See Page A-2 for figure legend
Beyond technology there's possibility

Over 40 years ago Professor Lars Leksell invented Gamma Knife® surgery, a revolutionary, non-invasive way to perform brain surgery that created new treatment possibilities for patients with inoperable brain cancer. Today, Leksell Gamma Knife® Perfexion™ is the cornerstone of a complete line of stereotactic treatment and radiosurgery solutions that is still creating new possibilities for the most challenging cases of the brain, head & neck, and body. Find out more at elekta.com/proof.
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COVER LEGEND
From the article "Hypophysitis Secondary to a Ruptured Rathke Cleft Cyst" pages 402-405
Top Photo: Intraoperative view. A) Through an endoscopic endonasal transphenoidal approach, the sella was reached.
B) After incision of the dura, a whitish creamy fluid flowed from the cyst.
B) Necrosis with cholesterol clefts surrounded by inflamed pituitary tissue.
**2010 CONGRESS-AT-A-GLANCE**

<table>
<thead>
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<th>Time</th>
<th>Event</th>
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<tr>
<td>07:45-17:00</td>
<td>Advances in the Neurobiology of Disease - Peter Smith, Zeima Kiss</td>
</tr>
<tr>
<td>07:50-17:30</td>
<td>Epilepsy Review Course for Neuroscience Residents - Jose Martin del Campo</td>
</tr>
<tr>
<td>08:00-17:00</td>
<td>Neurosurgery Resident Review Course: Neurovascular Disease - J. Max Findlay, Shobhan Vachhrajani</td>
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<tr>
<td>08:30-17:00</td>
<td>ALS - David Cameron</td>
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<tr>
<td>08:30-17:00</td>
<td>Child Neurology Day - Cecil Hahn, Michelle Demos</td>
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<tr>
<td>12:00-13:30</td>
<td>Co-developed Industry Symposium (Stroke)</td>
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<tr>
<td>18:00-20:00</td>
<td>Epilepsy Video Session - Richard McLachlan</td>
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<tr>
<td>18:00-20:00</td>
<td>SIGS (Movement Disorders - David Grimes, Alex Rajput, Headache - Werner Becker, Neuromuscular Diseases - Kristine Chapman)</td>
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<tr>
<td>06:30-08:00</td>
<td>Co-developed Symposium (Headache)</td>
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<tr>
<td>08:00-10:00</td>
<td>Grand Opening Plenary - Scientific &amp; Technical Advances in the Clinical Neurosciences: Jim Rutka (Penfield Lecture), Anthony Lang (Richardson Lecture), Josep Dalmau (Tibbles Lecture)</td>
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<tr>
<td>10:00-10:15</td>
<td>Break</td>
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<tr>
<td>10:15-11:45</td>
<td>Chairs' Select Plenary Presentations</td>
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<tr>
<td>12:00-13:30</td>
<td>Co-developed Symposium (Epilepsy)</td>
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<tr>
<td>12:00-13:30</td>
<td>Co-developed Symposium (Neuropathic Pain)</td>
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<tr>
<td>13:30-17:00</td>
<td>Headache - Jonathan Gladstone</td>
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<td>13:30-17:00</td>
<td>Stroke - Ariane Mackey</td>
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<td>13:30-17:00</td>
<td>Neurovascular Surgery - R. Loch MacDonald</td>
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<tr>
<td>13:30-17:00</td>
<td>Epilepsy - S. Nizam Ahmed</td>
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<td>13:30-17:00</td>
<td>Neuro-oncology - David Eisenstat</td>
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<tr>
<td>13:30-17:00</td>
<td>Multiple Sclerosis - Francois Emond</td>
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<tr>
<td>17:00-19:30</td>
<td>Exhibitors Reception</td>
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<tr>
<td>08:30-10:00</td>
<td>Plenary-CNS, CSCN, &amp; CACN Neurology - Cam Tesky (Gloor Lecture), John Stewart</td>
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<tr>
<td>08:30-10:00</td>
<td>Plenary-CNSS Neurosurgery - Stephan Mayer, Ziya Gokasian</td>
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<td>10:00-10:15</td>
<td>Break</td>
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<tr>
<td>10:15-12:30</td>
<td>Platforms (7 simultaneous)</td>
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<tr>
<td>12:30-14:00</td>
<td>Lunch/Exhibit Viewing/Digital Mini-platforms</td>
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<tr>
<td>14:00-16:30</td>
<td>Platforms (7 simultaneous)</td>
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<tr>
<td>16:30-18:30</td>
<td>Digital Poster and Exhibit Viewing</td>
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<td>08:00-08:15</td>
<td>Journal Editor's Report</td>
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<td>CBANHC Report</td>
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<td>08:30-09:30</td>
<td>Distinguished guest lecture - James Orbinski</td>
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<td>09:30-09:45</td>
<td>Currently Active Canadian Clinical Trials</td>
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<td>09:45-10:15</td>
<td>Break/Exhibit viewing</td>
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<tr>
<td>10:15-12:00</td>
<td>Grand Rounds</td>
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<tr>
<td>12:00-13:30</td>
<td>Lunch / Exhibit viewing / Digital Mini-platforms</td>
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<tr>
<td>13:30-17:00</td>
<td>Neuro-ophthalmology - William Fletcher</td>
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<td>13:30-17:00</td>
<td>Interventional Neuroradiology - Alain Weill</td>
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<tr>
<td>13:30-17:00</td>
<td>What's New in Neurosurgery - Pascale Lavoie</td>
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<tr>
<td>13:30-17:00</td>
<td>Neurocritical Care - Draga Jichici, Jeanne Tettelbaum</td>
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<tr>
<td>13:30-17:00</td>
<td>Neuromuscular Diseases - Annie Dionne, Chris White</td>
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<tr>
<td>13:30-17:00</td>
<td>Spine - Eric Massicotte</td>
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<tr>
<td>13:30-17:00</td>
<td>What's New in Neurology - Nicolas Dupre</td>
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<tr>
<td>13:30-17:00</td>
<td>EEG - Seyed Mirtsattari</td>
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MAXALT® (rizatriptan benzoate) is indicated for the acute treatment of migraine attacks with or without aura in adults. MAXALT® is not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic, ophthalmoplegic or basilar migraine. Safety and effectiveness of MAXALT® have not been established for cluster headache, which is present in an older, predominantly male population.

MAXALT® is contraindicated in patients with history, symptoms, or signs of ischemic cardiac, cerebrovascular or peripheral vascular syndromes, valvular heart disease or cardiac arrhythmias (especially tachycardias). In addition, patients with other significant underlying cardiovascular diseases should not receive MAXALT®.

MAXALT® is also contraindicated in patients with uncontrolled or severe hypertension.

MAXALT® is contraindicated in co-administration with monoamine oxidase (MAO) inhibitors within 2 weeks after discontinuation of treatment, and within 24 hours of administration of 5-HT₁ agonists or ergot-type medications. For a complete list of contraindications, please consult the Product Monograph.

The recommended single adult dose is 5 mg. The maximum recommended single dose is 10 mg.

The most common adverse events during treatment with MAXALT® (rizatriptan benzoate) tablets 10 mg were dizziness (8.9%), somnolence (8.4%), asthenia/fatigue (6.9%), nausea (5.7%) and pain/pressure sensation (chest, 3.1%; neck/throat/jaw, 2.5%; upper limb, 1.8%).

The most common adverse events during treatment with MAXALT RPD® (rizatriptan benzoate) wafers 10 mg were dizziness (8.6%), nausea (7.0%), dry mouth (6.0%), somnolence (5.3%), asthenia/fatigue (3.6%), and pain/pressure sensation (chest, 1.7%; neck/throat/jaw, 2.0%; upper limb, 2.0%).

MAXALT RPD® wafers contain phenylalanine (a component of aspartame).

*The wafer will dissolve rapidly and be swallowed with saliva. No liquid is needed to take the wafer.²

RPD = Rapidly dissolving

References:

BEFORE PRESCRIBING MAXALT®, PLEASE CONSULT THE ENCLOSED PRESCRIBING INFORMATION.

PRODUCT MONOGRAPH AVAILABLE FOR DOWNLOAD AT www.merckfrosst.com

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Choose ONE migraine therapy that has demonstrated rapid, reliable relief.

- Demonstrated headache response as quickly as 30 minutes postdose vs. placebo (RELPAX 40 mg: 9%; placebo: 4%, p<0.05)\textsuperscript{1,2}
- Provided greater relief of associated symptoms vs. sumatriptan 100 mg at 2 hours (absence of nausea: 74% vs. 67%, p<0.01; absence of photophobia: 71% vs. 63%, p<0.01; absence of phonophobia: 74% vs. 67%, p<0.01)\textsuperscript{3}
- Demonstrated superior functional response at 2 hours vs. sumatriptan 100 mg (68% vs. 61%, p<0.01; 63% vs. 46%, p<0.005)\textsuperscript{3,4,5}

RELPAX tablets are indicated for the acute treatment of migraine with or without aura in adults. RELPAX tablets are not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic, ophthalmoplegic or basilar migraine. Safety and effectiveness of RELPAX tablets have not been established for cluster headache, which is present in an older, predominantly male population.

Among 5864 patients who treated a single migraine headache with RELPAX 20 mg, 40 mg or 80 mg tablets in short-term, placebo-controlled trials, the most common and dose-related adverse events reported with treatment with RELPAX were asthenia (7.2%), nausea (7.8%), dizziness (5.7%) and somnolence (5.2%). RELPAX 80 mg is not an available dose. The maximum daily dose is 40 mg.

RELPAX is contraindicated in patients with history, symptoms, or signs of ischemic cardiac, cerebrovascular or peripheral vascular syndromes, valvular heart disease or cardiac arrhythmias (especially tachycardias). In addition, patients with other significant underlying cardiovascular diseases (e.g., atherosclerotic disease, congenital heart disease) or uncontrolled or severe hypertension should not receive RELPAX. Serious cardiac events, including acute myocardial infarction, life-threatening disturbances of cardiac rhythm and death, have occurred within a few hours following the use of other 5-HT\textsubscript{1} agonists. These events are extremely rare and have been commonly reported in patients with CAD risk factors or a family history of CAD. RELPAX is contraindicated within 72 hours of treatment with potent CYP3A4 inhibitors (i.e., ketoconazole, itraconazole, nefazodone, troleandomycin, clarithromycin, ritonavir and nelfinavir). RELPAX is contraindicated within 72 hours with drugs that have demonstrated potent CYP3A4 inhibition and have this potent effect described in the CONTRAINDICATIONS, or WARNINGS AND PRECAUTIONS sections of their labeling. RELPAX is contraindicated within 24 hours of treatment with another 5-HT\textsubscript{1} agonist, an ergotamine-containing or ergot-type medication such as dihydroergotamine (DHE) or methysergide. RELPAX is contraindicated in patients with hemiplegic, ophthalmoplegic or basilar migraine, patients with severe hepatic impairment, and those with known hypersensitivity to eletriptan or any of its inactive ingredients.

\textsuperscript{1} In a multicentre, double-blind, placebo-controlled, parallel-group clinical trial, 1334 outpatients with a diagnosis of migraine were randomized to receive RELPAX 20 mg, 40 mg, or 80 mg, or placebo for the treatment of up to 3 migraine attacks. The efficacy, consistency, tolerability and safety of RELPAX were evaluated.

\textsuperscript{2} In a randomized, double-blind, double-dummy, parallel-group study conducted in 2113 patients with a diagnosis of migraine. Subjects were randomized to receive RELPAX 40 mg, sumatriptan 100 mg or placebo for the treatment of a single migraine attack.

\textsuperscript{3} In a randomized, double-blind, double-dummy, placebo-controlled study conducted in 1008 patients with a history of migraine. Subjects were randomized to receive RELPAX 40 mg or 80 mg, sumatriptan 50 mg or 100 mg, or placebo to treat up to 3 migraine attacks.

For complete prescribing information, please refer to the Product Monograph. The Product Monograph is available upon request.
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The Canadian Brain Tumour Consortium & Merck are pleased to announce the fourth edition of the “Young Investigator Awards” for which graduate students, postdoctoral fellows, residents in training and allied health professionals are eligible.

Canadian Brain Tumour Consortium Young Investigator Award in Basic Science

Canadian Brain Tumour Consortium Young Investigator Award in Clinical Investigation

The Awards will be presented at the: 14th Biennial Canadian Neuro-Oncology Meeting May 14-16, 2010 – Niagara-on-the-Lake, Ontario

For more information, contact: Joseph F. Megyesi Chair, Organizing Committee Phone: (519) 663-3565 Fax: (519) 663-3419 joseph.megyesi@lhsc.on.ca

sont heureux de lancer la quatrième édition du “Prix d’excellence jeune investigateur”. Sont éligibles les étudiants diplômés, les boursiers postdoctorat, les résidents et les auxiliaires médicaux.

Canadian Brain Tumour Consortium Prix d’excellence jeune investigateur en Science de base

Canadian Brain Tumour Consortium Prix d’excellence jeune investigateur en Investigation clinique

Les Prix d’excellence seront présentés à la 14e Conférence biennale canadienne de neuro-oncologie du 14 au 16 mai 2010 – Niagara-on-the-Lake, Ontario

Pour plus d’information, veuillez contactez : Joseph F. Megyesi Président, comité organisateur Tél.: 519-663-3565 Téléc.: 519-663-3419 joseph.megyesi@lhsc.on.ca