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# THE GEORGE WASHINGTON UNIVERSITY

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WASHINGTON, DC

The Clinical Neurosciences Newsletter



The GW Medical Faculty Associates  
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# OUR NEWS



The GW Focused Ultrasound Program has now surpassed its 100th treatment for Essential Tremor and tremor-dominant Parkinson's disease. To further refine patient selection, neurosurgery residents Timothy G. Singer, MD, MS (PGY-4) and Madeleine Smith, MD (PGY-5), with medical student Arhum Naeem (MS2), collaborated under Dr. Zachary Levine's mentorship on a novel analysis of CT-based skull measurements in MR-guided focused ultrasound ventral intermediate nucleus (VIM) thalamotomy.



Professorship installation of Drs. Koubeissi and Kaminski.

- Henry J. Kaminski, MD as the Jeffrey Lieberman Professor of Neuroscience
- Mohamad Z. Koubeissi, MD, MA, FAAN, FANA, FAES as the Meta Amalia Neumann Professor of Neurology



The Rare Disease Clinical Research Network dedicated by Myasthenia Gravis (MGNet) has been re-funded by the NIH for another five years. Dr. Kaminski serves as principal investigator with colleagues at GW, including Linda Kusner, Keith Crandall, and Aku Rahnavard as well as colleagues at Duke, University of Alabama at Birmingham, University of Chicago, University of Miami, and Yale University.



Dr. Mohamad Koubeissi's was invited to Neurology Grand Rounds. University of Kansas. Sep 5, 2025. Presentation: The Neural Correlates of Semiological Manifestations of Focal Epilepsy



Dr. Mohamad Koubeissi was an invited Professor at the 7th Qatar International Epilepsy Course. September 26th-28th, 2025. Hybrid, Doha Bayth Al Diyafah and online.



## WHAT'S NEW IN NEUROLOGY

## WHAT'S NEW

Recent study by Punia et al looked at the risk of unprovoked seizures after discontinuation of antiseizure medication (ASM) following acute symptomatic seizures. Study authors aimed to investigate whether the risk of unprovoked seizures differs between patients receiving a brief ASM course during hospitalization and those treated beyond hospital discharge following acute symptomatic seizures (ASyS). This single center retrospective study looked at 144 adults without epilepsy who received maintenance ASM ( $\geq 48$  h) after ASyS. All patients underwent continuous electroencephalographic (EEG) monitoring and were divided into those receiving ASMs only during hospitalization and those discharged on ASMs. During a median follow-up of 24.6 months, 15% of patients experienced an unprovoked seizure. The cumulative incidence of unprovoked seizures at 3, 12, and 36 months was 7.2%, 11.5%, and 17.9%, respectively between both groups. ASM status at discharge was significantly associated with electrographic seizures on EEG, etiology, mental status at the time of ASyS, and functional outcome at discharge. After a well-balanced propensity score matching, there was no significant difference in time to unprovoked seizure between patients discharged on ASMs and those who received ASMs only during hospitalization

## WHY IT MATTERS

This study demonstrated that unprovoked seizure risk may not differ significantly between ASyS patients receiving a brief ASM course during hospitalization only and those treated for a longer duration after discharge. This underscores the need for investigating optimal ASM duration in this patient population and challenges the prior notion that prolonged ASM use after hospital discharge. This is especially important as many ASM can have significant side effects and drug-drug interactions

## References:

Punia V, Byrnes M, Thompson NR, Ayub N, Rubinos C, Zafar S, et al. Risk of unprovoked seizures after discontinuation of antiseizure medication at discharge following acute symptomatic seizures. *Epilepsia*. 2025; 66: 3219-3230. <https://doi.org/10.1111/epi.18464>

## WHAT'S NEW

This retrospective single-center cohort study (2018-2022) looked at empiric, palliative immunotherapy in 31 adults with highly refractory and highly active epilepsy based on emerging evidence of autoimmune-associated seizures in medication-refractory epilepsy patients. were offered a trial of immunotherapy. Part of the motivation in this study was in line with the International League Against Epilepsy's addition of "immune" as an etiology in the Classification of Epilepsy since 2018. In this study immunotherapy consisting of intravenous methylprednisolone or IV immunoglobulin was initiated after there was evidence of antiseizure medication failures. At time of immunotherapy initiation there was concurrent investigation of etiology of an autoimmune origin. The workup included assessing clinical features, serum autoantibody testing, cerebrospinal fluid testing, MRI and EEG. Patients were followed for 12 months.

Nine patients (29%) refractory cohort demonstrated a sustained treatment response, measured as a greater than 50% improvement in seizure frequency for at least 12 months. Three patients (10%) became seizure-free. Six patients (20%) were classified as partial responders and experienced an initial response that was not sustained. No specific serological, clinical, electrodiagnostic, or imaging features were identified that were predictive of treatment response

## WHY IT MATTERS

This patient group demonstrated a reasonable response rate to an immunotherapy trial with methylprednisolone or IV immunoglobulin. These findings support the consideration and need for further research of an immunotherapy trial in patients with refractory epilepsy who historically are very hard to treat with significant morbidity and mortality.

## References:

Doran E, Kelly A, Stanila R, Healy L, Doherty CP. Sustained rescue of seizure control in patients with highly refractory chronic epilepsy using empiric immunotherapy. *Epilepsia*. 2025; 66: 2743-2753. <https://doi.org/10.1111/epi.18417>



Interview with  
**Dr. Alison Hall**



# Interview with

# Dr. Alison Hall

## Please give us an overview of your work?

After serving as a professor of neuroscience, I spent many years training students in an environment where clinical neuroscientists and basic scientists worked side by side. I enjoyed that closeness, collaborating and learning from each other.

From there, I moved to the NIH, where I spent six years as the Deputy Director for Workforce Development and Diversity. In that role, I led several national programs designed to build the biomedical workforce of the future. I also helped write NIH funding opportunities to support research and residency training and organized meetings to update programs for new investigators. I've always been passionate about supporting junior clinician-investigators, and that has remained a major focus of my work here at GW.

I came to GW seven years ago, initially as Associate Dean for Graduate Education. In that capacity, I directed our major PhD program in Integrated Biomedical Sciences. That program has a strong core curriculum and feeds into more than 100 PhD pathways, including neuroscience. This role gave me the opportunity to do something I am most passionate about: helping young scientists succeed in research careers. I'm proud of how our graduate programs have grown, how well our students are doing with publications, and how strong their postdoctoral placements have become.

Later, I was asked to serve as Interim Senior Associate Dean for Research, and eventually took on the role permanently. The responsibilities are quite different. Instead of focusing only on training, I now oversee research infrastructure across the School of Medicine and Health Sciences, supporting investigators in multiple fields. My work involves identifying promising faculty, ensuring they have the resources they need to succeed, and fostering clusters of researchers who benefit from working together.

Over the past five years, our research expenditures have grown by 50%, and our programs have expanded significantly. I'm proud of the investigators we've recruited and the progress they've made. The school has identified neuroscience as a major priority area, alongside cancer research, and we're building structures that allow faculty from different departments to collaborate as a neuroscience community.

For example, last year we held a neuroscience retreat that brought together both basic scientists and clinical investigators. It was an exciting step toward building something larger than individual labs. We've also made several key hires and recruited new basic science chairs in the past five years. Many of our new faculty arrive with NIH awards, and I'm proud to say that at GW, 100% of them have successfully transitioned to R01 awards. That's an extraordinary success rate compared with national averages.

We're also thinking about new ways to integrate clinical and basic sciences. One model I've seen work well is embedding clinicians who can't dedicate all their time to research directly into basic science labs. This allows them to stay engaged in cutting-edge methods while contributing valuable clinical perspectives. We've begun discussions on how to do this in neurology and neurosurgery, and I find this exciting.

I've personally been working with members of the neurology department on grant proposals, mentoring committees, and strategies to build their research careers. Faculty mentoring is something I'm deeply committed to, it's not just about scientific expertise but also about career sponsorship and creating opportunities.



# Interview with

# Dr. Alison Hall

## How do you see technology, especially AI, influencing the field?

I think AI is already making a meaningful impact, and the possibilities are only growing. It's not something to fear. AI can spot patterns that humans might miss, accelerate data analysis, and increase accuracy. We already see it applied in radiology, biomarker research, and imaging analysis.

For researchers, AI can streamline coding and data management, allowing them to focus more on the creative and conceptual aspects of science. I believe AI will make our work faster and more efficient, though it won't replace the critical thinking and innovation that scientists bring. Responsible use of AI is key, but I'm very optimistic about its role in advancing both research and clinical care.

## Looking back at your time at GW, what stands out to you the most?

I arrived in 2017 and what I value most about GW is that it truly functions as an academic medical center. There's a clear vision to link research, training, and patient care in meaningful ways. That alignment between mission and practice is something I care deeply about.

I've lived and worked in many places, New York, California, Cleveland, and abroad in the Philippines, but GW stands out as an exciting place where research has real potential to translate into better care for patients. That's what keeps me motivated

## Is there a message you'd like to share with our readers?

Yes. I want faculty and trainees alike to know that my door is always open. I'm happy to help anyone who wants to build a research career, whether that means clinical research, retrospective studies, prospective trials, or health services research. Neurology, in particular, has enormous potential that we haven't fully tapped into yet. I'd love to see more collaboration between our clinical and basic science teams, and I'm committed to supporting junior investigators as they develop their careers here at GW.





July 1, 2025  
**Dr. Alberto Espay**  
 University of Cincinnati  
 Title: The case for  $\gamma$ -secretase restoration and A $\beta$ 42 replacement in familial and sporadic Alzheimer's disease

July 8, 2025  
**Dr. David Goldstein**  
 NIH  
 Title: What is Autonomic Medicine?

July 15, 2025  
**Dr. Bernhard Steinoff**  
 Kork Epilepsy Center  
 Title: Monocenter Kork experiences with the latest antiseizure medications: The real word

July 22, 2025  
**Dr. Chia-Chun Chiang**  
 Mayo Clinic  
 Title: AI in Headache Medicine: Current and Future Applications

July 29, 2025  
**Dr. Gridihar Kalamaganam**  
 University of Florida  
 Title: TBD

August 5, 2025  
**Dr. Aarti Sarwal**  
 Virginia Commonwealth University  
 Title: TBD

August 12, 2025  
**Dr. Gordon Buchanan**  
 University of Iowa  
 Title: TBD

August 19, 2025  
**Dr. Tova Gardin**  
 Yale University  
 Title: TBD

August 26, 2025  
**Dr. Jon Stone**  
 University of Edinburgh  
 Title: Functional Neurological Disorder (FND) – past present future

September 2, 2025  
**Dr. Ahmet Hoke**  
 Johns Hopkins University  
 Title: TBD

September 9, 2025  
**Dr. Jaysingh Singh**  
 Ohio State University  
 Title: What have we learned from Thalamic Stereo-EEG data

September 16, 2025  
**Dr. Rebecca Gottesman**  
 NIH  
 Title: Vascular Dementia/Small Vessel Disease

September 23, 2025  
**Dr. Martijn Tannemaat**  
 Leiden University Medical Center  
 Title: Novel non-invasive methods to diagnose and monitor myasthenia gravis

September 30, 2025  
**Dr. Daniel King**  
 George Washington University  
 Title: TBD

**October 7, 2025**  
**Dr. Paul Nyquist**  
 Johns Hopkins University  
 Title: Subarachnoid Hemorrhage

October 14, 2025  
**Dr. Tobias Loddemkemper**  
 Boston Children's Hospital  
 Title: Detect, Predict and Prevent Acute Seizures – towards Digital Twins.

**October 21, 2025**  
**Dr. Carine Maurer**  
 Stony Brook Medical Center  
 Title: Understanding Functional Neurological Disorder: Diagnosis, treatment, and pathophysiology.

**October 28, 2025**  
**Dr. Xin Lyu**  
 George Washington University  
 Title: TBD

**November 4, 2025**  
**Dr. Matthew Edwardson**  
 Georgetown University Hospital  
 Title: Imaging and Molecular Biomarkers of Stroke Recovery

November 11, 2025  
**Dr. Lawrence Hirsch**  
 Yale University  
 Title: Tentative title - may change: Updates on ICU EEG monitoring and refractory status epilepticus, including NORSE/FIRES

**November 18, 2025**  
**Dr. Geet Paul**  
 George Washington University  
 Title: TBD

**November 25, 2025**  
**Dr. Alberto Serrano-Pozo**  
 Mass General Hospital  
 Title: TBD

**December 2, 2025**  
**Dr. Dana Harrar**  
 Children's National  
 Title: Acute Stroke Management in Children

December 9, 2025  
**Dr. Elaine Wirrel**  
 Mayo Clinic  
 Title: Etiology targeted therapies for DEE

December 16, 2025  
**Dr. Panagiotis Kassavetis**  
 George Washington University  
 Title: TBD



Connect with us



*Thank you*

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