

Minutes of the American SEEG Consortium In-Person Meeting & Conference Call
ACNS Annual Meeting
New Orleans, Louisiana, Feb 7, 2019

The Consortium met for the second time for one hour in a productive discussion. Some members were physically present; others called in.

Welcome

Dr Kalamangalam: Thank you all for regrouping. I do have one specific issue brought up by Dr. Jun Park that I will bring up later. Before we begin, does anyone have any comments in general about this entire enterprise? At the end of the day this thing is only 6 months old. And to state it again: we aim to systemize and expand knowledge and practice of SEEG with coherent statements that most of us may agree on.

Dr Gavvala: How can we make this more inclusive? One of the things with my experience with the CCEMRC, a lot of the smaller institutions were not a part of that. Are there some ways to include these smaller centers? My survey data which is coming out soon, is indicating that most centers in the country right now are doing SEEG. We should have more representation from some of the other centers.

Dr Kalamangalam: It is very easily done. There has not been a systematic effort to approach every center. Through the survey, we found many more. This Consortium is meant to be entirely inclusive. We are all learning this together.

(Unidentified): Try to get these institutions involved. There are always going to be improvements that need to be made. What we are calling stereo is not really stereo.

Dr Kalamangalam: The point of inclusivity is an important social-cultural one. We are all trying to share and learn at the same time. While inclusivity is important, the reality is that very few people will do the work necessary to develop the intended guidelines – study the literature around the subject and write a synthesis. At the end of the day it is going to be a few people who will eventually participate in extending and systematizing our knowledge. We are seeing something quite unusual with the adoption of something that is so technically demanding, for the most complex patients that we have.

Dr Chauvel: I think that people are underestimating the difficulty of SEEG. To be brief, we don't find anything in the books. We will know nothing because of the format. We only know the difficulty when we know the case. That's my view.

Dr K: But how do we contribute for our common good? We all have different views. Some foundational principles are necessary. For instance, imaging has changed and informed epilepsy surgery enormously. There are things that need to be incorporated into the world of SEEG knowledge. We have centers that are doing it. The question is how do we make this knowledge available? The fact is that SEEG now exists in the USA when it did not exist before. I don't disagree with you, but there is a need that is becoming more and more obvious.

Dr Dubeau: I am sure it will not solve one of the problems you raised that you have over 100 centers in the United States that will be involved and should be at least with the same process of trying to understand and use invasive recording with that method to study our patients with

seizures effectively. In Canada, they want to limit the amount of centers that can do this kind of investigation. One of the problems in Ontario was that they looked at how to approach SEEG surgery. They designated 2 centers that will do adult and pediatric surgery. I realize this is different to what happened in the United States. Blind men will not play cards. If we have too many people, there is a higher risk than it will be a problem. This is risky business when you have an evolving field and everyone wants to get involved. To get the proper answer for our patients we should get a baseline or a diploma or certificate to be able to provide that service or support so they have the knowledge to do so.

Dr Kalamangalam: Some of us were fortunate enough to have some training. However, the point you raise is a story that is true of all of medicine in the United States. This is our reality. There is a gold rush here, we have to deal with that too.

Projects

(Unidentified): We could do a voiceover case discussion. I think the idea of starting with a format and asking people to present cases in this format so that it becomes a case file. There is a potential educational benefit.

Dr K: Yes. Some of the educational aspects – certificates, diplomas, training – are issues that go beyond this Consortium, which is not about regulating anyone. Also, training becomes involved with credentialing, and then billing. What we could do instead is put together prototypical cases and have them accessible on the website through the ACNS. That can be an educational resource. That will be the next best thing.

Dr Kalamangalam: OK, to move on and focus the discussion back. Maybe this should have been a two-hour call! One particular point that Dr Park wanted to discuss, was the proposal for pediatric SEEG to be a separate topic. Is it important for us to have a pediatric SEEG theme?

(Unidentified): The question is should there be a general topic of pediatric SEEG or do you feel that every one of these things has to have an addendum like “by the way in pediatrics we do this.”

Dr Kheder: We can do either way. We can do this as an addendum. Or we can specifically address the pediatric aspect of SEEG. Just having one set of pediatric guidelines.

Dr Kalamangalam: (Show of hands) It seems that most folks around this table agree there should be a separate pediatric SEEG topic.

Dr K- Moving on, can you update everyone on your survey Jay.

Dr Gavvala: We sent out a survey to all the level 4 centers, and we got a good response of almost 60% and quite a few surprising results. We will have a manuscript next month. Some of them are very surprising results, in terms of training of centers or lack thereof as well as other issues relative to SEEG practice.

Dr Kalamangalam: Some closing comments. We just got the greenlight for the ACNS guidelines committee for the technical guidelines of SEEG, which is part of an older effort to write guidelines for invasive EEG. For the other topics, is a little bit of a formal process with the committee for this to be considered by them, which we can approach one at a time. Thank you all very much.

Next meetings

- Conference call Summer 2020

Giri Kalamangalam

Coordinator, American SEEG Consortium