Dear Colleagues,

It has been an absolute privilege and honor to have served as your President. When I assumed the post in 2015, we held a strategic planning retreat and came away with a set of near and long-term objectives for the society. Broadly speaking, these objectives focus on the three shields of education, research, and patient advocacy. I am very pleased to say that most of the major priorities have already been accomplished, are coming to fruition, or are actively being planned.

We have balanced the budget and find ourselves in a healthy financial position for the future. We have increased our support for research with two additional annual research fellowships. We have partnered with the American Brain Foundation to offer a two-year clinical research fellowship. Our membership now exceeds 1400 – this is an all-time high for IHS. We continue, and indeed have increased our investment in headache education globally. We continue to support the Asian Regional Congress on Headache (ARCH), Middle East North African (MENA) congress, Headache Masters Schools, Visiting Professorships, Headache Trainee Awards and Short-stay Scholarships. We have partnered with the American Headache Society, American Migraine Foundation, and Canadian Headache Society and have hosted four International Headache Academies (IHA), and we have supported and developed four iHEAD meetings. IHA and iHEADs are designed to develop the next generation of leading clinicians and basic scientists in the field of headache. Prior to IHC Vancouver, we are hosting our first joint IHA-iHEAD meeting where we will bring together approximately 80 of the brightest young clinicians and scientists from around the world for a 2-day meeting designed to establish collaborative relationships, support their research, and mentor this next generation over time. For the first time, we have extended our educational offerings in non-IHC years by hosting, in conjunction with EHMTIC 2016, a joint secondary headache course that allowed us to provide a major education event in a year when there was no International Headache Congress.

We will soon launch an Emerging Leaders program to identify and facilitate the growth and development of the next generation of leaders for the society. We have also set in motion plans for a Women’s Leadership Forum to ensure that our leadership continues to reflect the diversity of membership that is so important for our continued success.

We have restructured and activated several vital committees including education, research and ethics. New leadership for each of these committees has been appointed and an emphasis has been placed on having these committees more meaningfully engaged by establishing committee charters, hosting regular committee meetings, and enabling committee chairs to sit as ex-officio members on the board and on the scientific program committee to facilitate two-way communication between their committees and ensure that ideas generated at the committee level are heard and discussed at the board level. Importantly, a clinical trials guideline committee has been established and this group has been very busy developing new and updating existing clinical trial guidelines and the first
Clinical Trials guidelines committee working on new and updated guidelines – 1st update due in 2018

The first Global Patient Advocacy Summit will bring together representatives from IHS, major healthcare organisations and partners, patient advocacy groups and advocates, and regulatory agencies to begin a dialogue and launch a global patient and disease advocacy effort for headache disorders.

is expected to be published in Cephalalgia by first quarter 2018. This will be important for the proper conduct of clinical trials evaluating the efficacy and safety of emerging drugs, biologics, and device technologies for a range of headache disorders.

We have established a corporate roundtable that meets twice per year. This roundtable includes leadership from IHS, patient groups (European Headache Alliance), pharmaceutical and device manufacturers, and regulatory agencies. The objectives of this roundtable are to bring all stakeholders together to facilitate drug development by harmonizing clinical trial methodology and outcome measures and develop consensus around strategies to ensure that patients have appropriate access to care with both established and emerging treatments.

With regards to our entrée into patient and disease advocacy, we have taken a bold and ambitious step in organizing the first Global Patient Advocacy Summit to be held on September 6 in Vancouver Canada just prior to IHC 2017. This is an unprecedented event that will bring together representatives from more than 25 of our affiliate member countries, major healthcare organizations and partners including the World Health Organization, World Federation of Neurology, American Academy of Neurology, American Headache Society, European Academy of Neurology, European Headache Federation, Lifting the Burden, and the International Association for the Study of Pain; patient advocacy groups including the European Headache Alliance, American Migraine Foundation, National Patient Advocate Foundation, Alliance for Headache Disorders Advocacy, Alliance for Patient Access, Migraine Association of Ireland, Migraine Quebec, Migraine World Summit, Migraine Action, OUCH UK, Help for Headaches; patient advocates from a number of countries including the United States, Switzerland, France and Canada; regulatory agencies including Health Canada, the US Food and Drug Administration and the European Medicines Agency; and pharmaceutical industry partners. Our objective is to begin a dialogue and launch a global patient and disease advocacy effort for headache disorders that will begin with a white paper on the subject and a strategic plan to both enhance advocacy efforts already underway in some countries, as well as launch and support advocacy efforts in others. This will also make good on our priority of meaningfully engaging our affiliate member countries/societies and aligning on a common vision.

These are a sampling of the work we’ve been doing over the past 2 years to realize the priorities established in our new strategic plan, and achieve our three-shield mission of delivering and supporting education efforts and clinicians and scientists around the globe, promoting and supporting research in the field, especially among young clinicians and investigators, and advocating for those who are burdened by disabling headache disorders. You can see why I am so hopeful for the future of this field, the future of our society, and most importantly, the future for patients.

I want to sincerely thank those who have made this all possible and do the work of the society behind the scenes. I am very fortunate to have had the opportunity to work with board members who are committed and have truly been focused on advancing the mission of the society. Other members have stepped up to lead important committees and many have become involved in these committees and give their time and expertise to develop and guide important initiatives and propel the society in a forward direction. A special thank you to Carol Taylor for her tireless efforts, meticulous organization skills, attention to detail, and for keeping us all on task.

I look forward to continuing to serve on the new board for the next 2 years as Immediate Past-President at the pleasure of our incoming President, Professor Lars Edvinsson. Under Professor Edvinsson’s steady, thoughtful and wise leadership, the momentum we’ve gathered will be sustained and the future of the society will be in excellent hands.
New President-elect and Trustees elected to the IHS Board

Since the last IHS Newsletter IHS has held elections to elect a new President-elect and Trustees to the Board of Trustees.

New President-elect and new Board members
In an electronic poll, a new President-elect and three new Trustees have been elected. The turnout rate was 42.1% (2015: 31.7%; 2013: 29.7%) which is excellent as compared to other scientific societies. The successful candidate for President-elect was Messoud Ashina from Copenhagen, Denmark, who will become IHS President from 2019–2021, succeeding Lars Edvinsson. New trustees, Mario Peres, Brazil, Patricia Pozo-Rosich, Spain, and Todd Schwedt, USA, were elected for their first 2-term starting in September 2017. The successful candidates will be confirmed during the IHS Annual General Meeting to be held on 8 September in Vancouver.

Membership
Membership numbers have increased over the last few months; to date there are over 1,400 members, 66% of whom are members through their Affiliate Society. In addition, there are about 950 Associate Members, specialists living in the 100 developing countries who receive free access to Cephalalgia and the IHS website.

Educational activities
A Visiting Professor programme was organised in Russia and the report is included in this newsletter.

Other educational activities are in preparation. There will be a first joint IHA-iHEAD meeting just before the IHC in Vancouver and in 2018 a Headache Master School will be organised in Australia.

Grants
Three Short-stay scholarships will be offered to young researchers from Kyrgyzstan and Georgia to attend the IHC in Vancouver. During their 6-week stay, in addition to attending the IHC, they will also participate in the joint IHS/AHS-iHEAD, spend time in three key headache centres in Canada, and by kind invitation of the Canadian Headache Society, attend their National Neurology Resident Headache Course.

30 travel grants have been offered to young researchers internationally to attend IHC in Vancouver.

IHS will offer two Fellowships in 2017 and the results will be announced shortly. We will also join with the American Brain Foundation to offer a joint fellowship in 2018. Details are available on the IHS website.

Report of the Honorary Secretary
Stefan Evers
International Headache Congress 2017 and 2019
The IHC 2017 will be held in Vancouver from 7–10 September. The scientific programme has been finalised and can be found on the congress website (www.ihc2017.com)
Several activities have been arranged around this congress including a unique Patient Advocacy summit with all stakeholders involved in headache treatment.

The IHC 2019 will be held in Dublin from 5–8 September. The Congress Co-Chairs will be Lars Edvinsson, Sweden, and Martin Rutledge, Ireland, and they will work with the Co-Chairs of the Scientific Programme Committee, Gisela Terwindt and Rami Burstein.

The location for the IHC in 2021 is currently being discussed; no final decision has yet been made.

Collaboration with Lifting the Burden campaign
IHS is collaborating with Lifting the Burden (LTB) on a burden of headache study in children and adolescents in Zambia. Funding of up to £6,000 has been approved. This will be the first time IHS has been involved in epidemiological studies worldwide. If the project is successful, further activities will be planned.

Join us in Vancouver from 7–10 September 2017 for the 18th Congress of the International Headache Society.

The congress will provide an outstanding opportunity to meet with colleagues, industry partners and international expert speakers at the unique Vancouver Convention Centre.

The IHC 2017 scientific programme features advanced educational Teaching Courses, a uniquely Canadian opening ceremony, the IHC Special Lecture and a special session on the Classification. Friday 8 September promises to provide must-attend sessions including presentations on the vulnerability to migraine, the paradox of medication overuse headache, selected secondary headaches and trigeminal neuralgia. Saturday 9 September will be a busy day with multiple clinical and preclinical sessions targeting on migraine biomarkers, emerging therapies, neuromodulation, burden of disease and big data, and the Cephalalgia Award. Finally on Sunday 10 September the IHC 2017 Congress draws to a close with abstract sessions and content dedicated to headache in children and adolescents, the clinical and basic highlights of the meeting, complemented with the awards and closing ceremony.

To view the interactive programme please click here.
Plan your visit to Vancouver

Vancouver is situated on the west coast of Canada, in British Columbia. Vancouver is one of the largest and most densely populated cities in Canada which has stunning views of the Pacific Ocean and surrounding mountains. The city has an array of outdoor pursuits and also offers thriving arts, music and museum scenes for you to enjoy! Not only that, Vancouver’s Stanley Park is one of the largest Urban Parks in North America. There is never a shortage of activities to do in Vancouver!

For further information on things to do whilst in Vancouver, please click here.

Late-breaking abstract submission deadline extended to 26 July

LATE-BREAKING ABSTRACTS
Submission for late-breaking abstracts is open
Deadline extension to 26 July 2017

See you in Vancouver!

Headache Trainee report

Kostiantyn Stepanchenko, Ukraine

Mayo Clinic, Headache Division, Phoenix, AZ, USA
Mentor: David Dodick

I spent a very enriching time in one of the biggest Headache Divisions in the US – the Mayo Clinic, in Phoenix, Arizona. I am very much honoured that IHS awarded me this programme and I am grateful to IHS for that great opportunity.

The Mayo Clinic has an excellent reputation and is known for its international emphasis. It is a non-profit medical practice and medical research group based in Rochester, Minnesota. William Worrall Mayo settled his family in Rochester in 1864 and opened a medical practice that evolved under his sons into Mayo Clinic. Mayo Clinic is widely regarded as one of the United States’ greatest hospitals and ranked No 1 in the country on the 2016–2017 US News & World Report List of ‘Best Hospitals’ of the United States, maintaining a position near the top for more than 25 years. It has been on the list of ‘100 Best Companies to Work For’ published by Fortune magazine for 13 consecutive years. Mayo Clinic has a large presence in three US metropolitan areas: Rochester (Minnesota), Jacksonville (Florida), and Phoenix (Arizona).
During my practice in the Headache Division I took part in everyday activities in the outpatient department. The work week was 40 hours, Monday through Friday for 12 weeks. The programme consisted of both a clinical and academic component. I had the opportunity to learn the structure of a Headache Division, organisation of the doctor’s work, and current contemporary approaches to the diagnosis, management and treatment of headache.

In the process of working with local neurologists I improved my practical skills in neurological examination of patients with different complaints, deepened my theoretical knowledge about headache, especially rare ones, learned about laboratory tests, instrumental methods of their diagnosis and approaches towards treatment. I saw quite rare cases such as SUNCT, paroxysmal hemicrania, cluster headache, hemicrania continua, Susac’s Syndrome, spontaneous intracranial hypotension, reversible vasoconstriction syndrome and vertebral artery dissection.

I’ve seen many interesting cases with a very intelligent and kind Dr Juliana VanderPluym. For me it was very interesting to compare the Ukrainian and American medical systems for the benefit of patients with headache. She helped me to distinguish between primary headache disorders and symptomatic headaches of other diseases using SNOOP, red flags that are used for secondary headache; identify and address co-morbid conditions; perform a 5-minute exam on a headache patient; differentiate episodic and chronic primary headache disorders to formulate diagnosis; establish a framework for treatment: education, expectations, ‘SEEDS for success’, acute, preventive and bridge therapy, non-pharmaceutical treatments, rescue plan and arrange follow-up for patients with headaches. I think that I’ve learned more about the key points in diagnosis and management of spontaneous spinal CSF leaks and idiopathic intracranial hypertension.

Professor David Dodick described to me the scientific rationale for the novel targets against which new drugs, devices, and biologics have been developed. He discussed with me the results of clinical trials that support the development and potential future use of new drugs, as well as devices and biologics for emerging treatments, e.g. acute cases: CGRP (small molecule receptor antagonists), 5HT1F receptor agonist, sTMS, SPG, vestibular stimulation, oxytocin, for preventive treatment: nVNS, thermal caloric stimulation, pituitary adenylate cyclase activating, supraorbital nerve stimulation.

I appreciate the special attention Dr Amaal Starling gave to my interest in concussion patient’s diagnostics and management. I improved my algorithm of concussion symptom evaluation – baseline testing, computerised neurocognitive testing, King Devick Test, neuropsychometric testing, neurologic examination (standardised assessment of concussion), MMSE, MOCA, Kokmen, neuroimaging. I’ve definitely learned more about the risk factors for prolonged recovery after concussion, multidisciplinary approach to concussion (pharmacologic and non-pharmacologic treatment), vestibular therapy, vision therapy, cognitive rehabilitation, biofeedback, cognitive behaviour therapy (CBT), and systematic approach to post-traumatic headache. She explained to me current knowledge.
This programme will make a big difference in my entire life and trigger my career even further.

and controversies on the role of cognitive and physical rest versus exercise in the management of concussion. This information is extremely useful for me in my everyday practice as I live in Kharkiv and it is close to the zone of military conflict in our country. We are helping the wounded, refugees, released hostages and their families. The number of patients with post-traumatic complications, post-traumatic stress disorder and headaches is increasing.

Dr Todd Schwedt explained to me basic strategies and specific options for the acute treatment of migraine; how to assess outcomes from acute migraine treatment and determine if there is a need for a modified treatment plan. He discussed with me the indications for the use of medication in the management of migraine headaches, outlined factors to consider when selecting a preventive medication; described factors that are important for the success of preventive medication.

Dr Rashmi Halker Singh contributed greatly to my understanding of the relevance of hormones in migraine; how to diagnose pure menstrual migraine and menstrually-related migraine; described to me the migraine characteristics throughout a woman’s lifetime (migraine and pregnancy, migraine and lactation, perimenopause, menopause, HRT and migraine, HRT and stroke); how altering the hormone free interval in hormonal contraception can help with prevention in menstrually-related migraine; named what types of hormonal contraception can be used to prevent menstrually related migraine.

I was fortunate to attend a meeting of Family/Supporter Day in the Pain Rehabilitation Center. The center is an interdisciplinary, behavioural, functional restoration, non-opioid approach to management of chronic pain. Cynthia Townsend, Clinical Director of the Pain Rehabilitation Center, taught me the major components of the center curriculum such as CBT, behaviour activation, occupational therapy, physical therapy, opioid withdrawal and reduction of polypharmacy, enhancing and educating social support, enhancing healthy living habits, how to provide pain rehabilitation family supporter programme; described to me the principles of integrative medicine for headache (role of diet in headache management, dietary triggers, weight management and obesity, traditional Chinese medicine, acupuncture, manual therapy, massage manipulation, exercise yoga, mind body, botanical supplements).

With Jamie Bogle we assessed the results of rotation tests, video head impulse testing, vestibular evoked myogenic potential, computerised dynamic posturography and audiometry (hearing tests). These tests helped us to assess the balance and hearing of the patient to distinguish migraine attacks from the Meniere’s attacks; to perform vestibular evaluation and balance rehabilitation for patients with concussion, to predict the outcomes of the concussion.
Robert Scales, Director of Cardiac Rehabilitation, showed me motivational interviewing with patients to help promote healthy behaviour in a clinical or corporate wellness setting. I am very interested in invasive techniques in the treatment of headache. I was introduced to procedural headache medicine. I talked to specialists who showed me how to identify headache patients who are candidates for nerve blocks. I’ve learned a lot of rationale for nerve blocks in headache, mechanisms of referral from neck to head, local anaesthetics for migraine, adding corticosteroids to anaesthetic in migraine, adverse events, injection technique considerations, potential precautions and contraindications, OnabotA fixed-site fixed-dose injection strategy, following the pain strategy. They explained to me the benefits and risks of extracranial nerve blocks and OnabotA in headache and chronic migraine.

I acquired competency in performing occipital, supraorbital, supratrochlear, auriculotemporal, and sphenopalatine nerve blocks, trigger point injection technique and OnabotA injections training on models. I was also present at the Hospital Rounds with Amaal Starling and at the case presentation sessions. We provided management of headache in the Emergency Department using Mayo ED protocols.

In addition, my supervisor kindly suggested attending the interactive lecture-practical course ‘Mayo Clinic Headache Symposium’ in March 2017 which was extremely interesting and informative. Also I had wide access to the Mayo Clinic’s library where I could read all the latest articles including PubMed.

Thus, I completed all purposes of my visit. I gained important theoretical as well as practical experience during this period of time and that is why I am extremely grateful to Professor Dodick, who accepted me within the Headache Division and offered me this unique chance to earn this valuable experience. I’m very grateful to all doctors at the Mayo Clinic, especially to Rashmi Halker Singh, for making me feel so welcome and for everyone’s willingness to help me master my existing knowledge and share their experiences. Special thanks go to Todd Schwedt, Juliana VanderPluym, Amaal Starling, Robert Scales, Cynthia Townsend, Jamie Bogle and also to all residents, not only for professional communication, but also for their kindness and goodness. I received a very warm welcome and the attitude of the personnel was very good throughout my stay in the department. Also I want to thank Professor Dodick’s secretary Waters Tnita S, who was very kind to me and helped me with all my questions.

I would like to thank IHS for this brilliant opportunity to improve my knowledge. I sincerely believe that this programme will make a big difference in my entire life and trigger my career even further. I return to my home department with innovative medical approaches which I will share with my colleagues for the optimal management of our patients.

I would strongly recommend this course in this excellent Division to everyone. Absolutely perfect conversation with professionals, friendly atmosphere, nice people and a place of natural beauty. It doesn’t matter, if you are a young neurologist in training, or a skilled and experienced professional, this place gives you a lot – a huge amount of knowledge for your routine work, new contacts, new friends, but mainly, a lifelong feeling, that it was a really good decision to participate in this programme!
RHRS welcomed Zaza Katsarava and Messoud Ashina as Visiting Professors

Visiting Professor report

Russia
Julia Azimova, Vera Osipova, Alexey Sergeev, Kirill Skorobogatykh, Guzel Tabeeva
Moscow University Headache Clinic
Russian Headache Research Society

The Russian Headache Research Society (RHRS) is trying to continuously improve the level of headache diagnosis and treatment in the Russian Federation. It is our pleasure to share with the international headache community this latest and quite important national event.

On 17–19 March 2017 on the initiative of the University Headache Clinic in Moscow, the RHRS 3rd Conference on Headache Comorbidity was held.

This year for the first time the traditional Headache Comorbidity Conference was supported in collaboration with the IHS Visiting Professor Programme. The brilliant headache specialists visited Russia within the named programme: Professor Messoud Ashina and Professor Zaza Katsarava.

The Conference took place in the heart of the modern Moscow – Moscow City, Novotel Congress Center. The meeting attracted over 500 neurologists and GPs from different Russian regions and from Belarus, Kazakhstan and Uzbekistan.

After the welcome messages from the President of RHRS, Professor Guzel Tabeeva, the following topics were covered by IHS Visiting Professors:

Professor Zaza Katsarava
- Chronic migraine and medication overuse headache (MOH); practical approaches to the management
- Trigeminal neuralgia
- Workshop: Symptomatic headache – clinical case

Professor Messoud Ashina
- Pearls and pitfalls in human models of migraine: 30 years’ experience
- Migraine treatment: new horizons
- Workshop: Rare headache syndromes – clinical cases

www.ihs-headache.org  Promoting headache awareness worldwide  Page 9
Over 500 neurologists and GPs from different Russian regions and from Belarus, Kazakhstan and Uzbekistan attended The Visiting Professor programme is a great international collaboration initiative that helps better understanding of headache

The brilliant lectures covered new diagnostic and treatment approaches for trigeminal neuralgia, migraine and MOH. The sessions were very interactive with lots of questions and discussions. One of the most interesting sessions was the workshop with discussion of diagnostic and management difficulties and interesting clinical cases from the University Headache Clinic.

Furthermore all the participants of the meeting had the opportunity to get IHS Associate Membership which was being offered free of charge for Russian neurologists.

The programme of this 3-day conference covered Headache Trainee’s Tournament, practical day in the University Headache Clinic and many another interesting items such as

- Genetics of migraine
- Neuroimmunology of headache
- Migraine, depression and anxiety
- Headache and emotions
- Recognising risk of psychiatric comorbidity in headache
- Cognitive dysfunction, depression and migraine
- Idiopathic intracranial hypertension and hypotension
- Paediatric migraine variants
- Neurostimulation for treatment of migraine and cluster headache
- Rare headache syndromes

The participant’s feedback was highly positive. RHRS will aim to hold the meeting regularly. The organising committee and all participants thank the IHS Education Committee for their support. The Visiting Professor programme is a great international collaboration initiative of the IHS that helps better understanding of headache.
This course motivated me to pursue my career in headache medicine and educate other health professionals in my country to join the headache care system.

Hull Royal Infirmary, Hull York Medical School, Hull, UK
Mentor: Fayyaz Ahmed

Generally, this stay was very fruitful for me. In a completely different culture and ambient, I experienced a different medical practice system in UK. I have attended headache clinics, Botox and nerve block clinics for headache patients with Dr Ahmed. I worked with a headache nurse Vicky who was very helpful and it was a very efficient system for management of headache patients in Hull Royal Infirmary. I had a chance to participate in many research projects with Dr Alina Buture, my best friend and headache fellow in Hull. We have sent several abstracts to the IHS congress in Vancouver and many upcoming publications from this research. This course motivated me to pursue my career in headache medicine and educate other health professionals in my country to join the headache care system. During this period, I participated in two headache conferences including the 3rd European International Headache Academy (IHEAD) in London and the 7th British Association for the Study of Headache (BASH) biannual meeting in Hull.

This scholarship had a great scientific outcome for me. When I started my career as a neurologist in Iran, I found out that many problems exist in proper diagnosis and management of headache patients and this fellowship helped me to focus on better diagnosis and management of headache patients. I propose to start a headache clinic in our hospital and I have new ideas to pursue in the future.

I believe that the short-stay IHS scholarship was an important part of my education giving valuable experience in headache medicine practice and research.
The main objective of this meeting was to teach African colleagues how to manage headaches, how to make the right diagnosis and ensure the right treatment, and to educate and sensitise paramedics and patients.

The IHS, Turkish Society of Neurology and Middle East and North African (MENA) headache group of experts, in partnership with the neurology department of the Marrakech University Hospital, the Marrakech Medical School, Laboratory of Clinical and Experimental Neurosciences of Marrakech Medical School, the Society of Neuroscientists of Africa (SONA) and the Youssef Ben Tachfine association (YBT), organised the 2nd MENA and 1st African Headache Meeting, which took place from 6–8 April 2017 in Marrakech Medical School. This congress was dedicated to Africa and the Arab world, but also to many other countries; it was the first opportunity in Africa and the second in the Middle East in terms of continuing education for medical and paramedical staff. In a rich and varied programme many topics were covered, from diagnosis to management of headache and pain disorders, new developments in the science of headache medicine and the care of headache sufferers. Local experiences were presented by African and Middle East neurologists. Other specialists, like neurosurgeons, internal doctors, otolaryngologists and ophthalmologists, also attended this event, and finally a practical session dedicated to GPs and nurses.

The scientific programme was divided between scientific sections reconciling interventions of the world experts in headache and practical workshops, oral and poster presentations. The scientific committee consisted of eminent neurologists from Morocco, Africa and Turkey. At least 223 participants from 18 countries were present, from both French and English-speaking regions.
Given the lack of neurologists, GPs and nurses are major actors in the management of headache in Africa.

The main objective of this meeting was to teach African colleagues how to manage headaches, how to make the right diagnosis and ensure the right treatment, and to educate and sensitise paramedics and patients. Another objective was to involve our region in the various clinical trials involving headaches with collaboration between North and South, and between South and South.

This first African congress was beneficial for all our neurologists, neuroscientists, nurses and patients, thus improving the management of headaches for our doctors and leading to a better quality of life for our patients.

Given the lack of neurologists, general practitioners and nurses are major actors in the management of headaches in Africa. The congress invited 15 Moroccan and African general practitioners and 23 nurses from the various departments of the CHU to benefit from the latest news in the management of headaches.

The event closed with a gala dinner and a collective photo of the participants.
**MRF and AMD joint 2017 request for proposals**

The Migraine Research Foundation (MRF) and the Association of Migraine Disorders (AMD) announce the opening of a joint Request for Proposals for migraine research grants. MRF is committed to discovering the causes, improving the treatments, and finding a cure, and AMD stimulates increased research specifically in the area of migraine disorders. We are looking for projects that will help sufferers by advancing our ability to understand and treat migraine. As a result, we provide seed money grants for transformational projects that will ultimately lead to better treatment and quality of life for sufferers of migraine and migraine disorders.

While we welcome all proposals relevant to basic or clinical migraine research, we are particularly interested in translational projects and those related to migraine variants, childhood migraine, and chronic migraine.

The application form can be found at www.MigraineResearchFoundation.org.

**Email:** research@MigraineResearchFoundation.org.

**Application deadline:**
28 July 2017

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**NINDS Headache Version CDE Update**

The National Institute of Neurological Disorders and Stroke (NINDS) Headache Common Data Elements (CDE) were developed to increase the efficiency and effectiveness of clinical research studies and clinical treatment, increase data quality, facilitate data sharing across studies, more effectively aggregate information into significant metadata results, significantly reduce study start-up time, and help educate new clinical investigators. Since the 2011 release of Version 1.0 of the Headache CDEs, the research community felt that updates were necessary to better serve the purpose of harmonizing data collection.

The revised Headache Version 2.0 CDE public review packet is available on the NINDS Headache CDE website:

Comments and feedback for the Headache v2.0 recommendations will still be accepted through July.

Please direct any questions to NINDSCDE@emmes.com and Michael.Oshinsky@nih.gov (NINDS/NIH Program Director, Pain and Migraine).
Registration and abstract submission now open!

IHC 2017
18th Congress of the International Headache Society

New Horizons in Headache

7-10 September 2017
Vancouver, Canada

Important dates

6 March 2017
Abstract submission closes

20 June 2017
Early bird registration deadline

www.IHC2017.com  @ihs_official  IHC2017@mci-group.com  +44 (0) 1730 715243
Clinical Research Training Scholarship in Headache

Funded by the American Brain Foundation and the International Headache Society

Application Deadline: October 1, 2017

The American Academy of Neurology is pleased to support clinical research training in headache. This award aims to recognize the importance of good clinical research and to encourage young investigators in clinical studies. The AAN Research Program demonstrates the AAN Board of Directors’ dedication to promoting neurology and neuroscience research and training.

Each award will consist of a commitment of $55,000 per year for two years, plus a $10,000 per year stipend to support education and research-related costs for a total of $130,000. Supplementation of the award with other grants is permissible, but to be eligible to apply for this award, the other grant source(s) cannot exceed $65,000 annually. For additional information regarding this policy, please visit: https://www.aan.com/research-and-awards/aan-research-program/frequently-asked-questions/

HOW TO APPLY

1. Visit AAN.com/view/ResearchProgram
2. Select “Research Training Scholarship (Fellowship)”
3. Select “Clinical Research Training Scholarship in Headache (Fellowship)”
4. Select “Apply now”

Please submit only one application. The review committee will consider your application for all of the applicable funding opportunities.

IMPORTANT DATES

October 1, 2017: Application deadline
January 2018: Notification of recipients
July 1, 2018: Funding begins

ELIGIBILITY

1. For the purpose of this scholarship, research is defined as “patient-oriented research conducted with human subjects, or translational research specifically designed to develop treatments or enhance diagnosis of neurological disease. These areas of research include epidemiologic or behavioral studies, clinical trials, studies of disease mechanisms, the development of new technologies, and health services and outcomes research.” Disease related studies not directly involving humans or human tissue are also encouraged if the primary goal is the development of therapies, diagnostic tests, or other tools to prevent or mitigate neurological diseases.

2. Recipient must be an AAN and IHS member interested in an academic career in neurological research who has completed their residency or a PhD no more than 5 years prior to the beginning of this award.

EVALUATION AND SELECTION

Applications are evaluated by reviewers based on the following criteria:

- Applicant’s ability and promise as a clinician-scientist based on prior record of achievement and career plan, letters of reference, and NIH Biosketch (30 percent)
- Quality and nature of the training to be provided and the institutional, departmental, and mentor-specific training environment (30 percent)
- Quality and originality of the research plan (40 percent)

ANNUAL AND FINAL PROGRESS REPORTS

An annual progress report is due in May of the first year. Renewal of the award in year two is contingent upon presentation of a satisfactory progress report. Additionally, a final research report and a final expenditure report are due within 60 days following the close of the grant term. The final expenditure report must be prepared by the institution’s financial office.

MATERIALS FOR APPLICATION

Complete an online application by visiting: AAN.com/view/ResearchProgram.

1. Letter of nomination from the chair of your department including assurance that clinical service responsibilities will be restricted to no more than 20 percent of the recipient’s time.

2. Three-page Research Plan including brief statements of aims, background, and the contemplated approaches to methodology and data. The research plan should be written by the applicant and should represent his/her original work. However, the applicant is expected and encouraged to develop this plan based on discussion with the proposed mentor. It is appropriate for the proposed work to be specifically related to the mentor’s ongoing research, but not required.

3. Applicant’s NIH Biosketch
4. Two letters of reference supporting the applicant’s potential for a clinical, academic research career and qualifications for the scholarship.
5. Listing of the applicant’s current, pending and overlapping support including pending overlapping support using NIH format.
6. Letter from proposed mentor detailing his/her support of and commitment to the applicant and the proposed research and training plan. The letter should specifically indicate the mentor’s role in the development and preparation of the applicant’s research plan. Letter should include:
   - How the proposed research fits into the mentor’s research program.
   - Expertise and experience in the area of research proposed and the nature of the mentor’s proposed time commitment to the supervision and training of the applicant.
   - Mentor’s prior experience in the supervision, training, and successful mentoring of clinician scientists.
   - Potential for applicant’s future research career and comparison of applicant amongst other residents.
7. Proposed mentor’s NIH Biosketch including listing of mentor’s current and pending support.
8. Plans for formal course work including arrangements for formal course work including: quantitative clinical epidemiology, biostatistics, study design, data analysis, and ethics.

Contact Information:
Kristin Roehl, Grants Program Manager
Phone: (612) 928-6082
Email: kroehl@aan.com
Calendar of events

2017

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<td>7–10 September</td>
<td>18th Congress of the International Headache Society (IHC)</td>
<td>Vancouver, Canada</td>
<td><a href="http://www.ihc2017.com/">www.ihc2017.com/</a></td>
</tr>
<tr>
<td>16–21 September</td>
<td>XXIII World Congress of Neurology</td>
<td>Kyoto, Japan</td>
<td><a href="http://www.2017.wcn-neurology.com/">www.2017.wcn-neurology.com/</a></td>
</tr>
<tr>
<td>4 November</td>
<td>17th Annual Headache Cooperative of New England Fall Symposium</td>
<td>Boston, USA</td>
<td><a href="http://www.hacoop.org/conferences/">www.hacoop.org/conferences/</a></td>
</tr>
<tr>
<td>1–3 December</td>
<td>XI Congress of the European Headache Federation</td>
<td>Rome, Italy</td>
<td><a href="http://www.ehf-org.org/ehf-congresses/#">www.ehf-org.org/ehf-congresses/#</a></td>
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</table>

2018

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Website</th>
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<tbody>
<tr>
<td>9–12 May</td>
<td>9th World Congress of the World Institute of Pain</td>
<td>Dublin, Ireland</td>
<td><a href="http://www.wip2018.kenes.com/">www.wip2018.kenes.com/</a></td>
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<tr>
<td>28 June–1 July</td>
<td>American Headache Society 60th Annual Scientific Meeting</td>
<td>San Francisco, USA</td>
<td><a href="http://www.americanheadachesociety.org/events/60th-annual-scientific-meeting/">www.americanheadachesociety.org/events/60th-annual-scientific-meeting/</a></td>
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<tr>
<td>12–16 September</td>
<td>17th World Congress on Pain</td>
<td>Boston, USA</td>
<td><a href="http://www.iasp-pain.org/Meetings/?navItemNumber=505">www.iasp-pain.org/Meetings/?navItemNumber=505</a></td>
</tr>
<tr>
<td>15–18 November</td>
<td>2017 Scottsdale Headache Symposium</td>
<td>Scottsdale, USA</td>
<td><a href="http://www.americanheadachesociety.org/events/2017-scoutsdale-headache-symposium/">www.americanheadachesociety.org/events/2017-scoutsdale-headache-symposium/</a></td>
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2019

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<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Website</th>
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<tbody>
<tr>
<td>5–8 September</td>
<td>19th Congress of the International Headache Society (IHC)</td>
<td>Dublin, Ireland</td>
<td></td>
</tr>
</tbody>
</table>

If you would like IHS to include your meeting on the IHS website and newsletter please contact Carol Taylor with the details
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