jones
Director from Quebec.....	Alby Richard
Director from Nova Scotia.....	Caitlin Tarlton
Director from Newfoundland.....	Linda Magnusson
Residents’ Representatives.....	Alex Vu and Sophia Vaccarino
CNSF CEO.....	Gayle Burnett

CNS Representatives

World Federation of Neurology.....	Andrew Kirk
CNSF Professional Development Committee.....	Alexandre Henri-Bhargava (Chair), Alex Vu and Sophia Vaccarino
CNSF Scientific Program Committee ...	Gerald Pfeffer (Vice Chair), Draga Jichici, Veronica Bruno, Alex Vu and Sophia Vaccarino
CNSF Nominating, Membership and Awards Committee.....	Courtney Casserly and Michael D. Hill
CNSF Clinical Practice Guidelines Committee.....	Draga Jichici (Chair)
CNSF Advocacy Committee.....	Michael D. Hill (Chair) and Linda Magnusson
CNSF Board of Directors.....	Alice Schabas, Pardh Chivukula, Alex Vu and Sophia Vaccarino
CNSF Executive Committee.....	Michael D. Hill (CNSF President)



The Canadian Neurosurgical Society
Société canadienne de neurochirurgie

Canadian Neurosurgical Society (CNSS)

President.....	Gwynedd Pickett
Vice President.....	David Steven
Secretary Treasurer.....	Vivek Mehta
Past President.....	John Wong
Director from British Columbia.....	Ian Fleetwood
Director from Alberta.....	Michael Chow
Director from Saskatchewan.....	Luke Hnenny
Director from Manitoba.....	Colin Kazina
Director from Ontario.....	Amparo Wolf
Director from Quebec.....	Louis Crevier
Director from New Brunswick.....	Aaron Robichaud
Director from Nova Scotia.....	Sean Christie
Director from Newfoundland/Labrador.....	Roger Avery
Residents’ Representatives.....	Eva Liu and Ryan Sandarage
CNSF CEO.....	Gayle Burnett

CNSS Representatives

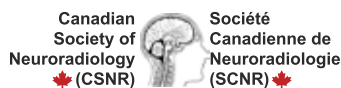
CNSS Grand Rounds.....	Fahad Alkherayf
CNSF Professional Development Committee.....	Fahad Alkherayf, Eva Liu and Ryan Sandarage
CNSF Scientific Program Committee.....	Joseph Megyesi (Chair), Eva Liu and Ryan Sandarage
CNSF Nominating, Membership and Awards Committee ...	Ian Fleetwood (Chair)
CNSF Clinical Practice Guidelines Committee.....	Joseph Megyesi
CNSF Advocacy Committee.....	Patrick McDonald
CNSF Board of Directors.....	Gwynedd Pickett, David Steven, Eva Liu and Ryan Sandarage
CNSF Executive Committee.....	Patrick McDonald (CNSF Vice President)

Canadian Society of Clinical Neurophysiologists (CSCN)

President.....	Marcus Ng
Vice President.....	Christine Stables
Secretary Treasurer.....	Michelle-Lee Jones
Past President.....	Steven Baker
EEG Section Chair.....	Robyn Whitney
EEG Section Secretary.....	Lauren Sham
EEG Chief Examiner.....	Cecil Hahn
EMG Section Chair.....	Katie Beadon
EMG Section Secretary.....	Adrian Opala
EMG Chief Examiner.....	Erin O'Ferrall
CNSF CEO.....	Gayle Burnett

CSCN Representatives

CNSF Professional Development Committee.....	Amokrane Chebini
CNSF Scientific Program Committee.....	Michelle Mezei, EMG (Vice Chair) and Michelle-Lee Jones, EEG
CNSF Nominating, Membership and Awards Committee.....	Adrian Opala
CNSF Clinical Practice Guidelines Committee.....	Juan Pablo Appendino and Steven Baker
CNSF Advocacy Committee.....	Steven Baker and Fraser Moore
CNSF Board of Directors.....	Marcus Ng and Christine Stables
CNSF Executive Committee.....	Fraser Moore (CNSF Vice President)



Canadian Society of Neuroradiology (CSNR)

President.....	Matthias Schmidt
Vice President.....	Laila Alshafai
Secretary Treasurer.....	Jai Shankar
Past President.....	Rob Sevick
Director – Western Representative.....	Nima Kashani
Director – Central Representative.....	Timo Krings
Residents' Representative.....	Jacky Chow
CNSF CEO.....	Gayle Burnett

CSNR Representatives

CSNR Webinar Series.....	Jai Shankar and Laila Alshafai
Royal College of Physicians and Surgeons of Canada.....	Matthias Schmidt
Canadian Interventional Neuro Group (CING).....	Donatella Tampieri and Jai Shankar
CNSF Professional Development Committee.....	Jai Shankar and Jacky Chow
CNSF Scientific Program Committee.....	Jai Shankar, Laila Alshafai, Rob Sevick and Jacky Chow
CNSF Nominating, Membership and Awards Committee...	Carmen Parra-Fariñas
CNSF Clinical Practice Guidelines Committee.....	Donatella Tampieri and Kathleen Jacobs
CNSF Board of Directors.....	Matthias Schmidt, Laila Alshafai and Jacky Chow
CNSF Executive Committee.....	Donatella Tampieri (CNSF Vice President)

Canadian Association of Child Neurology (CACN)

President.....	Sunita Venkateswaran
Vice President.....	Anita Datta
Secretary Treasurer.....	David Callen
Past President.....	Michael Esser
Director from Western Canada.....	Colin Wilbur
Director from Central Canada.....	Samantha Marin
Director from Eastern Canada.....	Myriam Srou
Residents' Representatives.....	Gabrielle Herman and Aurée Gauthier
CNSF CEO.....	Gayle Burnett

CACN Representatives

CACN Education Committee.....	David Callen (Chair), Sunita Venkateswaran and Lindsey Vogt
CACN Community Pediatric Neurologists Representatives.....	Dragos Nita and Wendy Stewart
Canadian Paediatric Surveillance Program.....	Elizabeth Donner
CNSF Professional Development Committee.....	Egidio Spinelli, Gabrielle Herman and Aurée Gauthier
CNSF Scientific Program Committee.....	Katie Siu, Megan Crone, Maryam Nouri, Gabrielle Herman and Aurée Gauthier
CNSF Nominating, Membership and Awards Committee.....	David Callen
CNSF Clinical Practice Guidelines Committee.....	Colin Wilbur and Sarah Buttle
CNSF Advocacy Committee.....	Elizabeth Donner and Natarie Liu
CNSF Board of Directors.....	Sunita Venkateswaran, Anita Datta, Gabrielle Herman and Aurée Gauthier
CNSF Executive Committee.....	Cecil Hahn (CNSF Vice President)



Canadian Stroke Consortium (CSC)

Chair	Andrew Demchuk
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Board Members

Dylan Blacquiere	Mahesh Kate
Dar Dowlatshahi	Maggie Moores
Laura Gioia	Kanjana Perera
Sherry Hu	Nishita Singh
Tom Jeerakathil	Lily Wenya Zhou

CSC Representatives

CNSF Scientific Program Committee.....	Brett Graham, Christine Hawkes Mahesh Kate
CNSF Nominating, Membership and Awards Committee.....	Andrew Demchuk (Interim)
CNSF Clinical Practice Guidelines Committee.....	Christian Stapf
CNSF Board of Directors.....	Ashfaq Shuaib
CNSF Executive Committee.....	Christian Stapf (CNSF Vice President)

Benefits of CNSF Membership

Membership in the Community of Canadian Clinical Neuroscience

Our community is a collaborative and growing network of neurologists, neurosurgeons, pediatric neurologists, neurophysiologists, and neuroradiologists who are making meaningful contributions to neuroscience research, education, and patient care across Canada and around the world.

Through continuing professional development, collaborative learning, mentorship, and shared advocacy, membership gives you access to a unified national network that supports growth at every stage of your career.



Congress

Each year, the CNSF brings together Canada's clinical neuroscience community for a national Congress designed to inspire learning, collaboration, and connection across specialties. It offers Maintenance of Certification (MOC) credits, access to leading clinical and research insights, and the chance to connect with peers shaping the future of neuroscience in Canada.

Members also receive a generous discount on registration fees.

Society Prize Awards

Members have the opportunity to be considered for prestigious society prizes by submitting an abstract to Congress or society competitions. Multiple first-place awards are available for Junior Members or Full Members within two years of Royal College certification, each valued at approximately \$2,500. Winners are invited to present their work at Congress and are recognized across CNSF platforms, including the Neuro|News digital newsletter, the Canadian Journal of Neurological Sciences, and the CNSF website.

Member Services

CNSF member services are here for you year-round to support any questions about your Society, your membership, or CNSF services. Need help navigating benefits or finding the right information?

Our team is just an email away at membership@cnsf.org



Member Only Resources

Members receive the CNSF Neuro|News digital newsletter, which features:

- Society and Federation news
- Congress details and updates
- Job postings
- Advocacy items
- Messages from CNSF and Society Presidents
- CJNS highlights
- Webinars and CNSF CME opportunities
- Continuing Professional Development (CPD) opportunities

Our website also provides the latest information from our member societies and the broader CNSF community. Members gain exclusive access to additional resources, including past webinar recordings, Society-led initiatives, and key tools and resource links to support clinical practice and professional growth.

For Residents

Membership gives residents early access to Canada's clinical neuroscience community.

Engage with mentors, peers, and collaborators while developing as a future leader in the field.

Gain access to high-quality, accredited programming at Congress, opportunities to present your research on a national stage, and exposure to leading clinical and scientific advancements.

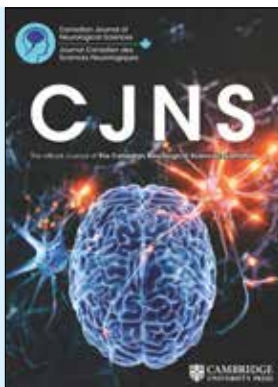
You'll also unlock resident-specific prizes, awards, Royal College exam preparation, and recognition opportunities that support your career.

PGY1 residents receive a complimentary first-year membership, with subsequent residency years offered at a heavily discounted rate.

Society Initiatives

Members receive all benefits outlined on these pages as well as any additional benefits provided by their individual society, such as:

- CNSS and CACN Lifetime Achievement Awards
- CSCN EMG and EEG Certification exams
- CNSS, CNS and CACN Grand Rounds
- CSC and CSNR Webinars and past recordings



Canadian Journal of Neurological Sciences

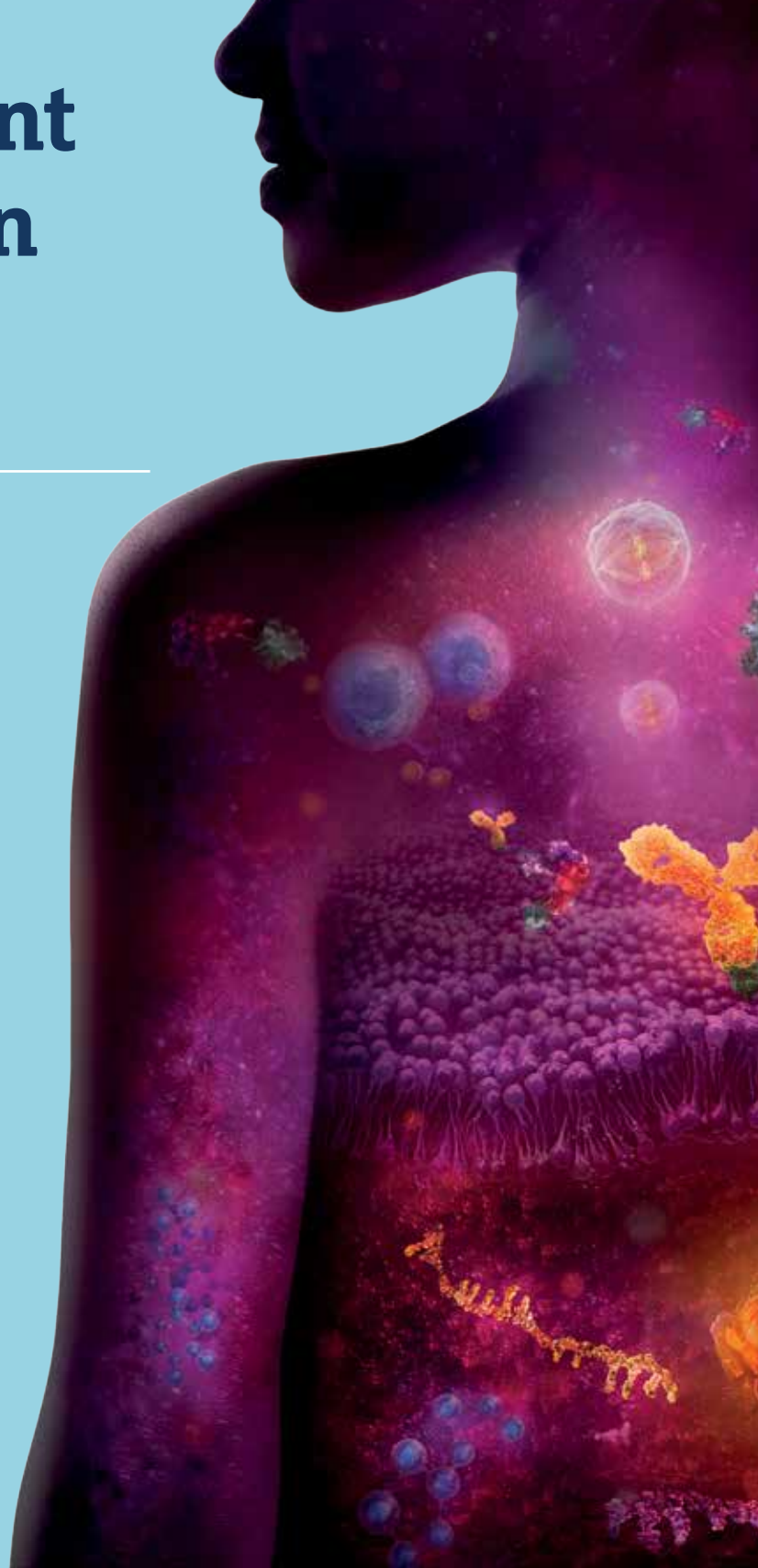
The CJNS is the official publication of our member societies and an internationally recognized, peer-reviewed medical journal published by Cambridge University Press via Cambridge Core.

Members receive an online subscription with exclusive access to the current publication year. CNSF members submitting to CJNS also benefit from GOLD open access at 50% off, supporting greater reach and impact for their research.

Our Commitment to Transthyretin Amyloidosis

At AstraZeneca, we believe in the power of what science can do in transforming the care of life-threatening diseases.

AstraZeneca is proud to support the 2026 Canadian Neurological Sciences Federation Congress as part of our commitment to advancing next generation therapeutics for people living with Transthyretin Amyloidosis



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AstraZeneca 

CNSF Congress Abstracts

The CNSF Congress remains Canada's leading multidisciplinary neuroscience meeting, bringing together neurologists, neurosurgeons, pediatric neurologists, neurophysiologists, neuroradiologists, neuroscientists, and trainees. All submitted abstracts undergo peer review and are assigned to sessions based on scientific merit, ensuring a high-quality and robust program.

Discover new research – be sure to add these sessions to your agenda:

Poster Stand-by

Back by popular demand, physical posters are returning. Located in the Alhambra Room, posters will be displayed in two groups organized by topic. Please refer to the [CNSF 2026 Congress app](#) to see which topics are featured during each of the two poster sessions.

Group 1: Tuesday, May 26, 10:15 – 11:15 am

Group 2: Thursday, May 28, 10:45 – 11:45 am

In addition, abstracts and posters are available in the Congress app.



Society Prize Winning Abstracts

Authors that have been awarded a Society Prize for an expanded abstract submission, will present a platform presentation during the Grand Rounds session. There will be time allotted for some questions and brief discussion.

Wednesday, May 27, 2:00 – 5:00 pm

Canadian Journal of Neurological Sciences (CJNS), 2026 CNSF Congress Abstract Supplement

All abstracts included at the CNSF Congress are published in the CJNS Abstract Supplement which will be available in July.

Society Mini-Platform Sessions

New this year, mini-platform presentations have been integrated into Society Day sessions.



NEURO CAREERS

- ▶ **Looking for a new career opportunity?**
- ▶ **Looking to advertise a position at your center?**

Check out Neuro Careers!

Neuro Careers is an online, classified advertising resource on the CNSF website and linked on the CJNS page in Cambridge Core. Direct links to each classified ad are included in the CNSF members' newsletter, the Neuro|News.

Classified ads are posted online for 2 months, for less than \$500. They open as a full-color PDF complete with graphics and company logos. In addition to our public web postings, we also share on our social media sites.

Neuro Careers is a great way to advertise job opportunities and fellowships to Neurologists, Neurosurgeons, Pediatric Neurologists, Neurophysiologists, Neuroradiologists and related health care professionals.

To find out more, contact info@cnsf.org.

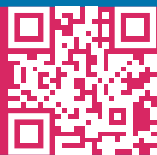
www.cnsf.org/neuro-careers

The DEMONSTRATED POWER to FIGHT gMG

IMAAVY® (nipocalimab) is indicated as an add-on to standard therapy for the treatment of generalized myasthenia gravis (gMG) in adult and adolescent patients (≥12 years) who are antibody positive (anti-acetylcholine receptor [AChR] or anti-muscle-specific tyrosine kinase [MuSK]).



J&J
Medical Pro



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IMAAVY® information

Clinical Use:

IMAAVY® is not authorized for use in patients <12 years of age. No differences in safety or efficacy were observed in patients ≥65 years of age.

IMAAVY® did not include sufficient numbers of patients aged ≥65 years to determine whether they respond differently from younger adult patients.

Relevant Warnings and Precautions:

- Risk of infection due to treatment related reduction in IgG levels.
- Risk of activation of latent viral infections, such as herpes zoster.
- Live vaccines are not recommended during treatment. Administer all live vaccines according to immunization guidelines at least 4 weeks before the initiation of treatment and at least 2 weeks after the last dose of IMAAVY®.
- Increases in plasma lipid levels have been observed in adult patients treated with IMAAVY®. Patients with abnormal lipid parameters should be monitored and managed according to the patient's long-term cardiovascular risk and clinical practice guideline.

- Hypersensitivity reactions, including rash, urticaria, and eczema.
- Infusion-related reactions, including headache, rash, nausea, fatigue, dizziness, chills, and erythema.
- Use during pregnancy and breastfeeding only if the clinical benefit justifies the potential risk.
- Effect on fertility is unknown.

For More Information:

Please consult the Product Monograph at jn.j.com/innovativemedicine/canada/our-medicines for important information relating to adverse reactions, drug interactions, dosing, and administration that has not been discussed in this piece. The Product Monograph is also available by calling us at 1-800-567-3331.

The images depicted contain models and are being used for illustrative purposes only.

Reference: IMAAVY® Product Monograph. Janssen Inc. December 5, 2026.

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Canadian Neurological Sciences Federation's 2026 Distinguished Service Award

Dr. Michael D. Hill, 2026 recipient

The CNSF Distinguished Service Award recognizes an individual who has shown exceptional and sustained commitment to the Federation and its member societies. Recipients demonstrate deep service in governance, education, Congress activities, and federation building, along with meaningful national advocacy and contributions that strengthen the CNSF's mission and impact. Their work reflects professionalism, collaboration, and leadership that advance the neurological sciences community.

Dr. Michael D. Hill has a distinguished history of service to the neurological community. Within the CNSF, he has played a vital role in strengthening the national neuroscience community through his contributions to scientific programming, advocacy, and strategic direction. His leadership as President (since 2020) and Member at Large (since 2011) has helped ensure that the CNSF remains a unifying force for clinicians, researchers, and trainees across the country. In the Canadian Stroke Consortium (CSC), he has been instrumental in developing collaborative trial platforms, advancing national stroke guidelines, and fostering a culture of rigorous, practice changing research. His vision and dedication have helped establish the CSC as a cornerstone of stroke innovation in Canada.

Dr. Hill is widely recognized as one of Canada's foremost neurologists and a driving force in advancing stroke research, clinical care, and medical leadership. A full professor of neurology, clinical epidemiology and medicine at the Cumming School of Medicine, University of Calgary, he has earned international recognition for pioneering contributions that have reshaped the

treatment of ischemic stroke. He has been recognized nationally as an Officer of the Order of Canada. His medical training at the University of Ottawa, followed by residency and fellowship work, laid the foundation for a career dedicated to improving outcomes for patients with cerebrovascular disease. Among his many achievements, he co led the landmark ESCAPE trial, which demonstrated the effectiveness of endovascular thrombectomy (EVT) for removing large vessel occlusions. This pivotal study, published in 2015, transformed global clinical guidelines and dramatically reduced stroke related disability and death, improving the lives of millions of patients worldwide. A prolific clinician scientist, lecturer, and mentor, he has supervised more than 150 students, residents and fellows who now advance stroke care across Canada and internationally.

Dr. Hill's research portfolio spans acute stroke intervention, stroke systems of care, clinical trial methodology, and health system innovation. His leadership has been central to several influential clinical trials in stroke medicine, and his commitment to innovative, patient centred research has revolutionized



the treatment of ischemic stroke. He has helped define modern standards in acute stroke treatment in Canada and worked both provincially and nationally to see them implemented. Beyond his scientific achievements, he has worked as a volunteer and a leader in the Heart & Stroke Foundation of Canada. He has been a dedicated educator and mentor, helping to build one of the world's most productive stroke research programs and shaping the next generation of leaders in neurology.

Through his exceptional scientific achievements, transformative clinical leadership, and unwavering commitment to improving neurological care, Dr. Michael D. Hill has made an enduring impact on the CNSF, the CSC, and the broader landscape of neurological sciences in Canada and beyond. He is a most deserving recipient of the CNSF Distinguished Service Award.



2026 CNSS Lifetime Achievement Award (Charles Drake Medal)



Dr. Michael West, 2026 recipient



Born in England, Dr. Michael West moved to Winnipeg as a child. He attended medical school at the University of Manitoba, where he also completed his neurosurgery residency training under the supervision of Dwight Parkinson, who encouraged him to pursue a Ph.D. and invited his collaboration on important publications. During his residency training they wrote a paper on “Traumatic intracranial aneurysms” published in the *Journal of Neurosurgery* in 1980 and later a chapter on “Lesions of the cavernous plexus region” for *Youmans Neurological Surgery, Third Edition*. Dr. Parkinson consistently encouraged Dr. West to be curious and to contribute to the Neurosurgical literature. He earned a Ph.D. from Dr. Henry Friesen’s Physiology Department under the supervision of Dr. Viktor Havlicek. He became a Fellow of the Royal College of Physicians and Surgeons of Canada in 1979. Dr. West was awarded a McLaughlin Travelling Fellowship in 1980, training with three neurosurgical masters: pituitary and skull base neurosurgery under Charles Wilson at UCSF, pediatric neurosurgery under Anthony Raimondi at Northwestern University in Chicago, and cerebrovascular surgery under Charles Drake at the University of Western Ontario. This experience advanced the skills learned in Dr. Parkinson’s neurosurgical training program.

Dr. West returned to Winnipeg in 1981 with an appointment in the Section of Neurosurgery. He rapidly became a sought-after clinician, teacher and surgeon in Manitoba, winning multiple teaching awards and achieving the rank of Associate Professor. He introduced the procedure of computer-guided stereotactic biopsy to the management of neurosurgery patients in 1985 and demonstrated the technique to Dr. Mark G. Torchia, Ph.D., a brilliant researcher sponsored by the Department of Surgery, working on robotic control projects. Dr. West and Dr. Torchia proposed the development of a robotic controlled laser system for computer-guided stereotactic brain tumour resection and secured seed funding for the project. Dr. Torchia went on to develop Laser Interstitial Thermoablation, a major contribution to the management of intracranial tumours and certain epileptogenic lesions.

Dr. West collaborated with Dr. Mirek Stranc, Head of Plastic Surgery at the University of Manitoba, to develop a combined Craniofacial Surgery Service for treatment of craniofacial abnormalities in children and adults. The first patient was an infant with severe hypertelorism who was operated on in 1979. From that time until 1994, the range of conditions treated included the correction of many other congenital defects, trauma, malignancy and some metabolic disorders.

In 1994 Dr. West moved to Cleveland, Ohio where his neurosurgical practice included collaboration with renowned Cleveland Clinic neuroradiologists Thomas Masaryk and Michael Modic, pioneers in the inception of novel neurointerventional techniques for the treatment of intracranial vascular pathology. New patients were afforded the most advanced neurosurgical and endovascular options; assessed to determine the safest and most effective treatment for each individual and managed accordingly. Outcomes were clearly improved by this approach and this experience influenced Dr. West when he incorporated neurointerventional specialty input into a team approach to the management of cerebrovascular pathology upon his subsequent recruitment back to Winnipeg.

He returned to Manitoba in 2000 as Professor and Head of the Section of Neurosurgery at the Winnipeg Health Sciences Centre and the University of Manitoba. He quickly embarked on a rapid expansion and modernization of neurosurgery, initially recruiting subspecialty neurosurgeons to develop and lead programs in Vascular, Spine, Cranial nerve, Functional, and Pediatric neurosurgery (the first Pediatric Neurosurgeon to practice in Manitoba). During his tenure as Head, the section expanded from four to ten Neurosurgeons, offering the full range of neurosurgical care to the people of Manitoba, Nunavut, and Northwestern Ontario.

Dr. West became one of the pioneers of stereotactic radiosurgery in Canada with the opening of Canada's first Gamma Knife program, treating the first

patient in November 2003. ***Dr. Anthony Kaufmann, a longtime colleague and friend, was a key collaborator in the development of this important program, along with his other major contributions to the evolution of neurosurgery in Winnipeg.*** Patients were referred from across the country. To date, the program has treated over 5,000 patients. Following the success of the Gamma Knife, he developed an interest in Stereotactic Body Radiation Therapy (SBRT) and initiated with CancerCare Manitoba the development of a SBRT program to treat extracranial tumours.

Dr. West collaborated with Dr. Paul Kerr and his colleagues in Otolaryngology and Head and Neck Surgery to establish a combined approach using CT-guided endoscopic endonasal techniques to treat pathologies of the skull base, particularly pituitary tumours, but also including orbital, nasal and brain tumours.

Dr. West continued to pursue a role in the education of students, residents and fellow neurosurgeons. His commitment to teaching and education was recognized by his receipt of the Canadian Association of Medical Education Certificate of Merit in 2018. While continuing full-time practice as a neurosurgeon he held significant roles in the Faculty of Medicine at the University of Manitoba, serving as Associate Dean of Postgraduate Medical Education from 2010 to 2016 and Associate Dean of Professionalism from 2016 to 2019. He strongly supported the Royal College, serving on several On-Site Surveys of Residency Programs and Affiliated Education Sites as well as various committees, including the

Neurosurgery Specialty Committee (2001–2008), Neurosurgery Examination Committee and the PGME Accreditation Committee. He secured funding to add a Clinician Investigator Program to the list of University of Manitoba Specialty programs.

Despite busy clinical, administrative and educational roles he published over 130 peer-reviewed manuscripts and abstracts, and has given over 50 invited talks. He contributed to important multicenter studies of stroke prevention and cerebral aneurysm management.

Dr. West has been recognized for his contributions to the care of Manitobans and Canadians; he received the Queen Elizabeth Diamond Jubilee Medal in 2012, the Doctors Manitoba Distinguished Service Award in 2014, the Order of Manitoba in 2019 and the Order of Canada (CM) in 2022. He was conferred with the title Professor Emeritus at the University of Manitoba in 2022.

For his significant contributions to Canadian neurosurgery, CNSS bestows the 2026 CNSS Lifetime Achievement Award on Dr. Michael West.



**The Canadian Neurosurgical Society
Société canadienne de neurochirurgie**

2026 CACN – Henry Dunn Lifetime Achievement Award

Dr. William Logan, 2026 recipient



Dr. William Logan is an outstanding, devoted, and compassionate clinician, who has dedicated 50 years of his professional life to the service of children with neurological disorders. He is a remarkably talented and patient teacher who loves to share his experience and knowledge with the trainees he mentors. Even after retiring more than a decade ago he still gives his time annually to the Neurology fellows and residents at the Hospital for Sick Children as they prepare for the annual Prichard Research Day.

Dr. Logan commenced his academic journey with an undergraduate degree at Illinois College in 1955, followed by his graduation from the University of Chicago medical school in 1963. Subsequently, he embarked on advanced training in various disciplines, including General Pediatrics, Neurology, Neuropharmacology, and U.S. Public Health Sciences, at Johns Hopkins University, University of Cincinnati, Stanford University,

and the National Institute of Child Health and Human Development, respectively. After completing this comprehensive training, Dr. Logan joined the University of Virginia from 1972 to 1978 in Charlottesville, where he made substantial contributions to our comprehension of CSF neurotransmitters. In 1978, he transitioned to the Hospital for Sick Children and the University of Toronto, assuming the role of Head of the Division of Neurology. Succeeding Dr. John Stobo Prichard, a pioneer in child neurology in Canada, Dr. Logan held this position until 1994, attaining the rank of Full Professor. Concurrently, while at SickKids, he served as a consultant to various health centres, including the Hugh McMillan Centre, Holland-Bloorview Kids Rehabilitation Hospital, Surrey Place, the Centre for Addiction and Mental Health, Sunnybrook Health Sciences Centre, and Women's College Health Sciences Centre. Throughout this period, Dr. Logan authored seminal papers on the application of neurophysiological testing, particularly evoked potentials, in neurological conditions such as neuromuscular disorders, neurodegenerative disorders, infantile spasms, and ophthalmological conditions.

After stepping down from his Division Head role, Dr. Logan spent two years (1994–1996) as a visiting professor and scientist at Massachusetts General Hospital and Harvard Medical School, to develop new expertise in MRI and functional MRI – one will remember that MRI wasn't widely used in children at that time. Following his

sabbatical, he set up a novel and unique fMRI program upon his return to the Hospital for Sick Children in Toronto. Between his sabbatical and his retirement over a decade ago, Dr. Logan had been investigating cerebral blood flow in childhood stroke and pediatric movement disorders. He also collaborated with his colleagues in epilepsy to refine the utility of fMRI in epilepsy surgery.

Beyond his clinical and research endeavors, Dr. Logan was highly engaged in national and international societies. Shortly after his move to Canada, he became a committed member of the Canadian Association of Child Neurology (CACN) serving as CACN Secretary-Treasurer, Vice-President and subsequently President from 1995 to 1997. He also had a longstanding commitment to the Child Neurology Society (CNS) and the International Child Neurology Association (ICNA) where his engagement and commitment in both official and unofficial capacities has guaranteed a sustained Canadian influence within these organizations, fostering diversity and growth in the field. Starting in 1981, Dr. Logan served as a member of the CNS International Affairs Committee. He then offered his service again in 1989–1990. From 1991–1993, he was elected as the Midwest Councilor on the CNS Executive Committee. Following this role, he sat on the Training Committee from 1994–1995, before returning to the International Affairs Committee again from 1997–2005. Throughout this entire period, Dr. Logan dedicated a substantial amount of time to the CNS Awards committee, diligently fulfilling his role

from 1999 to 2010. While leading the CNS, he concurrently demonstrated a remarkable commitment to advancing child neurology on both national and international fronts. At the international level, Dr. Logan served as an Executive Board Member (1982–2002), Secretary-Treasurer (1986–1990), Vice-President (North America; 1994–1998), and Founding Editor-in-Chief of the ICNA Journal. In addition, he has been on the Editorial Board of numerous journals including the Canadian Journal of Neurological Sciences, Neurology, and Pediatric Neurology.

Reflecting his unwavering dedication to the education of child neurologists in the USA and Canada, Dr. Logan served as an Associate Examiner in Neurology and Child Neurology for the American Board of Psychiatry and Neurology (1977–1999) and held the prestigious

position of an Examiner in Neurology for the Royal College of Physicians and Surgeons of Canada from 1984 to 1990. He also has engaged in Medical Leadership more broadly, serving on the Council of the Ontario Medical Association.

Dr. Logan’s accomplishments may speak for themselves, but it is his mentorship and supportive character, love of child neurology and unending dedication to the wellbeing of children that make him most deserving of this prestigious award. Some of us were among the lucky Canadian neurologists that had the opportunity to train with Dr. Logan. Of note was his careful review of the subtleties of the neurological examination in the developing child and how he highlighted the importance of the clinical history and building rapport with parents and children. He taught

many of us to carry squeaky toys in our lab coat pockets and to always get down to the level of the child. As an early adopter of video as a tool to document and study neurological findings, Dr. Logan’s video library was a powerful teaching tool before we could “Google” the diagnosis. Most importantly, to this day Dr. Logan models the ideal characteristics of the academic child neurologist. He is always inquisitive, consistently generous, and forever humble and kind.

On behalf of your CACN colleagues, and all your patients and families, Thank you and Congratulations!



MEET YOUR MENTOR!

Canadian Association of Child Neurology (CACN) Mentorship Program



The Canadian Association of Child Neurology (CACN) Mentorship Program began in 2017 and has successfully connected dozens of pediatric neurology residents with staff pediatric neurologists across the country. Mentorship is a rewarding and beneficial experience.

Pediatric neurology is a diverse specialty. CACN mentor/mentee matches are made based on specific interests and career track within Pediatric Neurology, regardless of Canadian geographic locations.

If you are interested in participating in this program, as either a Mentor or a Mentee, please contact membership@cnsf.org.

Canadian Neurological Society (CNS) Mentorship Program



The Canadian Neurological Society (CNS) began a similar mentorship program in 2022.

This was created to bolster the professional development of trainees of all levels and early career neurologists by connecting them with experienced neurologists with similar career goals and interests.

The CNS Mentorship Subcommittee has designed a framework for matching mentors and mentees that takes into consideration the diverse landscape and evolving needs of neurology trainees and neurologists across Canada.

Skillful mentorship is an immensely fulfilling experience and it has enduring beneficial effects for both the mentee and mentor. If you are interested in becoming a mentee or a mentor, please contact membership@cnsf.org.

The annual CNSF Congress is a great opportunity to meet your mentor in person!

A long-acting C5 inhibitor for generalized Myasthenia Gravis (gMG).^{1*}

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ULTOMIRIS[®] delivered rapid and sustained symptom control, with improvements in MG-ADL seen as early as Week 1 and sustained through Year 3.^{1-3†}

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ULTOMIRIS[®] (ravulizumab for injection) is indicated for the treatment of adult patients with anti-AChR Ab+ gMG.¹

Long-term gMG symptom control matters.

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* Clinical significance unknown.

† CHAMPION-MG was a phase 3, randomized, double-blind, placebo-controlled, multicentre trial evaluating the safety and efficacy of ULTOMIRIS in adults with anti-AChR Ab+ gMG. Patients were randomized 1:1 to ULTOMIRIS (n=86) or placebo (n=89) for the 26-week RCP, after which patients could enter an OLE in which all received ULTOMIRIS. The primary endpoint was change from baseline in MG-ADL total score at Week 26; the key secondary endpoint was change from baseline in QMG total score at Week 26. Additional secondary endpoints included ≥ 5 -point improvement in QMG and ≥ 3 -point improvement in MG-ADL. Safety was assessed in all patients receiving ≥ 1 dose of ULTOMIRIS in the RCP or OLE.

Anti-AChR Ab+ gMG = anti-acetylcholine receptor antibody-positive generalized Myasthenia Gravis; CI = confidence interval; LS = least-squares; MG-ADL = Myasthenia Gravis Activities of Daily Living; OLE = open label extension; RCP = randomized controlled period; QMG = Quantitative Myasthenia Gravis; SEM = standard error of mean.

Indications and Clinical Use:

ULTOMIRIS (ravulizumab for injection) is indicated for:

- The treatment of adult patients with anti-acetylcholine receptor (AChR) antibody-positive generalized Myasthenia Gravis (gMG).
ULTOMIRIS was studied in adult gMG patients with a Myasthenia Gravis Foundation of America (MGFA) clinical classification Class II to IV and a Myasthenia Gravis Activities of Daily Living (MG-ADL) total score ≥ 6 .
- The treatment of adult and pediatric patients one month of age and older with paroxysmal nocturnal hemoglobinuria (PNH).
- The treatment of adult and pediatric patients one month of age and older with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy (TMA).
Limitations of Use: ULTOMIRIS is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).
- The treatment of adult patients with anti-aquaporin 4 (AQP4) antibody-positive neuromyelitis optica spectrum disorder (NMOSD).

Contraindications:

- ULTOMIRIS is contraindicated in patients who are hypersensitive to this drug or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container.
- Do not initiate ULTOMIRIS therapy in patients with unresolved *Neisseria meningitidis* infection, patients who are not currently vaccinated against *Neisseria meningitidis*, or patients who have been vaccinated against *Neisseria meningitidis* for less than 2 weeks and are not on prophylactic treatment with appropriate antibiotics.

Most Serious Warnings and Precautions:

Meningococcal infections: Life-threatening meningococcal infections/sepsis have occurred in patients treated with ULTOMIRIS. Meningococcal infection may become rapidly life-threatening or fatal if not recognized and treated early.

- Comply with the most current National Advisory Committee on Immunization (NACI) recommendations for meningococcal vaccination in patients with complement deficiencies.
- Patients must be vaccinated against meningococcal infections prior to, or at the time of, initiating ULTOMIRIS, unless the risks of delaying ULTOMIRIS therapy outweigh the risks of developing a meningococcal infection.
- Monitor patients for early signs of meningococcal infections and treat immediately if infection is suspected. ULTOMIRIS in Canada is available under a controlled distribution program. Patients are enrolled in a dedicated Patient Support Program (PSP).

Other Relevant Warnings and Precautions:

- Recommended daily levels of sodium
- Infusion reactions and allergic hypersensitivity reactions
- Other systemic infections
- Treatment discontinuation considerations
- Potential for immunogenicity
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For More Information:

Please consult the product monograph https://alexion.com/documents/ultomiris_product_monograph_approved_english for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The product monograph is also available by calling 1-844-922-0605.

References: 1. ULTOMIRIS Product Monograph. Alexion Pharma GmbH. December 03, 2025. 2. Vu T, et al. Terminal complement inhibitor ravulizumab in generalized myasthenia gravis. *NEJM Evid.* 2022;1(5)EVID0a2100066. 3. Vu TH, et al. Long-term efficacy and safety of ravulizumab in adults with anti-acetylcholine receptor antibody-positive generalized myasthenia gravis: final results from the phase 3 CHAMPION MG open-label extension. *Eur J Neurol.* 2025;32(4):e70158.

Society Prize Winners | CNSF Congress

CONGRATULATIONS to the 2026 Society Prize Winners!

Expanded abstracts submitted for a society prize, are judged on merit by a board of faculty members in each society.

Winners will be presenting their work at the CNSF Congress, during the Grand Rounds session on Wednesday, May 27.

The abstracts from these submissions, and all other CNSF accepted abstracts for the 2026 Congress, will be published within the CNSF Congress Abstract supplement of the [Canadian Journal of Neurological Sciences \(CJNS\)](#).

2026 CNS | Society Prize Winner

CNS Francis McNaughton Memorial Prize for Clinical Research

Albert Yeung

Effectiveness and Safety of Rituximab for Autoimmune Neuromuscular Diseases in Alberta, 2012-2023: A Retrospective Cohort Study

2026 CSCN | Society Prize Winner

CSCN Herbert Jasper Prize

Bridget Mulvany-Robbins

Assessment of Respiratory Dysfunction in Genetic Myopathies Utilizing Point-of-Care Diaphragm Ultrasound

2026 CNSS | Society Prize Winners

CNSS K.G. McKenzie Memorial Prize for Basic Neuroscience Research

Andrew Ajisebutu

Multi-omic profiling of brain metastases reveals a novel convergent epigenetic signature for prognostic stratification

CNSS K.G. McKenzie Memorial Prize for Clinical Neuroscience Research

Irene Harmsen

Reconstructing Neuronavigation CT Scans from Standard Head CTs in Pediatrics: An Artificial Intelligence Approach

2026 CACN | Society Prize Winner

CACN President's Prize

Cherie Marie Tecson-delos Santos

Comprehensive Epilepsy Genetics Clinic as a Model for Integrated Epilepsy Services in Canada

2026 CSNR | Society Prize Winner

CSNR Society Prize

Philip Kawalec

Safety and Efficacy of Woven EndoBridge (WEB) Device for Intracranial Aneurysms—Systematic Review and Metanalysis

Congratulations

The Canadian Journal of Neurological Sciences (CJNS)

The Canadian Journal of Neurological Sciences (CJNS) was founded in 1974 by Dr. Robert T. Ross of Winnipeg, two years after the inaugural Canadian Congress of Neurological Sciences in Banff in 1972. Dr. Ross' vision was to create a forum to showcase the world class work being done by CNSF members in the clinical and basic neurosciences. In 1981, the CJNS became the official publication of the member societies of the CNSF and has remained so ever since. The CJNS has established its reputation over the past half century as a highly respected, impactful, and multidisciplinary publication. Through a longstanding relationship with Cambridge University Press, the Journal publishes articles spanning the breadth of the neurological sciences, from basic laboratory and translational studies, to clinical research papers across neurology, neurosurgery, child neurology, and neuroradiology, to original research and commentary in neuroethics.

Journal Leadership

Dr. Tejas Sankar has been the CJNS Editor-in-Chief since 2024. A clinician-scientist based at the University of Alberta in Edmonton, Dr. Sankar is the first neurosurgeon to serve as Editor-in-Chief, ascending to the role after several years as an Associate Editor. Under his leadership, and supported by a strong team of Associate Editors, a Social Media Editor, a growing Editorial Board, and volunteer peer reviewers from the CNSF membership and beyond, the CJNS is growing in impact, establishing itself as a leading international neuroscience publication.

Reviewer-in-Training program

At the beginning of every year, trainees are invited to apply to the Reviewer-in-Training Program.

Goals and benefits of the program:

1. Learn about the peer-review process and editorial decision-making
2. Gain experience critically reviewing manuscripts
3. Network with CJNS associate editors and editorial board members

The successful participants for 2026 are as follows:

Dr. Heather Leduc-Pessah (CACN), Dr. Karla Cantu Flores (CNS), Dr. Osama Khojah (CNS), Dr. Irene Harmsen (CNSS) and Dr. Brij Karmur (CNSS).

These resident members will network with CJNS Associate Editors and the Editorial Board members as they are mentored through the program.

The CJNS welcomes your submissions of scholarly papers

Why submit to Canadian Journal of Neurological Sciences?

- We are an internationally recognized and respected publication with a distinctive Canadian flavour!
- CJNS is indexed in SCI (Clarivate), Scopus, Medline/PubMed, Google Scholar, and more (cambridge.org/core/journals/canadian-journal-of-neurological-sciences/information/about-this-journal/abstracting-and-indexing).
- Fast peer review times – average time to first decision was approximately 32 days in 2025.
- Articles are viewable online immediately after acceptance.
- Original articles are now accompanied by highlights, reviewer commentaries, and social media promotion to increase their reach and to foster scholarly discussion.
- CJNS offers authors the option to publish open access for a fee (article processing charge, or APC). CNSF members receive a 50% discount on Cambridge's standard 2026 APC of US\$ 3655 (CNSF member Rate: US\$ 1850). CJNS is also a part of Cambridge's robust Transformative Agreement program, meaning many authors will be able to publish open access at no additional charge to them. Please visit our online tool to check if your institution is part of the Transformative Agreement: cambridge.org/core/services/open-access-policies/read-and-publish-agreements.



Dr. Tejas Sankar

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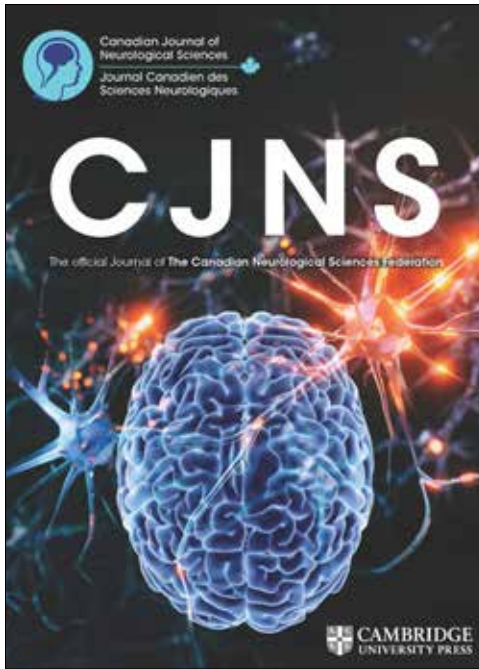
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CJNS Distinguished Reviewer of the Year 2025



Dr. Ilia Poliakov

The Canadian Journal of Neurological Sciences (CJNS) sincerely appreciates the numerous, timely, and high-quality manuscript reviews completed by Dr. Poliakov over the past year. This award is based on review statistics from 2025.

In 2007, Dr. Ilia Poliakov completed his undergraduate studies in the inaugural year of the Bachelor of Health Sciences (Honours) program at the University of Calgary, majoring in Bioinformatics. He subsequently attended medical school at the University of Calgary from 2007 to 2010, where he developed a strong interest in neurology and clinical informatics.

Following medical school, Dr. Poliakov completed a five year neurology residency at the University of Saskatchewan, after which he returned to the University of Calgary to complete a fellowship in multiple sclerosis and neuroimmunology. In November 2016, he was appointed Clinic Director of the Saskatoon MS Clinic. In January 2026, Dr. Poliakov was nominated to serve as President of the Canadian Network of MS Clinics.

In addition to his clinical responsibilities, Dr. Poliakov maintains active interests in medical education, neuroinflammatory disease research, clinical informatics (including Big Data applications), and health quality outcomes.

Thank you Dr. Poliakov for your dedication and support of the CJNS.

Presented in 2026



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CIDP=chronic inflammatory demyelinating polyneuropathy; Fc=crystallizable fragment; gMG=generalized Myasthenia Gravis; IgG=immunoglobulin G.

* Comparative clinical significance is unknown.

† Refers to actual subcutaneous injection time of VYVGART[®] SC.

References:

1. VYVGART[®] SC Product Monograph. argenx. 2. Hughes AC, et al. *Cochrane Database Syst Rev.* 2017;29(11):CD002062. 3. Mehndiratta MM, et al. *Cochrane Database Syst Rev.* 2015;2015(8):CD003906. 4. Bus SR, et al. *Cochrane Database Syst Rev.* 2024;2(2):CD001797.

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Nominating, Membership and Awards Committee

CNSF is pleased to announce the establishment of its Nominating, Membership and Awards Committee, a standing committee approved by the CNSF Board of Directors in December 2025.

The Committee has been formed to support a strong, engaged, and sustainable Federation by advancing three core areas of governance and organizational growth: **leadership nomination and succession planning, membership engagement and development, and recognition of outstanding service to CNSF.**

In its nominating role, the Committee is responsible for identifying, recruiting, and recommending candidates for the position of Incoming President, and supporting a transparent, fair, and inclusive nominations process that promotes leadership continuity within CNSF. The Committee also advises the Board on succession planning and recommends Chairs and Vice-Chairs for CNSF standing committees.

In support of membership, the Committee develops policies and initiatives aimed at strengthening CNSF and its member societies through enhanced member recruitment, retention, and engagement, including articulating and communicating the benefits of CNSF membership for both established members and trainees.

The Committee also oversees the CNSF awards process, including the annual selection of recipients for the CNSF Distinguished Service Award, recognizing an individual who has made significant and lasting contributions to CNSF and its member societies.

The establishment of this Committee reflects CNSF's continued commitment to strong governance, leadership excellence, and a vibrant, engaged membership community.

Nominating, Membership and Awards Committee:

- Ian Fleetwood, Chair, CNSS Member
- Kesh Reddy, Vice Chair (CNSF Past President)
- Michael D. Hill, CNSF Board Member
- Courtney Casserly, CNS Member
- Gwynedd Pickett, CNSS Member
- Adrian Opala, CSCN Member
- David Callen, CACN Member
- Carmen Parra-Fariñas, CSNR Member
- Andrew Demchuk, Interim CSC Member
- OPEN, Resident Representative
- Gayle Burnett, CNSF CEO

Clinical Practice Guidelines Committee

Committee Purpose:

- The purpose of the Clinical Practice Guidelines Committee (CPGC) is to encourage and support the development and implementation of best-practice guidelines by other groups such as affiliate organizations and, if requested, to consider the endorsement of these guidelines.
- The CPGC also assists in the dissemination of these guidelines within the membership of the CNSF, considering the applicability of specific guidelines to the Canadian practice context.
- The CPGC will also consider, for endorsement or comment, guidelines developed by organizations external to the CNSF if the guideline is deemed important and applicable to the Canadian practice context. Guideline review and endorsement will occur in accordance with procedures outlined in the CPGC processes document (separate from this document).
- If appropriate, the guidelines would be published in the Canadian Journal of Neurological Sciences.

Clinical Practice Guidelines Committee:

- Draga Jichici, Chair, CNS Member
- OPEN, Vice Chair
- Joseph Megyesi, CNSS Member
- Juan Pablo Appendino, CSCN Member
- Steven Baker, CSCN Member
- Colin Wilbur, CACN Member
- Sarah Buttle, CACN Member
- Kathleen Jacobs, CSNR Member
- Christian Stapf, CSC Member
- TBD, CNSF Board Member
- Gayle Burnett, CNSF CEO

Clinical Practice Guidelines may be submitted for endorsement to info@cnsf.org

MAKING BREAKTHROUGHS HAPPEN



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Living with Friedreich Ataxia



NATHAN
Living with SMA



KATE
Living with ALS

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Advocacy Committee

The CNSF Advocacy Committee serves as a strategic advisory body to the Board of Directors and CNSF staff. It guides the organization's efforts in advocacy, public policy, and external communications. Through its work, the Committee helps elevate the voice of Canada's clinical neurosciences community and advances the mission of the CNSF.

The Committee identifies priority advocacy issues, monitors emerging policy developments, and provides expert advice on CNSF positions, submissions, and response strategies. It plays a central role in shaping clear, consistent messaging to government, stakeholders, and the public, ensuring that CNSF remains a credible and trusted voice in national conversations affecting the clinical neurosciences.

A key future focus of the Committee is championing the achievements of CNSF members. Highlighting impactful research, clinical innovation, leadership, and honours, strengthens recognition of the profession's contributions to patient care, scientific advancement, and health system improvement. It will advise on opportunities for thought leadership and help identify members whose stories should be profiled across CNSF's communication channels.

To support effective advocacy, the Committee also provides guidance on the most appropriate platforms for sharing CNSF messages, from digital media and newsletters to external media engagement and CNSF events.

Advocacy Committee:

- Michael D. Hill, Chair, CNSF President
- Linda Magnusson, CNS Member
- Patrick McDonald, CNSS Member
- Steven Baker, CSCN Member
- Fraser Moore, CSCN Member
- Elizabeth Donner, CACN Member
- Natarie Liu, CACN Member
- OPEN, CSNR Member
- Gayle Burnett, CNSF CEO



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92% stated that the program offered **balanced and relevant perspectives**



93% stated that the **insights gained will influence their clinical practice**



91% found the program **highly relevant and important**

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SCIENTIFIC PLANNING COMMITTEE



Dr. Santanu Chakraborty
Neuroradiologist
Ottawa, ON



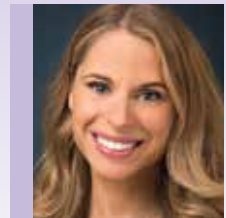
Dr. Rafael Glikstein
Neuroradiologist
Ottawa, ON



Dr. Alex Henri-Bhargava
Neurologist
Victoria, BC



Dr. Andrew Kirk
Neurologist
Saskatoon, SK



Dr. Sara Mitchell
Neurologist
Toronto, ON

LEARNING OBJECTIVES

1. Use clinical tools to assess signs and symptoms for diagnosis of Alzheimer's disease (AD).
2. Assess the role of different biomarkers in the detection and diagnosis of AD.
3. Interpret neuroimaging findings to detect structural abnormalities associated with AD.
4. Explain use of non-pharmacological and symptomatic interventions for AD.
5. Discuss the status of emerging disease-modifying therapies and identify potential associated adverse events such as ARIA-E and ARIA-H.
6. Explain how and when to monitor disease progression and determine the next steps in clinical management.

This event is an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada and approved by the Canadian Neurological Sciences Federation for 3.0 credits per hour, up to a maximum of 6.0 credits total. This program was co-developed by the Canadian Neurological Sciences Federation and Eli Lilly Canada, and was planned to achieve scientific integrity, objectivity and balance.

VV-Canada Medical-US-DEL-0306



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Scientific Program Committee

The Scientific Program Committee is responsible for planning and delivering the scientific content of the CNSF Congress, ensuring a high-quality, cohesive, and educationally rigorous program. The Committee oversees the overall program structure and coordinates all scientific and educational components, including Congress courses, plenary sessions and speakers, and short- and long-term program objectives. It reviews and approves scientific topic submissions from CNSF Member Societies, ensuring alignment with Maintenance of Certification and professional development requirements. The Committee also manages the abstract submission, adjudication, and selection process, assigning abstracts to platform and poster sessions based on scientific merit to create a strong and engaging program.

Scientific Program Committee:

- Joseph Megyesi, Chair, CNSS Member
- Gerald Pfeffer, Vice Chair, CNS Member
- Michelle Mezei, EMG, Vice Chair, CSCN Member
- Draga Jichici, CNS Member
- Veronica Bruno, CNS Member
- Alex Vu, CNS Residents' Representative
- Sophia Vaccarino, CNS Jr. Residents' Representative
- Fahad Alkherayf, CNSS Member
- Eva Liu, CNSS Residents' Representative
- Ryan Sandarage, CNSS Jr. Residents' Representative
- Michelle-Lee Jones, EEG, CSCN Member
- Katie Siu, CACN Member
- Megan Crone, CACN Member
- Maryam Nouri, CACN Member
- Gabrielle Herman, CACN Residents' Representative
- Audrée Gauthier, CACN Jr. Residents' Representative
- Jai Shankar, CSNR Member
- Manohar Shroff, CSNR Member
- Laila Alshafai, CSNR Member
- Rob Sevick, CSNR Member
- Jacky Chow, CSNR Residents' Representative
- Brett Graham, CSC Member
- Christine Hawkes, CSC Member
- Mahesh Kate, CSC Member
- Alex Henri-Bhargava, PDC Chair, CNS Member
- OPEN, PDC Vice Chair
- TBD, CNSF Board Member
- Gayle Burnett, CNSF CEO

Professional Development Committee

The newly revitalized Professional Development Committee provides strategic leadership for continuing professional development (CPD) across the CNSF and its member societies, with a focus on delivering high quality, relevant, and accredited learning opportunities. The Committee develops a clear vision and goals for CPD, assesses members' educational needs through surveys, Congress evaluations, and other methods, and establishes an annual cycle of accredited and unaccredited professional development offerings, including national educational activities beyond the Congress. It oversees CNSF's status as a Royal College-accredited CPD provider, including accreditation of Congress programs and other CPD initiatives, and ensures compliance with Maintenance of Certification standards. Working closely with the Scientific Program Committee, CNSF staff, and the Board of Directors, the Committee evaluates program effectiveness, informs sponsorship and partnership discussions, advances learning opportunities of relevance to multiple societies, and supports professional development in both clinical and broader competency areas, including CanMEDS domains, to meet the evolving needs of CNSF members at all career stages.

Professional Development Committee:

- Alexandre Henri-Bhargava, Chair, CNS Member
- OPEN, Vice Chair
- Jamila Madhani, CNS Member
- Hadi Karimi, CNS Member
- Alex Vu, CNS Residents' Representative
- Sophia Vaccarino, CNS Jr. Residents' Representative
- Fahad Alkherayf, CNSS Member
- Eva Liu, CNSS Residents' Representative
- Ryan Sandarage, CNSS Jr. Residents' Representative
- Amokrane Chebini, CSCN Member
- Egidio Spinelli, CACN Member
- Gabrielle Herman, CACN Residents' Representative
- Audrée Gauthier, CACN Jr. Residents' Representative
- Jai Shankar, CSNR Member
- Jacky Chow, CSNR Residents' Representative
- Janka Hegedus, CSC Member
- Joseph Megyesi, SPC Chair, CNSS Member
- Gerald Pfeffer, SPC Vice Chair, CNS Member
- Michelle Mezei, SPC Vice Chair, CSCN Member
- TBD, CNSF Board Member
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Clinical use:

- RYSTIGGO and ZILBRYSQ are not indicated for use in pediatric patients (<18 years of age).
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Contraindications for ZILBRYSQ:

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 - Who are currently not vaccinated against *Neisseria meningitidis*
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Most serious warnings and precautions for ZILBRYSQ:

Risk of meningococcal infections: Infection may become rapidly life-threatening or fatal if not recognized and treated early. Immunize patients with meningococcal vaccines at least 2 weeks prior to their first dose of ZILBRYSQ. If ZILBRYSQ needs to be started earlier than 2 weeks post-vaccination, patients must receive treatment with

appropriate prophylactic antibiotics until 2 weeks after vaccination. Monitor patients for signs and symptoms of meningococcal infections and evaluate immediately if infection is suspected.

Controlled distribution: ZILBRYSQ is available as part of a controlled distribution program. Prescribers must enrol patients, confirm meningococcal vaccination, counsel patients about the risk of meningococcal infection, and provide patients with the patient/carer guide and safety card.

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Relevant warnings and precautions for RYSTIGGO:

- Clinical monitoring, body weight <50 kg, hyperproliferemia, myasthenic crisis
- Infections
- Immunization
- Aseptic meningitis
- Hypersensitivity and infusion-related reactions
- Use in females and males of reproductive potential
- Use in pregnancy and breastfeeding

For more information:

Consult the Product Monograph for RYSTIGGO at www.ucb-canada.ca/en/rystiggo or ZILBRYSQ at www.ucbcanada.com/en/zilbrysq for important information regarding adverse reactions, drug interactions, dosing, and administration.

The Product Monographs are also available by calling UCB Canada at **1-866-709-8444**.

* Comparative clinical significance has not been established.

Ab+: antibody positive; AChR: acetylcholine receptor; FcRn: neonatal Fc receptor; gMG: generalized myasthenia gravis; MuSK: muscle-specific tyrosine kinase.

References:

1. RYSTIGGO Product Monograph. UCB Canada Inc.
2. Brill V, et al. Safety and efficacy of rozanolixizumab in patients with generalised myasthenia gravis (MycarinG): a randomised, double-blind, placebo-controlled, adaptive phase 3 study. *Lancet Neurol.* 2023;22(5):383-394.
3. Fichtner ML, et al. Autoimmune Pathology in Myasthenia Gravis Disease Subtypes Is Governed by Divergent Mechanisms of Immunopathology. *Front Immunol.* 2020;11:776.
4. Kaminski HJ, Kusner LL, (Eds.). *Myasthenia Gravis and Related Disorders*; Humana Cham; 2018.
5. ZILBRYSQ Product Monograph. UCB Canada Inc.

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Additional Learning Opportunities

CNS Canadian National Neurology Grand Rounds

The Canadian Neurological Society (CNS) organizes the Canadian National Neurology Grand Rounds to highlight major clinical and research updates for Canadian neurologists, neurology learners, and researchers.

The CNS National Neurology Grand Rounds is a self-approved group learning activity (section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, with an online record of attendance.

These rounds provide an excellent opportunity to highlight faculty and exciting clinical and research programs at a national level. They also provide a wonderful opportunity for neurologists across Canada to interact and to facilitate collaborative opportunities.

Topics this year have included:

- Autoimmune Encephalitis: A Primer for Diagnosis and Management
- If Sex Matters, Why Don't We Teach It? Transforming Neurology Curricula for the Era of Precision Medicine

Pre-registration is required; details are sent to members via email.



CNSS National Grand Rounds and Webinars

The Canadian Neurosurgical Society (CNSS) offers a series of National Grand Rounds and e-learning activities for Canadian neurosurgeons.

These events serve as an invaluable platform to:

- Share clinical cases and provide peer-to-peer commentary on practical matters related to specialty neurosurgical care.
- Foster open discussion among neurosurgeons and neurosurgical trainees from across Canada, thus promoting collaborative learning and professional growth.

This initiative not only advances continuing medical education but also reinforces connections within the Canadian neurosurgical community, driving greater knowledge exchange and collegiality with industry.

Topics this year have included:

- Neuro-Oncology Grand Round
- NSX Compensation Across Canada
- Neurovascular Grand Round
- Functional NSX Grand Round
- Advances in Management of Adult Hydrocephalus

Pre-registration is required; details are sent to members via email.

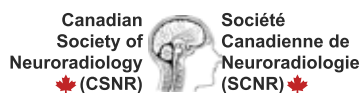


Canadian Neuroradiology Course

The Canadian Neuroradiology Course (CNRC) is offered annually in November. It is held virtually and aims to be as interactive as possible with multiple case-based sessions, presenting interesting and challenging cases to the audience.

Topics have included NeuroPediatrics, Tumors, Neurodegenerative, and Metabolic Diseases, Vascular Diseases, Infectious/Inflammatory pathologies, Head and Neck and Spine. This course attracts high-level speakers from across Canada, the US, and the United Kingdom.

The CSNR endorses this course as an official teaching course for neuroradiologists. Registration details will be shared with the membership when available.



CSNR Webinars

The Canadian Society of Neuroradiology (CSNR) offers a series of accredited webinars covering a wide variety of Diagnostic Neuro-radiology and Interventional Neuroradiology topics.

Topics this year have included:

- Neonatal Encephalopathy: Clinical Aspects, Treatment, Imaging and Outcomes
- Atypical demyelinating syndromes: Practical Diagnostic Insights
- Imaging Venolymphatic Malformations
- AI and Education
- Head and Neck – Thyroid and Parathyroid
- Brain Death – DNC and Ancillary Imaging Tests

Pre-registration is required; details are sent to members via email.

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* Comparative clinical significance is unknown.

References: 1. ZOLGENSMA® Product Monograph. Novartis Pharmaceuticals Canada Inc. April 14, 2025. 2. Data on file. Novartis Pharmaceuticals Canada Inc. 3. Data on file. Novartis Pharmaceuticals Canada Inc.

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CSC Sandra Black Lecture



A 25+ year quest to find imaging based targets to demonstrate acute stroke treatment efficacy

Andrew Demchuk, PMD, FRCPC

Professor, Department of Clinical Neurosciences for the Cumming School of Medicine, University of Calgary & Stroke Neurologist and Director of the Calgary Stroke Program

Dr. Andrew Demchuk is a Professor in the Department of Clinical Neurosciences for the Cumming School of Medicine, University of Calgary. He is also a stroke neurologist and Director of the Calgary Stroke Program, Alberta Health Services.

Dr. Demchuk received his undergraduate degree in 1989 from the University of Regina, Saskatchewan. He then went on to complete his medical degree (with distinction) from the University of Saskatchewan in 1993, followed by his residency in neurology from the University of Calgary (1993–1997).

Dr. Demchuk completed a fellowship in cerebrovascular disease (1997–1999) from the University of Texas-Houston, under the direction of Dr. J.C. Grotta.

Dr. Demchuk's primary research interests focus on vascular imaging, where he is trying to establish target populations for

new stroke treatments by selecting patients based on imaging tests performed in the emergency setting.

In addition to his research and clinical activities, Dr. Demchuk is a member on a number of local, national, and international committees. He is the past board chair for the Heart and Stroke Foundation of Alberta, NWT, and Nunavut and member of the Board of Directors of the Canadian Stroke Consortium. He is currently a member of the Scientific Committee of the European Stroke Conference.

Throughout his career he has received a number of awards, including the Michael S. Pessin Stroke Leadership Prize from the American Academy of Neurology (2003), and the A. Keith W. Brownell Neurology Teaching Award for resident teaching (2006). He currently holds a scholar award from the Alberta Heritage Foundation for Medical Research (AHFMR).

CSNR Terbrugge Lecture



Acute stroke: past, present, and future

Mayank Goyal, MD, PhD, FRCPC, FAHA, FCAR, FCAHS, FESO

Clinical Professor, Department of Radiology and Clinical Neurosciences, University of Calgary

Mayank Goyal is a Clinical Professor in the Department of Radiology and Clinical Neurosciences at the University of Calgary. He is a Diagnostic and Interventional Neuroradiologist at Foothills Medical Centre. Dr. Goyal's passion and main research interest is acute stroke imaging, workflow and intervention. He has over 300 publications in peer-reviewed journals including first/senior author publications in NEJM, JAMA, Lancet, Lancet Neurology, Radiology.

Dr. Goyal has authored nearly 100 publications in the field of stroke. Mayank has led—and continues to lead—efforts in advancing evidence-based medicine through worldwide randomized controlled trials. He has contributed to numerous successful CIHR and HSF grant initiatives. He is a Fellow of the Canadian Academy of Health Sciences, the Canadian Association of Radiology, the American Heart Association, and the European Stroke Association. In recognition of his impact, he has received lifetime achievement awards for research from both the Canadian Association of Radiology and the American Society of Neuroradiology.

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It must only be used by parents/caregivers when the patient has been diagnosed with epilepsy and is on stable regimens of anti-epileptic drugs.²

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Consult the Product Monograph at https://pdf.hres.ca/dpd_pm/00081130.PDF for contraindications, warnings, precautions, adverse reactions, interactions (particularly interactions with CYP3A4 inhibitors), dosing, and conditions of clinical use.

The Product Monograph is also available by calling 1-888-550-6060 or emailing medinfo@pharmascience.com.

*In community-based, face-to-face interviews carried out with 34 caregivers recruited through outpatient appointments in the United Kingdom. Of the 16 caregivers that had used both buccal midazolam and rectal diazepam, 15 of these said buccal midazolam was their preferred rescue therapy. This preference over rectal diazepam is because of ease of administration and social acceptability.³

References: 1. Notice of Compliance Information: BUCCOLAM[®]. July 22, 2025. 2. Buccolam[®] Product Monograph. Quality & Compliance Services Inc. July 22, 2025. 3. Khan A, Baheerathan A, Setty G, et al. Carers' express positive views on the acceptability, efficacy and safety of buccal midazolam for paediatric status epilepticus. *Acta Paediatrica*. 2014;103:e615-e168.

CNS Richardson Lecture



MOG Antibody-Associated Disease: From Clinical Recognition to Targeted Treatment

Eoin Flanagan, M.B., B.Ch

Neurologist, Mayo Clinic

Dr. Eoin Flanagan is a Professor of Neurology at the Mayo Clinic in Rochester, Minnesota, where he serves

as the Marilyn A. Park and Moon S. Park Director of the Center for Multiple Sclerosis and Autoimmune Neurology, Chair of the Division of Multiple Sclerosis and Autoimmune Neurology, and Program Director of the Autoimmune Neurology Fellowship.

He earned his medical degree from University College Dublin and subsequently completed his neurology residency, fellowships in neuroimmunology, and a Master's degree in Clinical and Translational Science at Mayo Clinic. Dr. Flanagan has served as Principal Investigator on an NIH R01-funded study of myelin oligodendrocyte glycoprotein antibody-associated disease (MOGAD) and was a co-author of its 2023 diagnostic criteria.

His clinical and research expertise encompasses a broad range of autoimmune neurological disorders, including autoimmune encephalitis, myelitis, multiple sclerosis, neuromyelitis optica spectrum disorders, and paraneoplastic neurologic syndromes.

CSCN Gloor Lecture



EEG Biomarkers in Epilepsy Surgery: From Signals to Surgical Decisions

Birgit Frauscher, MD, PhD

Lincoln Financial Group Distinguished Professor in Neurobiology, Professor of Neurology, Director of the Epilepsy Lab in the Department of Neurology, Vice Chair of Data Science in the Department of Neurology, Professor of Biomedical Engineering

Dr. Birgit Frauscher is a clinician scientist whose career is dedicated to improving the diagnosis and prognosis of people with epilepsy by developing new methods, based on advanced electroencephalography techniques, to better localize the epileptic focus in order to improve epilepsy treatment outcomes and ultimately achieve the best possible quality of life. She is currently holding the position of Director of the Duke Comprehensive Epilepsy Center and holds a secondary appointment with the Department of Biomedical Engineering at the Duke Pratt School of Engineering.

Her academic journey started at the Medical University of Innsbruck in Austria, where she accomplished her medical training, residency in neurology, and subspecialty training in electroencephalography, epilepsy and sleep medicine. Early in her career during medical school she became fascinated by the technique of electroencephalography and how it allows the drawing of important conclusions on brain function. After completion of her clinical training in 2008, she underwent subsequent research training resulting in the successful completion of her habilitation degree in 2011. To specialize in intracranial EEG and signal analysis, she spent a visiting

professorship at the Montreal Neurological Institute and Hospital, McGill University between 2013 and 2015. Subsequently, she served at the Montreal Neurological Institute and Hospital as an Attending Epileptologist and later as Group Leader of Epilepsy and Professor of Neurology.

Her research interests include the development of novel seizure-independent EEG markers for the epileptogenic zone in order to achieve a more accurate diagnosis of epilepsy, the investigation of the important interactions between sleep and epilepsy, and the use of the unique possibility of invasive intracranial EEG for studying brain physiology during wakefulness and sleep in order to better delineate normal from abnormal intracranial EEG activity.

Dr. Frauscher's publication record holds over 170 peer-reviewed papers dedicated to epilepsy and sleep with an H-index of 62. Her scholarly endeavors have earned her several prestigious awards, including Clinician-Scientist awards of the FRSQ (2018-2023), the Michael Prize of the International League against Epilepsy (2019) and the Ernst Niedermeyer Prize from the Austrian Epilepsy Society (2015). Dr. Frauscher's dedication to pushing the boundaries of epilepsy and sleep research highlights her standing in the field and her significant contributions to advancing clinical knowledge.

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UPLIZNA (inebilizumab for injection) is indicated as monotherapy for the treatment of adult patients with neuromyelitis optica spectrum disorders (NMOSD) who are anti aquaporin-4 immunoglobulin G (AQP4-IgG) seropositive.²

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*Clinical significance has not been established.

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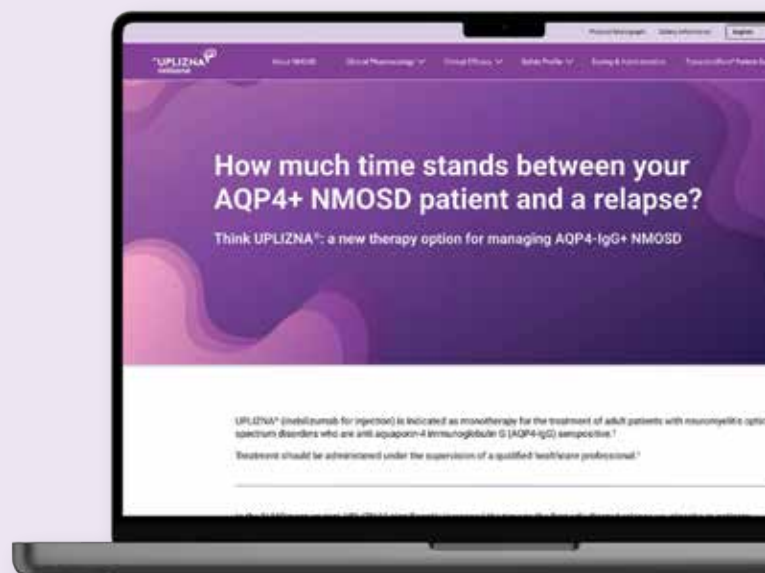
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References: 1. Amgen Canada. Data on File. April 10, 2025. 2. UPLIZNA[®] (inebilizumab for injection) Product Monograph. Amgen Canada Inc. June 13, 2025

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AMGEN



CACN Tibbles Lecture

Developing Brain: The Importance of the Everyday

Steven Miller, MDCM FRCPC FRSC FCAHS

Head of the Department of Pediatrics in the Faculty of Medicine at UBC, and Chief of Pediatric Medicine at BC Children's Hospital



Dr. Steven Miller is Head and Professor of the UBC Department of Pediatrics and the Chief of Pediatric Medicine at BC's Children's Hospital. He is a Fellow of the Royal Society of Canada and of the Canadian Academy of Health Sciences. He holds the Hudson Family Hospital Chair in Pediatric Medicine and the James & Annabel McCreary Chair in Pediatrics.

Dr. Miller is a neonatal neurologist whose brain-imaging studies of critically ill newborns identified the power of early-life intensive care unit experience to shape the trajectory of brain development through childhood.

His research team focuses on advancing understanding of how intensive care impacts brain development and injury in the newborn, with a focus on those born preterm or with congenital heart disease. The goal of his team's work is to promote strategies to prevent brain injury and to promote recovery with the goal of improving the lifelong health of children and their families.

In addition to his research and clinical leadership, Dr. Miller is deeply committed to supporting the career trajectories of child-health researchers. He previously served as President of the Society for Pediatric Research and currently serves on the Council of the American Pediatric Society.

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CNSS Penfield Lecture

Rescuing the Injured Brain

Peter Hutchinson

Professor of neurosurgery, NIHR senior investigator and head of the Division of Academic Neurosurgery University of Cambridge (UK)



Dr. Peter Hutchinson is a distinguished professor of neurosurgery and a leading figure in academic and clinical neuroscience. He serves as Head of the Division of Academic Neurosurgery at the University of Cambridge and is an NIHR Senior Investigator, reflecting his significant contributions to medical research and innovation. He is currently President of the Society of British Neurological Surgeons.

Alongside his academic leadership, Hutchinson maintains an active clinical practice as an honorary consultant neurosurgeon at Addenbrooke's Hospital. His sub-specialist expertise lies in neuro-trauma, with a particular focus on head injuries and traumatic brain injury. His research centers on acute brain injury, where he employs advanced monitoring technologies to deepen understanding and improve patient outcomes. He leads the internationally recognized RESCUE studies, which evaluate the effectiveness of decompressive craniectomy in treating traumatic brain injury. His pioneering work in this field has earned him prestigious accolades, including the Olivecrona Prize and the Vilhelm Magnus Prize.

Dr. Hutchinson has made an exceptional impact on scientific literature, having co-authored more than 900 publications and textbooks. He is also an Associate Editor and reviewer to several neurosurgical journals.

His professional influence extends across numerous organizations. He is Director of Clinical Studies at Robinson College, a past president of the Clinical Neurosciences Section of the Royal Society of Medicine, and the previous Director of Clinical Research at the Royal College of Surgeons of England. He also serves as President of the International Neurotrauma Society and as Chief Medical Officer for the Formula One British Grand Prix.

Outside of his demanding professional life, Dr. Hutchinson enjoys spending time with his wife and two sons. He also has a strong passion for classic cars, reflecting a personal appreciation for engineering and design beyond the medical field.

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Q Was there a defining moment that led you to choose the neurosciences as your career, and why?

- Excellent teaching on localization in the nervous system as a medical student by Dr. Jeff Donat at University of Saskatchewan.
- Frankly I can't think of a single defining moment. However, as I was going through medical education, I did feel that the brain was the last frontier and least understood. That was a substantial part of my motivation: as I like to say in my talks: never have respect for an organ that can be transplanted.
- A defining moment came in my first year of medical school, when a patient with myelitis was presented for bedside teaching. I was fascinated by the clinical signs of Brown-Séquard syndrome and by how precisely the neurologic examination could localize disease. That interest was cemented during neuropathology, when Michael Farrell's inspiring lectures on disorders of the brain and spinal cord convinced me to pursue a career in neuroscience..
- As a medical student, I travelled to Ghana for a research elective and was assigned to the pediatric ward of a large hospital. I vividly remember watching children recover from malaria and meningitis – playing with a football in the yard mere weeks later. The resilience of these children and their families was remarkable, as was the impact of brain-focused care. This experience inspired me to a career in pediatric neurology.
- The defining moment was during my pre-clinical training as a medical student at St Bartholomew's Hospital Medical College, University of London, when I read the Neuroanatomy Chapters of Last's Anatomy Textbook. This excellent book focuses on clinical application and explains why anatomical structures are shaped the way they are, often through functional and historical perspectives. For example, the temporal lobe is named after the temporal bone, which is derived from the Latin tempus (time). This refers to the observation that hair covering the temporal bone often turns grey first, symbolising the passage of time.

Q What is the greatest piece of advice you have received?

- Your success is measured by the success of those you trained.
- To make anything meaningful happen, talent and hard work are not enough; one needs tenacity and grit.
- The best advice I have received is that the needs of the patient come first. My mentors at Mayo Clinic taught me that providing the best care requires teamwork, multidisciplinary collaboration, and the humility to seek input from others whenever it will help the patient. That lesson has stayed with me throughout my career and continues to guide me every day.
- The best advice I received was to engage with inspiring mentors and make sure they ask the hard questions. I am very grateful to my mentors – past and present – for their generosity in supporting me holistically, with attention to my professional and personal well-being.
- “To be remembered for one thing”

Q What advice would you give to someone aspiring to be successful?

- Follow your passion, do what you are good at, find something that society values, and focus on what the world needs (Ikigai).
- Surround yourself with super smart and motivated people!
- Be kind and respectful to everyone, stay intellectually curious, and always maintain a laser focus on the care of patients.
- I am convinced that the personal attribute that best predicts success and fulfilment in academic healthcare is generosity. So, my advice is to be generous. Early in my career, my mentors encouraged me to find joy in supporting the success of others, whether they were colleagues, trainees, staff, or patients. I am very grateful to them for this encouragement.
- The average person lives for 30,000 days. Make the most all of them and say to yourself at the end of everyday “What have I done today?”

Imagine...

...a world where women, the backbone of a thriving and resilient society, can readily access solutions which meet her health needs. A world where she prospers, and so does her family, her community, and her world for generations to come.

Imaginez...

...un monde où les femmes, qui constituent l'épine dorsale d'une société prospère et résiliente, peuvent facilement accéder à des solutions qui répondent à leurs besoins en matière de santé. Un monde où elle prospère, ainsi que sa famille, sa communauté et son monde pour les générations à venir.



At Organon, we are not just dreaming it, we are committed to building it. We are a different kind of healthcare company. We envision a better and healthier every day for every woman. By addressing health conditions that are unique to women, affect her disproportionately or impact her differently, we are igniting our purpose to help advance the complete health of women at all stages of her life journey.

Our diverse portfolio offers products across a range of areas including reproductive health, cardiovascular disease, neurology, autoimmune, oncology, and respiratory conditions.

We're there for patients and caregivers, adapting to an ever-changing healthcare landscape so we can do our part to help improve access to treatment options, and strive to deliver solutions for important issues that matter.

Together, we are creating a brighter future for her.
Organon, here for her health.

Chez Organon, nous ne nous contentons pas d'en rêver, nous nous engageons à le construire. Nous sommes une entreprise de soins de santé d'un genre différent. Nous envisageons un quotidien meilleur et plus sain pour chaque femme. En nous attaquant aux problèmes de santé qui sont propres aux femmes, qui les affectent de manière disproportionnée ou qui ont un impact différent sur elles, nous poursuivons notre objectif d'aider à améliorer la santé des femmes à tous les stades de leur vie.

Notre portefeuille diversifié offre des produits dans toute une série de domaines, notamment la santé reproductive, les maladies cardiovasculaires, la neurologie, les maladies auto-immunes, l'oncologie et les affections respiratoires.

Nous sommes là pour les patient.e.s et les aides-soignant.e.s, nous nous adaptons à un paysage de la santé en constante évolution afin de contribuer à améliorer l'accès aux options de traitement, et nous nous efforçons d'apporter des solutions à des questions importantes qui comptent.

Ensemble, nous créons un avenir meilleur pour elle.
Organon, engagée à soutenir la santé au féminin.

What one thing could everyone do to stay brain healthy?

Q

- Ensure your blood pressure remains under control.
- Exercise regularly; don't smoke.
- Healthy diet.
- My favourite way to sustain brain health is being active outdoors: running, hiking, cycling, and swimming. My Indigenous colleagues have taught me the importance of being on the land for promoting health, including brain health. Most of us have a favourite childhood memory that involves playing outdoors. I find this true across the life course, especially when outdoor activities involve family and friends.
- To undertake more physical exercise. Physical exercise improves cognitive performance, memory, and enhances mood and sleep.

Which technology could you do without?

Q

- Nuclear weapons.
- That is a difficult one. I do find that we are living in an age of rapid change. We are just at the start of the AI revolution which I think is going to be far reaching and, in my opinion, may make some of the current technologies look primitive. One thing that could be overall worthwhile is to have times in the day or week that one is totally disconnected with all technology. I think there is substantial value in being bored especially from the point of view of creativity.
- Television. I am more of a podcast person.
- I am a strong believer in the importance of social interactions in professional and personal activities. I would do without Zoom in favour of in-person connection. Engaging more together in-person is something that I strive to promote across my professional activities, as a clinician, researcher, and leader.
- The television remote control has an adverse effect on the target for standing on fitness / activity apps.



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Tuesday, May 26, 11:30 am – 1:00 pm

Rethinking the CIDP Treatment Journey: From Evidence to Real-World Decision Making

Supported by: argenx

Chair: Hans Katzberg

Speakers: [Sameer Chhibber](#), [Raghav Govindarajan](#)

CIDP care is at a pivotal moment. As emerging data reshape our understanding of disease control and treatment strategy, how should Canadian neurologists prepare? Explore areas of unmet need in current practice, examine evolving clinical and real-world evidence, and consider how FcRn-targeted therapies may influence future management approaches. Through expert discussion and case-based learning, gain practical insights to help anticipate what's next in CIDP care.

Learning objectives:

- Analyze areas of unmet need and variability in Canadian CIDP management
- Interpret emerging clinical and real-world evidence in the context of current CIDP practice patterns
- Evaluate practical considerations for integrating FcRn-targeted therapies into real-world clinical practice

Real World Strategies to Improve Outcomes in Friedreich Ataxia: Insights from Early Omaveloxolone Use in Canada & the US

Supported by: Biogen Canada Inc.

Speakers: [Antoine Duquette](#), [Xavier Rodrique](#), [Michael Soileau](#)

Participants will explore practical, real-world approaches to managing Friedreich Ataxia (FA) through shared clinical experiences and discussion. You will hear from experienced physicians in the US and Canada as they highlight strategies, challenges and lessons learned through FA management and use of Omaveloxolone.

Learning Objectives:

- Describe how patient care strategies have changed since the introduction of omaveloxolone in Canada;
- Utilize real-world data from Canadian and US experience to inform patient management decisions and optimize treatment outcomes;
- Discuss common barriers and strategies for improving patient adherence, monitoring and long-term outcomes.

The Untreated Majority – Neurology and Neurosurgery United Against INPH

Supported by: Integra LifeSciences

Speakers: [Alfonso Fasano](#), [Mark Hamilton](#)

INPH prevalence climbs steeply with age, from 1.5% in those aged 65–70 to as high as 7.7% in adults over 86 with many having their symptoms dismissed as normal aging or misattributed to Alzheimer's disease or Parkinson's disease.¹ With the 2025 Randomized Trial of Shunting for Idiopathic Normal-Pressure Hydrocephalus (PENS trial) from Luciano, Williams, Hamilton et al., published in the NEJM delivering the strongest evidence yet that shunt surgery is both effective and safe, and a wave of emerging research on biomarkers, long-term outcomes, and non-invasive diagnostics on the horizon, the field has never had more momentum or more reason to act.

This symposium is designed to address the gap head-on. For neurologists, it offers a practical framework for identifying INPH earlier, conducting the diagnostic workup with confidence, building a referral that sets the surgical team up for success, and the future of diagnosis. For neurosurgeons, it closes the loop, bringing the PENS Trial's outcomes on cognition and independence into view, sharpening patient selection criteria, and building the neurological follow-up infrastructure that protects surgical results over time. Together, both specialties leave with the tools to deliver better care to a population that has waited too long for it.

¹ Luciano MG, Williams MA, Hamilton MG, et al. N Engl J Med. 2025;393(22):2198–2209.

Navigating FcRn Inhibitors in Myasthenia Gravis

Supported by: Johnson & Johnson

Speaker: [Neelam Goyal](#)

Join Dr. Neelam Goyal as she shares highlights on the world of FcRn inhibitors in Generalized Myasthenia Gravis (gMG) with a focus on the US perspective, from clinical evidence to practical clinical use. Dr. Goyal is the Clinical Professor of Neurology and Neurological Sciences in the division of Neuromuscular Medicine at Stanford University Medical Hospital. Dr Goyal focuses on the diagnosis, management, and electrophysiological testing of neuromuscular disorders, including single-fiber EMG.

Dr. Goyal serves as the Interim Vice Chair of Advancement, Community and Engagement, the Wellbeing Director for the Neurology Department, and as a communication coach for the neurology residency program at Stanford University School of Medicine.

Learning objectives:

- Describe the mechanism of action of FcRn inhibitors and their role in the management of myasthenia gravis.
- Summarize Phase 3 clinical trial data for approved FcRn inhibitors, including key efficacy endpoints and safety outcomes.
- Differentiate FcRn inhibitors based on molecular characteristics, dosing regimens, and routes of administration, and apply these factors to individualized treatment selection.

Congress Sessions Supported by Industry

Wednesday, May 27, 12:15 – 1:45 pm

Neurofibromatosis type 1: Journey from pediatric to adult care. ACT NOW PLAN AHEAD

Supported by: Alexion

Speaker: [Kristine Chapman](#), [Sébastien Perreault](#)

Through a case review, this program will highlight the importance of early identification of NF1 PNs based on the Canadian consensus guidance to standardize risk stratification, monitoring, and treatment. Opportunity to appreciate the burden of disease, the need for a coordinated multidisciplinary care approach from pediatric to adolescent to adult transition, and novel treatments through these stages will be discussed to reduce delays, prevent avoidable complications, and improve continuity and patient experience.

Learning objectives:

- Describe the burden and natural history of NF1 plexiform neurofibromas and explain the rationale for early identification and intervention
- Apply Canadian consensus guidance to inform risk stratification, monitoring, and treatment selection
- Identify roles that might emerge within the multidisciplinary pathway spanning the pediatric-to-adult transition

Redefining the Care of gMG with FcRn Inhibition

Supported by: argenx

Chair: James Howard

Speaker: [Carolina Barnett-Tapia](#), [Zaeem Siddiqi](#)

From data to decisions: where do FcRn inhibitors fit in gMG care? This interactive session moves beyond theory to real-world application. Faculty will examine ongoing unmet needs in gMG, evaluate comparative evidence across available FcRn inhibitors in Canada, and apply insights to authentic patient cases. Engage in practical discussions that sharpen your clinical reasoning and refine how you integrate FcRn therapies into personalized treatment plans.

Learning objectives:

- Analyze the ongoing unmet clinical needs in gMG and their relevance to FcRn-targeted therapies.
- Evaluate the clinical and real-world evidence supporting efgartigimod, along with practical considerations for its integration into clinical practice.
- Apply evidence to real-world patient cases to inform individualized treatment decisions, including the timing and positioning of efgartigimod.

Thursday, May 28, 12:00 –1:30 pm

Neuromuscular Disorders in Women: What do we know?

Supported by: argenx

Chair: Carolina Barnett-Tapia

Speakers: [Carolina Barnett-Tapia](#), [Dubravka Dodig](#), [Kerri Schellenberg](#), [Homira Osman](#)

In this session, the presenters will discuss considerations regarding the diagnosis and treatment of neuromuscular diseases in women across the span of women's reproductive age.

Learning objectives:

- To understand clinical aspects of neuromuscular diseases that are specific to women.
- To understand specific considerations for treatments of neuromuscular diseases in women.

Practical Treatment of Generalized Myasthenia Gravis – Clinical Considerations When Transitioning Patients to Targeted Therapies

Supported by: UCB Canada Inc

Speaker: [Hans Katzberg](#), [Amanda Fiander](#)

The Canadian treatment paradigm for generalized myasthenia gravis (gMG) has undergone a major evolution to now include the use of rapid-acting, targeted complement C5 inhibitors and neonatal Fc receptor (FcRn) antagonists. As clinical experience builds with these new treatment options, clinicians encounter challenging patient scenarios that necessitate the transition from conventional immunosuppressive, immunomodulating (IVIg, PLEX) and B-cell depleting (rituximab) therapies to these novel treatments. The potential for switching between targeted therapies has also become an important clinical option. This interactive session will provide expert guidance on relevant clinical considerations to optimize patient care and outcomes in these clinical situations when transitioning to, or between, targeted therapies.

Learning objectives:

- Develop audience awareness of important clinical considerations when transitioning to, or between, novel targeted therapies for the management of gMG.
- Apply expert-led guidance to navigate complex patient scenarios, including decision-making and effective approaches to integrating targeted therapies into individualized treatment plans.

Time is Hiding Something

By the time clinical symptoms of Alzheimer's disease appear, amyloid and tau pathology may have been present for decades.



AMYLOID PATHOLOGY: UP TO 20 YEARS BEFORE CLINICAL SYMPTOMS EMERGE

Accumulation of amyloid beta protein in the form of plaques may be one of the first pathophysiological changes in the brain in Alzheimer's disease.

10-15 YEARS

TAU PATHOLOGY: UP TO 10-15 YEARS BEFORE CLINICAL SYMPTOMS EMERGE

Abnormal accumulation of hyperphosphorylated tau protein leads to the formation of neurofibrillary tangles.



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The images depicted contain models and are being used for illustrative purposes only.

References: 1. Aisen PS, Cummings J, Jack CR Jr, et al. On the path to 2025: understanding the Alzheimer's disease continuum. *Alzheimers Res & Ther.* 2017; 9(1):1-10. 2. McDade E, Bednar M, Brashear HR, et al. The pathway to secondary prevention of Alzheimer's disease. *Alzheimers Dement (N Y).* 2020;6(1):1-9. 3. Chen GF, Xu TH, Yan Y, et al. Amyloid beta: structure, biology and structure-based therapeutic development. *Acta Pharmacol Sin.* 2017;38(9):1205-1235. 4. Selkoe DJ, Hardy J. The amyloid hypothesis of Alzheimer's disease at 25 years. *EMBO Mol Med.* 2016;8(6):595-608. 5. Porsteinsson AP, Isaacson RS, Knox S, Sabbagh MN, Rubino I. Diagnosis of early Alzheimer's disease: clinical practice in 2021. *J Prev Alzheimers Dis.* 2021;8(3):371-386. 6. Tosun D, Landau S, Aisen PS, et al. Association between tau deposition and antecedent amyloid- β accumulation rates in normal and early symptomatic individuals. *Brain.* 2017;140(5):1499-1512.

2026 Exhibitors As of April 30, 2026

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- Alexion ● Platinum
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- CCS Group of Companies
- CSL Behring ● Silver
- Eisai Limited ● Gold
- Eli Lilly Canada Inc. ● Platinum
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- Interior Health Authority
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- Tuesday Open 10:00 am – 7:00 pm
- Tuesday Lunch..... 11:30 am – 1:00 pm
- Tuesday Clinical Case Studies Dinner..... 6:00 pm – 6:45 pm
- Wednesday Open..... 9:30 am – 5:00 pm
- Wednesday Lunch 12:15 pm – 1:45 pm
- Wednesday Exhibitors' Networking Break..... 3:15 pm – 3:45 pm
- Thursday Open..... 9:30 am – 1:30 pm

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2026 Society Annual General Meetings

Join your colleagues at Congress for your Society's AGM. This is your chance to reconnect with peers, review proposed governance changes, discuss substantive issues to the profession, and participate in decisions that influence the future of your specialty. Be part of the conversation, contribute your perspective, and support the leadership that represents you throughout the year.

- CNS Wednesday, May 27, 5:00 pm
- CNSS Wednesday, May 27, 5:00 pm
- CACN Wednesday, May 27, 5:00 pm
- CNSR Wednesday, May 27, 5:00 pm
- CSCN Wednesday, May 27, 6:00 pm



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Our hhc mission is what drives us to discover innovative solutions and therapies that help address unmet needs within the communities that we seek to serve.

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