American College of Neuropsychopharmacology

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MEMORANDUM

DATE: March 12, 2012

TO: 2012 Program Committee & Council

FROM: Ronnie Wilkins

SUBJECT: 2011 ACNP Annual Meeting Evaluation Results

The ACNP staff has prepared a comprehensive report of the evaluations from the 2011 Annual Meeting for each of you to review prior to the Program Committee meeting in June. The report is being sent to Council and the Program Committee chair and co-chair now and to the full committee in May, as we get closer to the summer meeting. This report is an attached PDF with bookmarks in each of the sections. Each year we prepare this report with three thoughts in mind. First, we try to provide information that is helpful as you prepare for the 2012 meeting. Second, we use this information to improve our performance, both in planning the meeting and for our on-site meeting management. Finally, we collect this information to provide baseline data that we can measure against in the future.

I think it is especially important for each Program Committee member to review the general comments and topic suggestions. While I recognize that each comment represents the opinion of only one person, they sometimes bring a fresh perspective or idea on topics that should be presented in the future.

We hope this report is useful to you. Should you think of any other types of information that you would like to have collected please let me know.

I look forward to seeing you in Florida in June.

TABLE OF CONTENTS

Executive Summary

Meeting Attendance

- Attendance was down approximately 12% compared to the 2010 meeting. This is is probably due to the distance and cost.
- The 2011 Annual Meeting had 58% of members in attendance, compared to 68% in 2010, 66% in 2009, 65% in 2008 and 67% in 2007. The 2010 and 2009 meetings were held in South Florida, the 2008 meeting was held in Scottsdale, Arizona and the 2007 meeting was in South Florida. The 2005 meeting, which was also in Hawaii, had 59% member attendance.
- We had 310 accompanying persons in attendance, compared with 159 in 2010, 145 in 2009, 138 in 2008 and 136 in 2007. In 2005, there were 342 accompanying persons at the Hawaii meeting. It seems clear that meetings in South Florida and Scottsdale are not as attractive to accompanying persons as Hawaii or Puerto Rico. However, this number has always been an inexact indicator as quite a few attendees do bring family members with them who do not register.
- There were 85 trainees attending this year's meeting which was less than in the previous 4 years. The number of trainees had increased steadily beginning with the 2007 meeting, likely due to the availability of the ACNP Invitation Bank for young scientists. To qualify for the invitation, scientists had to be within 15 years for their last degree and be recommended by an ACNP member. There were 70 invitations donated to the bank this year and 51 were used. Council set a limit of 100 invitations for the Early Career R and K award bank and 35 were used. Additionally, beginning in 2009 on the recommendation the Education & Training Committee, Council developed an invitation bank to increase diversity of scientists attending the meeting. From this bank, 8 invitations were used.
- The complete attendance records by category from the past eleven years can be found in Section 1.

Meeting Evaluation Results

The Meeting Evaluation form had a total of 42 items:

- 5 relating to scientific content of the program;
- 6 relating to the performance of the speakers;
- 2 relating to off-label or investigational use of drugs;
- 4 related to the impact of the meeting in terms of changing the way the respondent practices;
- 10 relating to meeting administration and logistics;
- 9 relating to the overall quality of science presented in posters and other meeting sessions;
- And 3 relating to inappropriate commercial activity.

- Responses were grouped by an ACNP member, Invited Guest, Speaker, Current Travel Awardee, Past Travel Awardee, Trainee or Corporate Representative. These data are presented in Section 2.

In 2011, 599 evaluations were completed compared to 794 in 2010, 676 in 2009 and 619 in 2008. Of the 599 completed evaluations, 54% requested CME credit, 5% requested CE credit, and 41% completed the general survey.

On the various items in the evaluation the possible responses included either responding on a 5 point scale such as "strongly disagree" to "strongly agree" or "poor" to "excellent". Other questions were a simple "yes" or "no". Our goal is to have ratings of either 4 or 5 ("agree" or "strongly agree" / "good" or "excellent"). We have added those two ratings together, and reported these as percentages of the total responses for each item within each attendee group.

- Of the items about the learning objectives for the meeting, the item with the most positive responses (90% responded "agree" or "strongly agree") was
  "I can describe and discuss recent advances in basic and clinical neuroscience that affect the development of new treatments and may modify current treatment practices".
- The item with the lowest rating (77% responded "agree" or "strongly agree") was
  I can describe and discuss recent progress in identifying genetic variations that are risk factors for the development of psychiatric disorders.
- The responses to items on speaker performance ranged from 90% to 99% "agree" or "strongly agree". The average of all of these items was 94% in 2011 & 2010, 95% in 2009, 93% in 2008, and 95% in 2007 & 2006.
- The statement, "Provided an opportunity for questions and discussions." was ranked the lowest of the 5 items on speaker performance at 90%. This item also ranked lowest on speaker performance in 2010. In 2009, the statement, "Provided content that was relevant to my practice or research circumstances," was ranked the lowest of the 5 items on speaker performance at 91%. This was also the case in 2008. In 2005, 2006 and 2007 the statement, "Provided an opportunity for questions and discussions," ranked the lowest at 91%. Although extra attention has been given to asking discussants to stay focused on discussion instead of giving another presentation has not greatly changed the responses to this item.
- 98% of respondents stated they were informed about potential conflicts of interest of the speakers.
- 43% of respondents said they would change the way they managed their patients or research after attending this meeting.
- Only 1%, or three of the respondents, stated they experienced inappropriate commercial activity that they found to be distracting or intrusive during the meeting. None of the three included contact information to allow us to follow up.
- On the item asking respondents to compare the ACNP meeting with other meetings they attend, 89% rated it "better than most" or "clearly superior". This remained steady from 2010 and was a slight increase from 2009 where 88% rated the meeting "better than most" or "clearly superior."

- 85% of respondents rated the range of topics presented at the meeting "better than most" or "clearly superior" in relation to other meetings they attend. This compares to 84% in both 2009 and 2010 and 80% reported in 2006 and 2007.
- 77% of respondents rated the scientific quality of the posters presented at the Annual Meeting "better than most" or "clearly superior" in relation to other meetings they attend. This was an increase from 74% in 2010 & 2009.
- 57% of respondents "agreed" or "strongly agreed" that posters presented at the ACNP Annual Meeting are more scientifically objective or free from inappropriate corporate influence than from other meetings they attend. This was an increase from 47% in 2010. In 2008, Council approved a new policy that required complete author disclosures to be included on each poster presented at the meeting. The Executive Office staff monitored compliance again this year and, overall, compliance was still sporadic. Most presenters did not fully disclose all conflicts on the poster, but rather conflicts that related to their poster. As in 2010, pre-printed disclosures were posted by the ACNP staff on all poster boards where inadequate or omitted disclosure information was evident.
- The responses to items on logistics and administration of the meeting (i.e. the registration process, services of the ACNP staff, and audio visual services) ranked between 87% and 99%. The program book again received a positive nod with 97% of respondents rating the program book good or excellent in both 2010 and 2011. This was an increase from 89% in 2009 and 55% in 2008.
- Comments about the meeting content, general comments and suggestions for future topics and speakers are included in Section 2.

Venue Summary

Data from the evaluations that specifically applied to Waikoloa Beach, Hawaii and/or the Hilton Waikoloa Village are summarized here.

- 87% rated the Hilton Waikoloa Village as "good" or "excellent", compared to 80% of respondents rating the Fontainebleau as good or excellent in 2010 and 93% giving the Westin Diplomat comparable ratings. In 2008, 79% of respondents rated the Fairmont Scottsdale Princess as "good" or "excellent" and in 2007, 76% of respondents rated the Boca Raton Resort and Club as "good" or "excellent". In 2006, 91% of the responders rated the Westin Diplomat meeting space excellent or good making it the highest rated hotel to date.
- Comments on the meeting venue have been compiled in Section 3.

Annual Meeting Presenters

This is the sixth year we have looked at the number of repeat presenters in order to shed more light on that issue. Complete data can be viewed in Section 4.

- Twenty (20) of the 206 panelists in the 2011 Annual Meeting also presented in the 2010 Annual Meeting (members and non-members).

- From 2005 to 2011, the percentage of ACNP members who presented in two consecutive meetings ranged from 18% to 27%, when calculated as a percentage of members who were presenting. In 2011, the percentage was 18%.
- The number of members who presented in two consecutive meetings ranged from 7% to 12% when calculated as a percentage of all panelists at the meeting. In 2010, the percentage was 7%.
- The percentage of all panelists who were ACNP members was 39% in 2011. From 2005 to 2011, the overall average percentage of ACNP member presenters was 40%.

Another concern raised by the Program Committee was that we need a good representation of younger members as presenters.

- In 2011, 34% of the members presenting have been ACNP members for 5 years or less. This is an increase from the 28% in 2010, but a decline from the 45% in 2009, 47% in 2008, 51% in 2007, 37% in 2006, and 43% in 2005. In 2011, Council charged the Program Committee to give special consideration to panel proposals that included Associate Members. In 2011, there were 10 Associate Member presenters which is an increase from 6 in 2010, 5 in 2009, 7 in 2008, 8 in 2007, 5 in 2006, and 8 in 2005.
- The number of members presenting who have been members for more than 20 years was 21 % in 2011 in comparison to 18% in 2010, 11% in 2009, 5% in 2008, 10% in 2007, 18% in 2006, and 13% in 2005.

Session Counts

Attendance was counted during special sessions, each presentation in panel sessions and in study groups. During the panels, the counts were conducted at the mid-way point of each presentation. A summary of the average attendance of each panel and panel time frame may be found in Section 5. Panel Sessions on Monday and Tuesday afternoon had the highest attendance with the numbers dropping slightly on Wednesday and Thursday. The most popular panel sessions were:

- Will We Have Drugs or Not? Addressing the Crisis in Neuropsychiatric Drug Discovery*;* Chaired by: Eric Nestler & David Michelson
- Neuroactive Cytokines: Critical Therapeutic Targets for Depression and Treatment Resistant Depression? Chaired by: Husseini Manji & Andrew Miller.
- Novel Synaptic Targets in Depression Emerging from Clinical, Biochemical, and Circuit Based Approaches; Chaired by: Lisa Monteggia & Lois Winsky.
- New Directions in Understanding the Neurocircuitry of Choice, Value, and Decision-Making; Chaired by: Suzanne Haber & Steven Grant.
- Striving for the Correct Diagnosis of Mental Health Disorders; Chaired by: Alan Schatzberg & Stephen Koslow.

Historically, drug development panels have been the most highly attended sessions. It is important also to note that the topic for the panel session with the highest attendance (at 243 was 47% higher than the next closest panel session) was on the

crisis in drug discovery. The special session counts, average attendance numbers and raw data of attendance in sessions may also be found in Section 5.

Financial Report

- The Financial Report presented in Section 6 is a preliminary report. As we are putting this report together we are still receiving reimbursement requests and costs from the meeting. Although these numbers will change when we have all of our final bills paid, we do not think the changes will be material.
- The 2011 meeting concluded with a net loss due to a combination of reduced revenues and increased expenses. There are many contributing factors of which several are listed below.
    - Revenue from corporate support decreased by $175K.
    - Registration revenue decreased by $128K mainly due to decreased registration numbers and a reduction in the registration fee paid by Associate Members.
    - Food & Beverage expenses increased $135K (35%) from 2010. In part, the increase may be explained by location however the total numbers of people fed during group buffets far exceeded the number of registered attendees.
    - Travel and shipping expenses were up by $68K (35%) and $17K (320%) respectively due to venue location.
    - Additional costs due to the 50th Anniversary celebration
    - In Hawaii, we do not have a sales tax exemption. In south Florida, the tax-exempt status saved $76K in 2010 and $50K in 2009.
- The total cost of the meeting divided by the number of scientific registrants was $921.45 compared to $738.98 in 2010, and $753.71 in 2009.
- The food and beverage cost of the meeting divided by all attendees was $348.41. This increased significantly from $275.29 in 2010. We continue to monitor this number as a means of judging the fairness of our registration fee for accompanying persons, which is $150.

TAB #1 - ATTENDANCE REPORT

Registration Status	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Members	408	370	461	481	499	456	504	572	574	592	630	549
Invited Guests	381	339	303	357	357	408	371	401	391	456	479	434
Nonmember Participants	114	130	158	170	165	150	154	125	133	138	144	144
Current Travel Awardees	40	43	39	48	43	38	39	42	64	57	72	59
Past Travel Awardees	47	46	57	63	53	55	46	42	37	55	62	91
Trainees	34	36	52	58	56	61	68	112	106	114	114	85
Corresponding Organizations	78	78	81	20	19	16	13	15	16	16	29	34
(ECNP, CCNP, CINP, JSNP)												
Misc (Special invitations; Task		38	93	55	72	33	39	52	34	25	31	10
Force Mbrs; Advocacy Affiliates)												
Corporate Reps	141	207	189	158	172	171	204	189	197	196	198	149
TOTAL REGULAR REGISTRATIONS	**1243**	**1287**	**1433**	**1410**	**1436**	**1388**	**1438**	**1550**	**1552**	**1649**	**1759**	**1555**
Accompanying Persons	238	311	204	213	176	342	139	136	138	145	159	310
TOTALS w/Accompanying Ppl	**1481**	**1598**	**1637**	**1623**	**1612**	**1,730**	**1,577**	**1,686**	**1,690**	**1794**	**1918**	**1866**
Percentage of Total Membership in Attendance					63%	59%	60%	67%	65%	66%	68%	58%

ACNP 50th Annual Meeting Evaluation

A total of 599 evaluations were completed this year. This was 197 less than in 2010. The drop in completed evalutation is likely due to a corresponding decrease in attendance of 204 attendees in 2011. Attendees were asked to rank the following statements on a 1 to 5 scale. One (1) meaning they strongly disagree and five (5) meaning they strongly agree.

Each year we strive to get ratings of 4 or 5 on every item. Below is the percentage of evaluations rated either a 4 or a 5. These percentages are categorized under each attendee type.

Item	Members	Corp. Representative	Invited Guest	Current Travel Awardee	Past Travel Awardee	Speaker	Trainee	Other	AM2011 Total % Rating 4 or 5
I can describe and discuss recent advances in treatment strategies for psychiatric disorders, including psychoses and addictive disorders and consider application of these advances in my clinical practices and research activities.	92%	83%	83%	86%	84%	86%	68%	100%	87%
Participating in this educatonal activity improved my understanding of recent advances in treatment strategies for psychiatric disorders, including psychoses and addictive disorders and in applying these advances in my clinical practices and/or research activities.	90%	83%	84%	86%	92%	86%	74%	80%	87%
I can describe and discuss recent advances in basic and clinical neuroscience that affect the development of new treatments and may modify current treatment practices.	92%	94%	88%	94%	89%	93%	68%	67%	90%
Participating in this educational activity improved my understanding of recent progress in identifying genetic variations that are risk factors for the development of psychiatric disorders affect your current or potential future research projects.	88%	80%	81%	81%	89%	68%	74%	67%	83%
I can describe and discuss recent progress in identifying genetic variations that are risk factors for the development of psychiatric disorders.	84%	77%	71%	72%	87%	61%	58%	67%	77%

	Members	Corp. Representative	Invited Guest	Current Travel Awardee	Past Travel Awardee	Speaker	Trainee	Other	AM2011 Total % Rating 4 or 5
Speaker Performance									
Provided information that helped me understand the topic.	98%	94%	97%	100%	100%	93%	89%	100%	97%
Organized the presentation in a way that helped me understand the topic.	98%	91%	95%	97%	97%	89%	89%	100%	96%
Provided content that was relevant to my practice or research circumstances.	93%	83%	90%	97%	100%	86%	84%	67%	91%
Provided an opportunity for questions and discussions.	91%	89%	88%	97%	97%	82%	79%	67%	90%
Provided a well-balanced presentation, supported by scientific information, and a fair description of all therapeutic options.	96%	86%	93%	94%	100%	93%	84%	67%	94%

Yes/No Items										
Item	**Members**	**Corp. Representative**	**Invited Guest**	**Current Travel Awardee**	**Past Travel Awardee**	**Speaker**	**Trainee**	**Other**	**Totals AM2011**	**Total reponses AM 2010**
Investigational/Off-Label Uses of Drugs or Medical Devices.										
Were you informed about potential conflicts of interest of the speakers? Examples include: honorarium, research grants, stock ownership	Yes: 99% No: 1%	Yes: 100% No: 0%	Yes: 98% No: 2%	Yes: 94% No: 6%	Yes: 97% No: 3%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 98% No: 2%	Yes: 97% No: 3%
Speaker mentioned an off-label or investigational use of a drug in his/her presentation.	Yes: 68% No: 32%	Yes: 77% No: 23%	Yes: 79% No: 21%	Yes: 61% No: 39%	Yes: 74% No: 26%	Yes: 43% No: 57%	Yes: 53% No: 47%	Yes: 100% No: 0%	Yes: 70% No: 30%	Yes: 57% No: 43%
If the answer is yes, did the speaker inform the audience that they were discussing an off-label or investigational use?	Yes: 92% No: 8%	Yes: 90% No: 10%	Yes: 90% No: 10%	Yes: 61% No: 39%	Yes: 79% No: 21%	Yes: 73% No: 27%	Yes: 82% No: 18%	Yes: 100% No: 0%	Yes: 90% No: 10%	Yes: 89% No: 11%
Do you think that you will change the way you manage patients or do your research when you return to work?	Yes: 45% No: 55%	Yes: 31% No: 69%	Yes: 48% No: 52%	Yes: 36% No: 64%	Yes: 45% No: 55%	Yes: 32% No: 68%	Yes: 37% No: 63%	Yes: 0% No: 100%	Yes: 43% No: 57%	Yes: 49% No: 51%
If you are planning to make a change, are you planning to change because of something you heard at this CME activity?	Yes: 51% No: 49%	Yes: 45% No: 55%	Yes: 55% No: 45%	Yes: 52% No: 48%	Yes: 45% No: 55%	Yes: 45% No: 55%	Yes: 47% No: 53%	Yes: 0% No 100%	Yes: 51% No: 49%	Yes: 57% No: 43%
In your setting, do you think it will be easy to make the change(s) you are planning?	Yes: 69% No: 31%	Yes: 38% No: 62%	Yes: 68% No: 32%	Yes: 65% No: 35%	Yes: 65% No: 35%	Yes: 76% No: 24%	Yes: 55% No: 45%	Yes: 0% No: 100%	Yes: 66% No: 34%	Yes: 67% No: 33%
Did you experience any inappropriate commercial activity that you found to be distracting or intrusive during the Annual Meeting?	Yes: 0% No: 100%	Yes: 0% No: 100%	Yes: 1% No: 99%	Yes: 0% No: 100%	Yes: 3% No: 97%	Yes: 0% No: 100%	Yes: 0% No: 100%	Yes: 0% No: 100%	Yes: 1% No: 99%	Yes: 1% No: 99%
Were you informed about the financial relationships of speakers with companies that make products or provide services related to the content of presentations? Or that speakers had no financial relationships? Examples include honorarium; research grants; stock ownership.	Yes: 99% No: 1%	Yes: 97% No: 3%	Yes: 97% No: 3%	Yes: 94% No: 6%	Yes: 100% No: 0%	Yes: 96% No: 4%	Yes: 0% No: 100%	Yes: 100% No: 0%	Yes: 98% No: 2%	
SEE ATTACHED OPEN-ENDED QUESTIONS										

Meeting Scientific Quality Questions										
Item	**Members**	**Corp. Representative**	**Invited Guest**	**Current Travel Awardee**	**Past Travel Awardee**	**Speaker**	**Trainee**	**Other**	**AM2011 Total % Rating 4 or 5**	**Total reponses AM 2010**
The below questions asked respondents to rate the ACNP overall meeting and poster sessions as one of the following: clearly inferior, below average, about the same, better than most or clearly superior.										
The below percentages are of respondents who ranked the ACNP meeting as either better than most or clearly superior.										
How would you rate the ACNP Annual Meeting in relation to other meetings you attend?	92%	80%	89%	92%	92%	79%	95%	67%	89%	89%
How would you rate the range of scientific topics offered at the ACNP Annual Meeting in relation to other meetings you attend?	88%	71%	84%	83%	95%	68%	95%	100%	85%	84%
How would you rate the scientific quality of the posters presented at the ACNP Annual Meeting in relation to other meetings you attend?	80%	60%	74%	86%	84%	71%	74%	100%	77%	85%
The below questions asked respondents if posters presented at the annual meeting are more scientifically objective (free from inappropriate influence) than posters presented at other meetings.										
The below percentages are of respondents who agreed or strongly agreed that posters are more scientifically objective.										
Posters presented at the ACNP Annual Meeting are more scientifically objective (free of inappropriate corporate influence) than posters at other meetings I attend.	62%	43%	53%	50%	55%	64%	68%	33%	57%	47%
The below questions asked respondents to assess the overall scientific quality of the posters.										
The below percentages are of respondents who agreed the overall quality was good or excellent.										
Please assess the overall scientific quality of the posters presented at the Annual Meeting.	90%	83%	87%	97%	92%	75%	95%	100%	89%	74%

The below question asked respondents to assess the balance of the scientific presentations at the meeting.										
Do you believe the program is balanced in terms of clinical vs. basic science?	Yes: 72% No: 28%	Yes: 66% No: 34%	Yes: 75% No: 25%	Yes: 86% No: 14%	Yes: 84% No: 16%	Yes: 68% No: 32%	Yes: 95% No: 5%	Yes: 67% No: 33%	Yes: 75% No: 25%	Yes: 78% No: 22%
The below questions asked respondents to assess the quality of the new Career Development session.										
Attendees were asked to rank the sesion on a 1 to 5 scale. One (1) meaning poor and five (5) meaning excellent. Below is the percentage of evaluations rated either a 4										
Did you attend the ACNP Career Development Session?	Yes: 9% No: 91%	Yes: 6% No: 94%	Yes: 18% No: 82%	Yes: 6% No: 94%	Yes: 39% No: 61%	Yes: 4% No: 96%	Yes: 16% No: 84%	Yes: 0% No: 100%	Yes: 13% No: 87%	new question
If attended, how would you rate the Career Development session?	77%	100%	82%	100%	93%	0%	67%	n/a	82%	new question
SEE ATTACHED COMMENTS AND SUGGESTIONS FOR FOR FUTURE CAREER DEVELOPMENT SESSIONS										

Logistics/Administration

Item	Members	Corp. Representative	Invited Guest	Current Travel Awardee	Past Travel Awardee	Speaker	Trainee	Other	Totals AM 2011	Total reponses AM 2010
Statements about administration, logistics, and location.										
Prior to the meeting, did you receive the information you needed in order to adequately make plans for participating in the meeting?	Yes: 99% No: 1%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 99% No: 1%	Yes: 97% No: 3%
Prior to the meeting, did you receive the information you needed to adequately make plans for social and non-meeting activities during your visit to Waikoloa, Hawaii?	Yes: 97% No: 3%	Yes: 97% No: 3%	Yes: 98% No: 2%	Yes: 92% No: 8%	Yes: 92% No: 8%	Yes: 93% No: 7%	Yes: 89% No: 11%	Yes: 100% No: 0%	Yes: 96% No: 4%	Yes: 93% No: 7%
On the questions below, attendees were asked to rank the following statements on a 1 to 5 scale. One (1) meaning poor and five (5) meaning excellent.									***Total % Rating 4 or 5***	
The registration process for the Annual Meeting	99%	97%	97%	100%	100%	100%	100%	100%	99%	99%
The Annual Meeting Program Book.	98%	97%	97%	92%	97%	98%	96%	95%	97%	97%
Services of ACNP staff on site.	99%	100%	99%	100%	97%	100%	95%	67%	99%	99%
Audio Visual Services	98%	97%	97%	100%	97%	96%	89%	100%	97%	87%

In the yes/no items on the evaluation, the respondents were asked: (1) if they will change the way they manage patients or do their research when they return to work; and (2) if they were planning to make a change, will they make the change because of something heard at this educational activity?

The respondents who answered yes to the above were asked to identify the following in three open-ended questions:

- **What changes are you planning?**
- **What did you learn at this meeting to help you make the decision to change?**
- **What will have to be done in your setting to accomplish the change you want to make?**

The responses are listed below

What changes are you planning?

- Review drugs working through glutamate system for potential use in treating psychiatric disorders.
- More pipeline options.
- Institute research on tDCS.
- Increased focus on glutamatergic approaches.
- Innovative psychopharmacology.
- Using various drugs for ptsd.
- New applications of buspirone in the clinic.
- Use biomarkers to identify subsets of pts.
- Be more open to new ideas.
- Exploring the clinical use of ketamine.
- ASpecific Symptoms as targets of Clinical Programs.
- Not a physician.
- Pay attention to subtypes of disorders and genetic etiologies.
- Focus on different targets, e.g., alpha7 NNRs, muscarinics, etc.
- Talking about the effects of genes on psychiatric disorders.
- More ketamine more awareness of neuroimaging.

What changes are you planning?

- No SSRI in first 3 months pregnancy.
- Need to have a N/A option.
- Utilizing new antidepressant options.
- Continuing to use better-established/longer availability interventions.
- Treatment for treatment resistant conditions.
- Try different therapeutic modalities.
- Will pursue new methods in imaging genetic analyses.
- Refine focus of research in terms of endpoints and biomarkers.
- Possibly apply med treatment with rapid antidepressant effect.
- New combinations of antidepressants.
- Inquire about symptoms relevant to evolving new syndromes. Become more involved in next generation sequencing.
- More careful monitoring of side effects of atypical antipsychotics--metabolic and cardiac effects.
- Better use of clinical rating scales to improve treatment monitoring.
- Use ketamines.
- Adding various background to my teaching and research.
- I am a researcher and am planning to incorporate some of the innovative strategies presented at the meeting to enhance Rx response in my practice and clinical and future clinical trials.
- I enjoyed listening, for example, to talk involving parsing a group of patients by inflammatory markers and then examining treatment response - i believe to a TNFalpha antagonist.
- Plan to refocus on epigenetics research also to molecular phenotypes that are close to the genome; exome studies.
- A study on ketamine for major depression.
- Look at SNVsw.
- Consider additional types of treatments.

What changes are you planning?

- Image analysis procedural changes.
- More likely to use DBS.
- No change.
- Adding additional candidate genes to analysis and beginning to better integrate animal and human research in the lab.
- Explore new treatment options for cocaine dependence.
- New research directions.
- Ketamine infusions for depression.
- I am not a MD.
- Exploring my datasets to see if i can answer any of the questions that rose from the conference.
- New research direction in adolescence.
- Had planned to stop study of alpha 7 nicotinic receptor rxs but will now continue.
- New studies, improvements in design, targets.
- Addition of data on new targets and methods for translational evaluation of fast acting antidepressant drug discovery and development.
- Gathered useful background material for developing a new grant application.
- I plan to start a new line of research on topics I was less familiar with and to add a new component to ongoing studies because of new data suggesting promising avenues of research.
- Study a new drug.
- I would like to change my research direction.
- Referral for Deep Brain Stimulation in Depression.
- Add new genetic targets to my basic research.
- Consider new approaches to diagnosing syndrome and symptoms.
- Consider ketamine for subsequent in-house teaching activities.
- Delving more into mechanistic questions in my work.

What changes are you planning?

- Implementation of new research methodologies.
- Basic preclinical research - we will modify the time course of our behavioral testing procedure following acute ketamine administration to lab animals.
- Adjustments to grant application.
- Investigate the use of specifically the basolateral subdivision of the amygdala in functional connectivity studies.
- More involvement with drug development processes in psychiatry improved phenotypic definition of patients.
- Plan to incorporate more animal model work.
- Reevaluating drug discovery translational opportunities for pain neurotherapuetics and implications for novel pharmaceutical opportunities in psychiatric diseases.
- Some ideas for future experiments.
- Decrease use of Ambien (zolpidem) for insomnia in newly abstinent alcoholics.
- Consider new indications for existing medications.
- Increased awareness of child abuse.
- Future collaborations with other scientists.
- Analysis of data in my research.
- Pursue chromatin studies. 2. Examine the role of glia in neural development and long term behavioral deficits.
- Explore interventions that a) facilitate brain plasticity and b) use positive allosteric modulators. Use additional targets of therapeutic interventions.
- Incorporating additional control groups to rule out potential confounding factors.
- May focus on stem cell work.
- The way I frame my thoughts and plan my research program.
- Think more about inflammation in my patients and measure c-reactive protein.
- Planning on a clinic for non-responding depressed patients.
- In decisions regarding research pertaining to primary studies.

What changes are you planning?

- Attend to inflammation.
- Apply new research findings to my methods.
- Broader search for ways of modulating cortical function in psychotic disorders.
- Use of prazosin for substance dependence.
- Focus on RDoC initiative.
- New analyses of dopamine data.
- A visitor my poster suggested that my research pointed to a potential use for yohimbine in narcolepsy. Although, I am aware of the some the sleep disorders literature at a very basic level, for some reason I had not yet made this connection. I will try in the future to look a little more outside the box and make certain to put in an effort to connect the dots that may not be directly relevant to my work, but may still indirectly benefit my understanding of my findings and how I convey this information to others. Moreover, I also plan to contact a few researchers who are experts in narcolepsy research field and ask for their input on the relevance and applicability of my findings to their field.
- N/A I am a PhD, so don't manage patients.
- Consider using folate plus B12 for schizophrenia.
- Use re: chat rats for optogenetics.
- Education about specific disorders and development.
- Look toward DBS for treatment resistant depression.
- Broader range of neurotherapeutics and pharmacotherapy options.
- Intensify efforts on project examining changes in connectivity during adolescence.
- Consider broader eligibility and criteria for these interventions.
- Will add EEG assessments to our developmental sample.
- Major change in research direction.
- Trying a new drug.
- More focus on negative symptoms of schizophrenia.
- A change that is very relevant to my research is including inflammatory biomarkers.
- New ideas about novel viral vector delivery for gene therapy.

What changes are you planning?

- Treating depression with anti-inflammatories using CRP.
- Changes in my experimental design and writing of a paper I am in the process of putting together.
- Considering the occasional addition of COX-2 inhibitors in Tx resistant depression.
- Possibly give folate and B12.
- New research ideas. Changing parameters of research designs in the planning stages.
- Look at some different genetic combinations that might predict response to alcohol or its treatment.
- Use of some of hormonal modification techniques.
- I will consider the role of rapid onset antidepressants in my current research and clinical treatment of patients with effective disorders and other late life mental conditions.
- New research directions.
- Conduct PET studies of ampetamine induced cortical dopamine release in humans 2. Initiate studies of amphetamine induced DA release in obesity.
- Using thiamine and folate with schizophrenia.
- I was excited to hear about new uses for established drugs and may incorporate some of them into my research.
- Will encourage my company to pursue some of the targets identified as related to treatment of depression.
- More attuned to ways to forge collaborations.
- Approach research and clinical activities with greater understanding of ongoing investigational uses of medications.
- Order genetic tests for autism associated genes when appropriate.
- Explore newer combinations for depression.
- Collaborations.
- Ketamine in refractory depression.
- Change in medication strategies.
- Further investigation of methylation changes in oxytocin receptor gene.

What changes are you planning?

- New avenues of investigation to incorporate and a new collaboration.
- Focus on inflammatory processes leading to brain disorders.
- Considering additional treatments.
- Plan to explore development of a TMS program.
- Increase lithium.
- Change endpoints and subject selection for clinical trials.
- To incorporate studies of ketamine in our basic science studies on the interactions of stress and aging.
- More carefully monitor weight for patients on atypical antipsychotic medications.
- Attend more meetings like this one.
- Preclinical studies with ketamine and other NMDA antagonists in assays of pain-related depression.
- Increase my research on neuritogenesis.
- Will work to incorporate new dimensional approach in our research/trials covering biological (imaging, omics and markers) and psychiatric/functional endpoints.
- Add another dimension to my research.
- I am considering expanding some of my imaging studies to also look at the rapid anti-depressant effects of novel anti-depressants.
- Looking at specific areas of brain in high risk bipolar.
- Approaches to FDA for drug approvals.
- Changing the approach for ongoing genetics study.
- Use CD antibodies to isolate neural precursors from stem cell cultures.
- Reconsider evaluation of efficacy of antidepressants.
- Medical student education.
- As a post-doc and past travel awardee, this meeting has helped shape what research is important for the field and for my transition to independence. I am specifically interested in understanding why deep brain stimulation is an effective treatment for addiction and depression.

What changes are you planning?

- I may consider using brain stimulation as a therapy.
- Design of a specific experiment.
- Changes in some ongoing long term studies.
- Changes in teaching.
- Keep abreast of recent research pertaining to treatment of addiction and psychotic disorders, even if don't feel that these are ready to be implemented in my practice immediately.
- Increase emphasis on genetics Stress smoking cessation.
- Considering a trial of Ketamine in ECT patients.
- More focus on biologic mechanisms.
- Including more discussion of epigenetics and multiple gene effects in the teaching that I do.
- As an example, use of GABA-ergic medications in treatment of addictive disorders.
- Advice to patient regarding impacts on circadian rhythm cycle by different drugs of addiction.
- Better drug therapy.
- High-dose buspirone for addiction.
- Ketamine for TRD evaluate immune systems for depressed patients.
- Possible including some tests to look at, "cognitive biomarkers" in a study.
- More a general shift in priorities, no specifics.
- More evidence based.
- Exploring research on rapidly-acting depression treatment strategies, such as ketamine.
- Changes in treatment to refractory depression.
- My approach to genetic history.

What did you learn at this meeting to help you make the decision to change?

- Treatment of autism spectrum disorders.
- The glutamate hypothesis of schizophrenia is more complex than at first glance.
- New info.
- Discussions with colleagues.
- Data from both clinical and preclinical studies.
- Information from talks that were not sponsored by pharmaceutical companies.
- Heterogeneity of the disorder.
- Receptor profile and basic science of buspirone.
- Use of biomarkers for response / non-response.
- New info about old drugs.
- Response of Bipolar depression to ketamine.
- Dr. Insel presentation.
- Schizophrenia, bipolar disorder, and autism have many different variations and subtypes.
- Clinical research efficacy at these targets.
- Complexity of genetic influence on psychiatric disorders.
- Synpatic plasticity is even more important.
- A talk.
- Effectiveness, safety.
- Newer agents have changing data.
- Novel applications for established drugs.
- Ketamine, deep brain stimulation.
- Learned about new methods being used for imaging genetic analyses.
- New direction of medication treatment.

What did you learn at this meeting to help you make the decision to change?

- Learned about new combinations of antidepressants and treatment efficacy.
- Presentations about new syndromes and advances in next generation sequencing that are rapidly expanding understanding of disorders.
- Posters were particularly informative; fewer drug-company sponsored posters and presentations.
- Value of new scales to rate schizophrenia.
- Results of clinical trials.
- Info re: specific measurement instruments Info re: synaptic plasticity Other info re: depression.
- Novel hypotheses, such as inflammatory basis of psychiatric illness, is looking promising.
- See 17, I do believe that sometimes it is important to divide groups up in order to understand the components better.
- That intermediate phenotypes may not be good proxies for studying genetic variations, population variation or treatment response.
- Ketamine and its rapid antidepressant effects were a major topic in this meeting and discussed in several sessions.
- Findings on SNVs in schizophrenia and autism.
- Will begin measurement of cytokines in partially remitted patients.
- Cumulative experience related to us. Less optimistic about viral treatments.
- Nothing at the moment.
- That the preclinical data and clinical data around the role of circadian rhythm genes was in better agreement than I thought.
- Data from recent research.
- Hearing about so many other people using it.
- Two presentations in hit topics.
- Critical role of glutamate pathways in both depression and schizophrenia.
- Much discussion of contextual modulation of cue responsivitity that was very informative and useful. This will sharpen focus of my own research.

What did you learn at this meeting to help you make the decision to change?

- I think there were two things in particular that helped me make the decision-- hearing about components of basic science that I was not aware of and hearing presentations close together on different topics helped me think about the intersection of those topics (i.e. autism models and the use of brain stimulation therapeutics).
- Meeting with my travel award mentee.
- I have focused on hippocampus that is related to learning and memory formation. But I would like to extend my study into other brain areas. In addition, I have been using mouse animal models and would like to study mental disease with human brain as well.
- Evidence for efficacy of DBS.
- Preliminary findings of other researchers.
- Dimensional nature of symptoms across disease states.
- Methodology for small animal MRI.
- New ideas regarding mechanism of action.
- Evidence of connectivity between this subdivision and ACC and VLPFC.
- Genetics, epigenetics, difficulties in treating brain systems.
- I learned that animal model work may have more clinical relevance than I thought before.
- New information regarding drug discovery for pain therapeutics, clinical trial design and strategies for changing drug discovery and development.
- Opportunity to consult with experts I already knew.
- Zolpidem reinstates alcohol self-administration in abstinent rhesus monkeys.
- Evidence for various medications' utility in new disorders.
- Effects of this on brain systems.
- Meeting people.
- Different analytical approaches.
- Role of chromatin in gene expression. 2. Role of glia in neuronal homeostasis.
- Lectures pertaining to neural plasticity and mechanisms involved in plasticity (both behavioral and pharmacological). I learned about several new exciting therapeutic approaches to enhancing learning (potentially positive emotional learning experiences) or reducing negative memories.

What did you learn at this meeting to help you make the decision to change?

- I learned that blocking glutamate transmission within the PFC may impair extinction learning via effects upon consolidation.
- The combination of perspectives and the dialogue between individuals.
- Inflammation can impair treatment response.
- Kyneurinine metabolism.
- New insights about how weight and food intake modulates dopamine function.
- Interplay of noradrenergic signaling and substance abuse.
- Excellent discussion on endophenotypes dimensional measures.
- The large individual variability of fallypride data.
- A visitor my poster suggested that my research pointed to a potential use for yohimbine in narcolepsy. Although, I am aware of the some the sleep disorders literature at a very basic level, for some reason I had not yet made this connection. I will try in the future to look a little more outside the box and make certain to put in an effort to connect the dots that may not be directly relevant to my work, but may still indirectly benefit my understanding of my findings and how I convey this information to others.
- Interesting poster describing randomized trial with reasonable number of subjects.
- Deisseroth talk.
- Different aspects of brain development.
- More information about this form of treatment.
- New research evidence and also discussions with others who are using approaches.
- Level of interest in topic; new human imaging data.
- Comprehensive review and discussion of the interventions.
- Awareness of research findings and innovative approaches.
- I learned about a new drug through and informal conversation at my poster.
- Role in outcome.
- Strong relationship between inflammatory factors and depression in both animal models and humans.
- New research advances.

What did you learn at this meeting to help you make the decision to change?

- Presentation by Andy Miller.
- Comments at the poster session on my poster.
- Immunological background of major depression.
- This may help negative symptoms in schizophrenia.
- Results of unrelated studies that influence what I do.
- Presentations on interaction of genes and neuroimaging results.
- Posters and presentations.
- I learned about the new findings with respect to rapid onset antidepressants, including ketamine and scopolamine.
- Recent research advances.
- Additional data regarding the mechanism underlying apparent displacement of PET benzamide DA D2/3 radioligands in cortex by amphetamine. Additional data on the changes in neurotransmitter function in obesity.
- Poster on thiamine and folate.
- New information regarding NMDA receptor role in depression.
- Saw networks of folks presenting their data.
- Information about the most recent findings in genetics of psychiatric disorders which will inform my research.
- How some genes are rare but increase risk for autism.
- Recent evidence from both treatment and translation projects.
- Others' work.
- Latest in depression treatment.
- Evidence from treatment trials.
- Exposure to new treatments.
- Review of TMS efficacy and advances.
- New data.

What did you learn at this meeting to help you make the decision to change?

- Importance of subsets of responders.
- Ketamine quickly reverses the synaptic alterations caused by stress in animal models.
- Genetic variation in susceptibility to weight gain.
- New clinical data.
- Evidence for rapid antidepressant effects of ketamine.
- Relevance of synaptogenesis and neuritogenesis for the action of osychotropics.
- DSM IV updates, can't recall specific seminars but exposure to new study designs was inspiring (I think one example was the I spot study).
- I learned that there were other intracellular enzymes that may play critical roles in the pathway that I study.
- The potential clinical benefit of novel agents as antidepressants.
- Results from other studies.
- Data from posters, presentations and discussions, formal and informal.
- Recent findings of meta analyses of genetics studies.
- The technique.
- Mixed outcome data.
- Novel brain transcription factors and plasticity markers.
- There were numerous talks and posters that inspired me.
- Recent advances in brain stimulation (Helen Mayberg, Holly Lisanby, etc).
- New findings in ADHD.
- New information on genetic contribution to psychiatric illness.
- All new data is helpful - in regard to both potential risks and benefits of a particular line of treatment. Also stimulates creative thinking and discussion about potential new treatment options.
- Learning about new research increased global awareness that will translate into practice [one e.g. use of outcome monitoring in routine clinical practice].
- Important development in the genetics of addiction.

What did you learn at this meeting to help you make the decision to change?

- Ketamine positive in studies of Bipolar disorder.
- Interesting neurotranslational presentations.
- More about CNVs and new ways of analyzing genetic data.
- Can learn several things from current literature.
- The presentation of evidence.
- More about drug efficacy.
- Basic and clinical data.
- Case series and small controlled trials.
- Learnt about the, "Negative feedback test" and the possibility of using it to identify responders earlier on in the course of treatment.
- Can't point to specifics, but more a general impression of where things are headed and what is of interest.
- Data presentation, theoretical discussions.
- Data on treatment
- Markers for specific syndromes.

What will have to be done in your setting to accomplish the change you want to make?

- I would look into these medications currently available and see if any can be used to improve treatment.
- Make referral.
- Education of front-line physicians.
- Educate and implement evidence based guidelines for my providers to follow.
- Unclear.
- More basic clinical integration.
- Simple change in prescribing.
- More lab tests.
- Nothing.
- Plan to make clinical changes.
- Change mindset.
- Take more time to phenotype patients better.
- More research/reading.
- Pay attention to pregnancy.
- Again, you need a N/A option.
- Collaboration.
- Change clinical decision making.
- Discussions with collaborators, planning to implement changes.
- Educate other psychiatrists and physicians of other field, FDA approval for new applications.
- Coverage of new drugs by drug benefit plans.
- Prescribe these newer combinations.

What will have to be done in your setting to accomplish the change you want to make?

- Become more open to the possibility of missing diagnoses relevant to new syndromes. Learn more about next generation sequencing.
- Continuing education of clinicians.
- Incorporate ratings into assessment.
- Hard but feasible work.
- Nothing in particular, I supervise the residents and have some of my own private patients, on whom I can try some of the novel treatment strategies discussed at the meeting.
- New collaboration with some of the researchers I met at the conference working in these areas.
- Get the approvals for a clinical trial involving ketamine.
- Get a grant for new genetic analyses.
- Many things discussed were not yet FDA approved.
- Additional analysis of data.
- Formulary.
- Just referral to the service which is active.
- Nothing at the moment.
- Obtain additional funding and recruit new staff.
- Discuss options with patients.
- Discussion with other faculty members and my chairman.
- Develop preliminary data.
- Design protocol & obtain support. First easy second hard.
- Initiation of a new R&D drug discovery program in one of my start up biotech companies.
- There are no obstacles to my pursuing this.
- Have to make time to do new experiments for pilot data and to apply for funding for other possible experiments.
- I need to establish collaboration to obtain human brain samples.

What will have to be done in your setting to accomplish the change you want to make?

- I do basic research there aren't really any barriers.
- Refining my evaluation and history gathering.
- Networking with collaborators.
- Collaborate with investigators with MRI resources.
- Change in experimental procedure.
- Investigate automated or hand segmentation of the amygdale from structural MRI scans.
- Improved funding more outreach.
- I will need to establish collaboration.
- I am PI, so I just need IACUC approval for methods and trainees to do the work.
- Discuss the research with patients, prescribe alternative medications.
- Choose these medications.
- More testing.
- Get funding.
- Write new programs.
- Develop experimental protocols, develop collaborations.
- Predominantly a researcher--will integrate ideas into ongoing research program and explore new related topics. I have also told clinicians about the conference and interesting findings that may be tried clinically.
- Run more animals.
- I'm retired.
- Mentorship style, experimental approach and the types of questions can all be easily shifted to make the research I do more reverse-translational.
- Nothing...CRP is available in our lab.
- The science at ACNP is not readily applied to clinical practice; these questions are a bit silly; we are scientists and this stuff is on the cutting edge, not yet for prime time practice implementation, etc.
- Apply to our dopamine studies in humans.

What will have to be done in your setting to accomplish the change you want to make?

- None since no change.
- Literature review and meeting with colleagues/potential collaborators.
- I can prescribe prazosin off label.
- Change focus of grant applications.
- Set up the analyses.
- Time. I also plan to contact a few researchers who are experts in narcolepsy research field and ask for their input on the relevance and applicability of my findings to their field.
- Just arrange for medication.
- Set up colony and recording.
- Inform other staff members about recent developments.
- Develop a collaboration and interest with neurological surgery for DBS treatments.
- In some cases yes; others no - need some new equipment.
- Get a grant, do the experiments.
- Education of other staff members.
- Find collaborators and get funds.
- Small changes in purchase and drug administration to animals.
- Improve assessment Identify a laboratory that can process the samples that I'll need.
- Get more CRP's.
- IRB protocols and grant applications.
- Increase the capacity of genetic examination.
- Conducting pilot trials.
- My practice is in line with ACNP views.
- Clinically, I can begin to consider treatment with rapid onset antidepressants for my patients immediately. In terms of research, if I become more convinced of the relevance, I can modify my treatment protocols to include additional mortalities.
- Initiate institutional approvals and then obtain funding for preliminary data.

What will have to be done in your setting to accomplish the change you want to make?

- It will be standard of care in the adult output clinics at UAB.
- Funding and formulary issues.
- Reorient some research priorities.
- Get on it.
- Find order form for amplichip gene test.
- Budget.
- Review of standards of practice.
- Me writing different prescriptions.
- Apply for research funding.
- Reading additional studies, met with potential collaborators.
- Add additional expertise to the group.
- Simply adopt the new treatments.
- Purchase equipment, train staff.
- Incorporate a new direction into a grant proposal.
- Have a scale available
- Organize the workload.
- Allocate resources to pilot studies with ketamine.
- Lots of persuasion/budgeting etc...would help if regulatory agencies supported new or exploratory endpoints and diagnoses.
- Further independent research on my end to convince myself of the utility of expanding my research focus.
- Discussion with colleagues.
- Revise and review submission packages.
- Mostly revise the discussion of our data in the manuscripts we are currently preparing.
- Grow up stem cells, isolate colonies, produce embryoid bodies, dissociate and plate, select, amplify, disperse, incubate with antibodies, take to FACS.

What will have to be done in your setting to accomplish the change you want to make?

- My decision.
- Motivate faculty.
- My setting is ideal to make these changes.
- Equipment purchase.
- Educate others.
- Clarifications of use of "off-label" medications. Clarification of risks. Ongoing education.
- Not in a clinical setting currently.
- Following up on the example provided above - individual efforts [e.g. including outcome monitors in my practice] and systems efforts [including outcome monitors in the programs I oversee].
- Orientation modification that is not difficult to effect
- Discuss with IRB and clinical leaders.
- More collaboration.
- Simply change the teaching materials.
- Change in prescribing practices.
- Increase Resources.
- Incorporation into psycho educational practice.
- Better inform staff.
- I will write my grants differently.
- Change Rx patterns.
- Discuss with head of dept.
- Get acceptance from a number of stakeholders.
- New research protocols.
- More case examples.
- My own clinical notes.

Career Development Session
Comments & Suggestions for Future Sessions

- The Career Development Session overlapped with the Travel Awardee luncheon, which was unfortunate since I would have like to attend. Could there be a better way of scheduling events such as this?

- I could not attend the Career Development Session because of the conflict with the travel awardee luncheon. Perhaps try to avoid future scheduling conflicts, since travel awardees would benefit greatly from the career development program.

- Need something for older scientists undergoing career transitions.

- Have the career development session include more junior people on the panel---the ones that were there built their careers 20 years ago, in a very different, less challenging funding environment.

- Younger investigators may benefit from career development, not just starting at the associate member level.

- Address the following question: Is there still a place for the Clinician Scientist? I recall seeing in either Nature or Science that the lifetime incidence of Depression for a Clinician Scientist is 40%.

- Greater representation of women and minorities on the panel. -Inclusion of early-to-mid stage investigators (e.g., transitioning from K awards to R01 etc). More time allotted for audience questions (perhaps even soliciting questions beforehand).

- More time for questions from the audience and group discussion of barriers to advancement in junior scientists.

- A bit more time for audience questions. Maybe an option for small-group or topic-specific component.

- It was a wonderful presentation. The downside was that the session started 30 min late, so the discussion was cut short. I look forward to more of the same.

- I thought the career development and women's luncheon were incredible and excellent community-building events. They were very inspiring and I was blown away by the support from senior faculty/members. The only complain I have of the entire meeting (which is unusual for me to only have 1!) is that the slides were often cut off on the projector or the slides were so low that people in the back could not see the bottom of the slides, which is unfortunate when certain speakers would put important information there.

- More questions from audience - longer session or several sessions.

- Would like to see more women up there!

Career Development Session
Comments & Suggestions for Future Sessions

- The large panel of speakers allowed for the sharing of a nice breadth of experiences in response to the prepared questions. However, having so many panelists limited the number of questions that could be covered in the session, including questions from audience members. Also, the session started about 25 minutes late, I expect in part because it overlapped entirely with the buffet lunch and people wanted to eat prior to presenting. It might be helpful to stagger the scheduling a bit so the full 90 minutes could be used.

- While the audience was primarily young, ethnically diverse, and female, the panel was primarily older, white, and male. While it was informative to learn about some of the difficulties the panel members experienced early in their career, the current environment is quite different now than it was then. Additionally, many of the panel members were the only working member of their family. This made their advice on work-family balance seem a little weak given that most of us live in families with two working adults. Having a panel that is more representative of people early in their career and including individuals who have successfully navigated their early career more recently would be quite helpful.

- They are useless.

- I would have attended but it was during Travel award lunch which I attended with my mentee.

- Too many speakers, too little opportunity for attendees to ask question, too few women on the panel,

- Drop the mindless listing of all potential conflicts even if they are not pertinent to the presentation.

- The career development session was at the same time as the lunch so it wasn't possible to do both.

- My one issue was that the Career Development lunch was held at the same time as the Travel Awardee lunch and the speakers for both the award breakfast and lunch, while entertaining, were not informative. When I attended these events as an awardee, I was instructed in how to write grants and manuscripts and I've carried this advice as an independent investigator.

- You shouldn't have scheduled the career development session at the same time as the travel awardee lunch with speaker

- I am a senior investigator and did not attend the session, but heard from a number of my female trainees that they were upset that there was only one woman on the expert panel.

- More women needed on the panel; especially women with working partners.

- Do not hold the Travel Award lunch and career development at the same time.

- Comments could have been much briefer. No women on panel.

- Meed more women, both at the career development program and as speakers at panels.

Career Development Session
Comments & Suggestions for Future Sessions

- More women speakers, more interactive session, more open offering of real position. It should be a real market.
- Great idea to have it!
- 50% WOMEN!!!!!!!!!
- Slightly smaller panel or slightly longer time allotment would allow participants to go a little deeper.
- Perhaps more structured and more opportunity to ask questions.
- More women on the panel. Restrict answers for specific questions to a few speakers - seemed like several speakers were making the same comments, which left less time for audience questions. However, it was still an excellent session overall - very insightful!
- More time for audience questions-- if session had started at the time it was supposed to, there probably would have been more time for the audience to ask questions. Fewer panelists or two different sessions at the same time with people doing clinical research and people doing basic research.
- Gender-balanced panel and break-out groups.
- A workshop specifically aimed at transitioning from a K23/K08 to RO1 funding would be helpful.
- Sessions for early career faculty on how to manage a lab/staff or a budget would be very helpful!
- Too didactic, too large, no opportunity for extended discussion and too focused on the minutiae of slight general interest which should be in study groups. No concern about facts of failing drug development and almost no attempt to relate science to actual demonstration of clinical benefit. No attempt to discriminate nature of response proneness. Attention only to very short term affects--very ivory tower with stereotyped equation of any finding to a vague therapeutic target--very sad.
- Include more women, people of both genders who have Ph.D.s rather than M.D./Ph.Ds and people with working spouses. The panel while being brilliant speakers and scientists, we're not representative of the audience members in terms of their life choices. Almost all of the audience had working spouses, many of the audience members were female and very few of them had MD/Ph.D.s.
- The new addition of mini symposia was nice but in the future they should include time for questions/discussion

General Comments 2011

- The program does not provide enough clinical issues.
- Very good posters.
- ACNP is an outstanding meeting; would encourage repeat attendance in the future by former travel awardees, without limit, and encourage participation/preparation for future membership, decrease restrictions and obstacles for membership; this is a different world, with increased clinical responsibilities.
- Focus more on the science. More discussion. Less discussion about politically correct issues such as how to help women.
- Great meeting as always.
- Posters not up for display long enough.
- The ready availability of poster presenters made it easy for questions and interpersonal interactions.
- Comparing to Society for Neuroscience.
- I would like to see more basic science.
- The topics are more targeted to basic research and had less clinical targeting say of pharmacology and cognition.
- Overall, again an excellent experience!
- Range of topics seemed constrained. Ketamine, ketamine, ketamine.
- It was unfortunate that many talks I wanted to hear were at the same time, so could only attend one.
- I loved the women's lunch. As a younger woman, it was a great networking opportunity and it was probably the first time (after attending for 4 years) that I felt welcomed by ACNP members.
- I find difficult to answer these questions they are too general. In overall the meeting was good.
- Posters sessions need better organization-no coherent organization apparent in terms of topics/approaches, etc.
- I don't like the concept by invitation only. It is old-fashioned, undemocratic and somewhat elitist. To claim that this is done so that the influence of industry is kept to a minimum is illusionary. Certain sponsor companies have had many participants and didn't need an invitiation. So, I am really disagreeing with the concept of "you either pay lots of money thru

your organization or you know somebody whom you will beg to be invited". Totally hypocritical system.

- I would like to see more posters on translational research and early clinical evaluation of promising CNS therapeutics and treatment modalities.
- Please provide MAC computer platform for speakers - it is cumbersome for MAC users to convert their presentations to PC format.
- The program this year was the strongest in many years.
- Restrictions on photography make the meeting less valuable. It is difficult to take home information from the presentations. Having posters available on the web is a plus.
- It did feel that the balance between clinical and basic sciences were lost. It was too much basic sciences stuff. There was hardly any geriatric psychiatry related topics this time.
- Clinical science remains under-represented.
- Seemed to be less clinical science and cognitive neuroscience in this compared to previous meetings, balance needs to be adjusted.
- Too basic science heavy. Less animal models, fMRI studies, more psychopharm please.
- It was the best meeting I have attended so far. Truly superb and as perfect as possible.
- A great meeting. Unfortunate that it is closed to membership.
- Membership should not be so exclusive, junior faculty have fresh ideas and need to have a stronger voice, after all, progress hasn't been fast in psychiatry.
- Posters of higher quality than some meetings, in terms of completeness of data sets; many posters presented by PIs and few by undergraduates, which elevated quality of presentations as well.
- This was my fist ACNP meeting and I greatly appreciated the meeting. Especially, I enjoyed the plenary talk session and distinguished talk and obtained a great deal of current advancement in psychiatric disorder treatments clinically as well as preclinically. The meeting definitely expanded the scope of my knowledge and obtained new ideas relevant to my research.
- I liked the president’s plenary session with cutting edge science with clinical applicability. - Appreciated the space between posters. It has been too crowded in past ACNP poster sessions.
- There is a clear trend over the last several years for ACNP to become a small neuroscience meeting. There is less and less left of what made ACNP of previous years a top level meeting

(limited new information, most talks discussing published data or data in press, neuroscience rather than neuropsychopharmacology, etc.)

- Great meeting, I like it better than Biological Psychiatry.
- The meeting seemed biased toward basic science/pre-clinical data. It would be helpful to have more data presented on human (clinical) outcomes.
- ACNP was fantastic. I only wish the poster session were a bit longer. There was not enough time to see all of them.
- The ACNP meetings are consistently excellent, but this years meeting was exceptionally good. The topics had clinical relevance and I appreciated more coverage of mood disorders.
- Meetings used as basis for comparison: SfN, FENS.
- Too much paranoia about conflicts of interest, role of industry, acts of disclosure - takes up as much time and space as the science being reported.
- Insufficient at poster discussion since much of needed process obscure.
- There needs to be a better balance between basic and clinical sciences. As we have it now it is way too skewed towards basic scientists. The relevance to practicing psychiatrists becomes more limited...
- In some of the symposia the discussants seemed to be speaking to the choir, using too much subspecialty slang to be clear.
- I thought the meeting was excellent and really enjoyed the many topics covered and high caliber presentations offered. ACNP, in my opinion, provides an excellent venue for the exchanging of ideas, which is what I most hope for at a scientific conference.
- Poster session is quite big and awkwardly scheduled, hard to see them all and plus I'm hungry for dinner by then. Otherwise seems very good.
- More clinical material needed.
- This was my second time at an ACNP meeting in 20 years and I thought it was fantastic!
- One should insist on having a readable abstract posted for every poster. The lack of such abstract makes it quite laborious to get the poster's main points: reading through the poster doesn't always help.
- Liked the new opportunity to text votes for posters.
- The balance between topic overview and recent advances was excellent.

General Comments 2011

- The experience of presenting a poster was one of the most helpful and thrilling experiences I have had at a meeting.
- Very little clinical information is presented. Questionable if this should be considered a CME meeting.
- The balance is shifting too far to basic science needs to be rebalanced. Hardly any clinical trials!? Where is the translation into practice?
- I would have liked more basic neuroscience, but I also very much enjoyed the clinical sessions I attended.
- ACNP staff, as usual, were outstanding.
- Overall, the meeting was excellent. My only disappointment was not being able to attend a number of panels scheduled at the same time as others I had to attend.
- The posters at other meetings are very good.
- Would like to see more updates on late-breaking studies, clinical trial information.
- BUT: I felt that some of the major presentations were "forced" to fit a template (eg much older data on rapid antidepressant responses was hauled out to fit an apparent agenda. Many Mt Sinai speakers! The science was thus, overall, a bit below my expectations for the generally-excellent ACNP meeting (esp. 50th anniversary) Happy to see Dr Landis (NINDS) included among speakers.
- A very well-balanced and up to date scientific meeting. A pleasure to attend.
- Excellent range of both clinical and basic science research. I was extremely impressed with the quality of the basic science research invited lectures. They were outstanding.
- Poster venue was better than usual-more space and light.
- Overall an excellent meeting. There is a need for more integration of basic and clinical science. Symposia should regularly include both kinds of presentations. The presence of strength in both areas is what sets ACNP apart.
- I don't go to a lot of general meetings anymore, so the quality of what I see is high--so it is a complement that I say "about the same"
- The program should be better balanced between basic and clinical sciences. There is too little on clinical science and developments for a society dedicated to finding new treatments for mental disorders.
- Need more clinical.

General Comments 2011

- Only downside to the meeting is the extremely high registration. The poster sessions, while likely expensive, are however the highlight of the meeting.
- Poster sessions were outstanding!
- Many individual findings but need for more integrative sessions, conceptual discussions.
- Strive to be more environmentally aware. Although the mini-program is cute and easy to pocket how about going one step further and develop an "App" for smart phones, available only to registered attendees, that would provide a direct link to the meeting's scientifc program as well as the abstracts, social events and etc.
- The posters are some of the highlights of this meeting.
- There are too many posters for each session.
- Much more balanced program this year.
- The meeting is always well run, and the scientific quality of the sessions is very high. it's always a rewarding and valuable experience.
- There were many, many communications from the organizers. I would try to streamline the number of contacts to avoid email overload and make sure that important items don't get lost.
- ACNP is too similar to SFN these days--need more emphasis on neurotherapeutics and treatment biomarkers (companion diagnostics) rather than just disease biomarkers.
- Please give ACNP delegates to present their research works in ACNP meeting. Simple attendance will lose their motivation to attend the meeting.
- More clinical science would improve this otherwise fantastic meeting further.
- Overall this year the quality of presentations/posters etc. at the ACNP was much more variable than in previous meetings I have attended. There was at least one lecture (talk on Parkinsonism given by Yoland Smith) that was suitable for medical students. Also a number of speakers did not provide their conflict of interests.
- My comparison is to the American Academy of Neurology annual meeting.
- Although I found the AV group that assisted with presentations very polite and helpful, I was a bit frustrated that my options for presenting my work were more limited than they would have been had I simply given the talk directly from my own laptop. For example, I prefer to use Preesnterview in ppt when giving a talk, as it allows me to keep track of upcoming slides and notes to myself. I was told I could not use presenterview for my talk. Obviously, it is not absolutely necessary that I have it, and I think my talk went fine even without my using it, but it would certainly be an improvement to be able to use it, esp. since there is a bit of an expectation that things would be as good or even better with AV experts on hand running the

show. An additional issue I had with the AV group, who also helped me with the voice recording of my poster, was the fact that the voice recording had to be perfect. I was told that they could cut at the beginning or end of the recording but they could not go in and edit out any parts in between. Please note that I was not asking about a high level of editing but rather just editing out a section where I stumbled over my words. Unfortunately, I do think this impacted the quality of my voice recording for the eposter. Again, I found all the individuals to be professional and polite, but I do think there is room for improvement.

- Too crowded at sessions early in the meeting.
- Very much focused on researchers from the US. What about Europeans?
- Coming from a developing country, as Mexico, the criteria for being a member of the College should be revised using different standards.
- Breakfast ended early on a few days. Lunch times often coincided with presentation times (i.e. data blitz session). It would be ideal to not have so much overlap with presentations coinciding with each other.
- My comment is actually about the program book. The tabs were great but a suggested improvement: the cover should extend over the tabs so they don't get squashed.
- Perhaps it is possible to allow travel award applications for scientists from outside the US?
- An email was sent by ACNP confirming that I had a room reserved but when I arrived, there was no room booked.
- It was really annoying to have so many concurrent sessions. They gave mine a giant room with 6 competing sessions, and attendance was disappointingly low. A lot of people came by after and said they were either speaking in another one, their lab members were, or they missed the talk they wanted to hear because the first minipanel ran 15 min over and put our second one off on the timing. Scheduling is not good. I missed a lot by too much scheduled at once.
- The criterion for junior investigators to join the organization needs to be revisited so that we can aspire to join this prestigious organization that will assist us to move our careers forward. Can.
- The program book is quite lengthy and could perhaps be condensed.
- Liked the audiovisual tech where speaker's pointer was on projected screens on both sides and speaker didn't have to turn around to point at slides & end up losing the speaking volume.
- More attention should be paid to good sound reproduction and use of microphones at all times so the speaker and questioners are fully audible. Too often the sound system is poorly utilized.

General Comments 2011

Topics and suggestions for Future Meetings

- Discussion panel of junior investigators, how they are making it in today's grant environments, surviving in academia today, with very little protected time to do research -discuss subtypes of bipolar disorder more -more stem cell talks, not just one perspective, perhaps related to other non-psychiatric disorders, as a guide for study of psychiatric disorders -plenary on addiction topic such as prescription pain meds/heroin epidemic, synthetic substances (meth, ketamine in abuse, etc.), biologic basis of development of schizophrenia and substance use (marijuana/PCP/LSD) -panel about ethics/IRB was too superficial--- there are serious problems with the IRB process, and they are becoming a barrier to conducting or even commencing funded research in a reasonable time frame; there needs to be checks and balances on IRB paranoia/sluggishness, which does not exist now. They block research; no longer facilitate it, at many institutions. -latest clinical trial results on gene therapy for CNS disorders and/or brain injuries -plenary on brain lysosomal storage disorders or mitochondrial disorders.
- We need more clinical research presented.
- OCD Bipolar Drug induced psychosis Neurologic syndromes TBI.
- More clinical topics needed.
- More speakers discussing energy metabolism during sleep i.e. Craig Heller, Ph.D. Stanford University.
- More clinical, and clinical + translational programs.
- More clinically related topics.
- GWAS, molecular biology, and neuroimaging are the hot topics now, but more systems physiology (e.g. neuroendocrinology) would be helpful.
- More on basics of learning and memory...important for all psychiatric disorders.
- To consider to the ultimate audience is.
- Pharmacological fMRI (phMRI) of emotion and memory.
- More Dementia related topics.
- ADHD.
- Greater representation of psychoneuroimmunology research.
- I am not a big fan of the "data blitz" session and mini-panel sessions. Strength of ACNP is to go deeply into topics in the panel sessions. Recommend continued focus in that area.
- Would be nice to have more on neurodegenerative disorders.

Topics and suggestions for Future Meetings

- Sex differences in psychiatric disorders.

- Many speakers had slide decks which had font sizes much to small and in general too detailed to allow clear visibility in the larger conference room. I would really encourage the organizers to coach speakers to make slides with font sizes not smaller than 12 pt or smaller. Speakers also did have the opportunity to point at their slides with a pointer the way they had to present. At least they should have the opportunity to use the 'mouse' or some other tool to point out certain features or graphics on their slides. That was better in the smaller conference rooms.

- Panel sessions specifically on translational R&D and use of biomarkers in early clinical evaluations.

- The optogenetics session chaired by Lorna Role was excellent, as was the past Presidential Lecture by Robert Langer - would like to see more presentations with novel tools/bioengineering methods for basic research.

- IPSCs in autism More developmental neurobiology with relevance to psychiatric illness.

- Celebrity or non-scientific speaker who is a proponent of neuropsychopharmcology. Society for Neuroscience has had people like Glenn Close and Christopher Reeve. Would be nice to have a outside noted speaker.

- Too much information per slide. Keep colors of text simple--some colors are not visible to audience. Speak up, don't mumble into podium.

- Reinforce role for neurologically based disorders such as pain, neurodegeneration at ACNP

- Comorbidity research (psychiatric/substance use disorders) Methodologic issues in clinical trials: problems with translating basic results to the clinic.

    - Micro RNA in psychiatric disorders - circadian rhythm and its role in psychiatric disorders - Biomarkers for disease & treatment response.

- More clinical sessions about treating schizophrenia and psychoses; session about dimensions vs. categorical diagnosis

- More sessions on co-morbid disorders.

- The speakers were also excellent, although as I mentioned above, the slides were often cut off, or the bottoms were not visible because they were too low relative to the seating. However, I loved Waikaloa as a venue and I would still choose it as a top choice even if that was not a fixable issue.

Topics and suggestions for Future Meetings

- MicroRNA regulation of behaviour in the context of psychiatric disease. Timothy Bredy, University of Queensland Alon Chen, Weizmann Institute Andre Fischer, European Neuroscience Institute Göttingen.

- More from Pharma on NS efforts. Continue to include Mood Disorders.

- Additional sessions in neuromodulation and device development.

- More about stress in a translational framework.

- Failure of drug development failure of identification of patient requiring medication utility of intensive design co-linked computerized medical records for discovery of rare late toxicity and benefit.

- Although I enjoy the idea of the data blitz sessions and understand they serve somewhat as an advertisement for those of the audience interested in the topic to go find out more at the presenter's poster session, I find myself leaving many of the data blitz sessions without having learned much more than what I learned by reading the abstract in the meeting book. There simply was not time for more. It would be nice if I could listen to a talk and feel that I learned something on a topic outside of my field, without necessitating that I also go find the poster to really understand even a few of the caveats to the work. At times, the data blitz sessions, serving as the advertisements that they are for the posters, may be a bit misleading. In 5 minutes, presenters want to tell the most exciting story, but without having the time to acknowledge the specific context and limitations of the work, it is easy for the audience to be unintentionally misled about the real significance of the work. The real danger for this, of course, is when the audience is hearing about work somewhat outside of their chosen field of focus. I would hate to see these talks eliminated completely, as I think it provides a great venue for introducing non-experts of a topic to new ideas, yet it would be lovely to expand the time of the talk, even by 5 minutes. Or to allow those who are giving a data blitz to provide an online expanded version of the talk. Or to ask that data blitz speakers remain for a 30 minute coffee session after the talk, where interested parties can directly approach the speakers to better understand the topic. It would be nice to provide this service immediately prior to or after the talk, and in the same location, so that busy researchers do not need to come back and attend another session, often on a different day/time/location (i.e. data blitz on Monday morning and corresponding poster on wed evening) in order to learn more on the topic, esp. since many attendees only come.

- Would like to hear more about mouse genetics and mouse models. much of the mouse content was focused on knockouts rather than on quantitative genetics. Also, I was surprised there is not more discussion of GWAS results, e.g. why nothing about Nicotine genetics, which has been very successful from a GWAS prospective? Overall very good.

- Optogenetics, sleep

- Should have more women - some panels were "old boy network" in which there were women who would have done as well or better than the man slotted for a particular talk.

Topics and suggestions for Future Meetings

- Co-morbidity of Addiction and Mental Illness.
- More on brain stimulation is always welcome.
- Neuroendocrine modulators of psychiatric disorders. Catherine Woolley. Margaret McCarthy.
- I suggest a symposium on the identification and treatment of pre mild cognitive impairment Alzheimer's disease. This can include clinical identification as well as imaging modalities which may be useful.
- Brain stimulation and TMS panels.
- Convergent Functional Genomics Prof. Alexander B. Niculescu, MD, PhD Indiana University School of Medicine.
- Need more neuropsychiatry - encourage the excellent neurologists and neuroscientists who are ACNP members to propose panels and support it.
- See inclusion of neurology as well as psychiatry - Translational research institute Complex genetics (what are reproducible findings that do not reach $p < 10\text{-}8$ telling us about brain disorders).
- I think it would be interested to have imaging studies of a particular brain region connected with basic science research of that same brain region in the same symposium.
- More RDoc-based presentations Topics focused specifically on the basic-clinical interface.
- Add more clinical data presentations.
- New treatments Advances in clinical methodology for the study of psychopathology Developments in the science of psychopathology.
- PTSD dissociative disorders.
- All exceptional, at this meeting.
- Really enjoyed genetics session on schizophrenia /autism overlap and travel award fellowship session.
- More discussion of difficult methodological issues in clinical research like how to study complex, heterogenous psychiatric populations, how to study patients on medications that cannot be discontinued, more translational work to address the complexity that exists in actual clinical practice.

Topics and suggestions for Future Meetings

- With the recent development of receptor-selective agonists and antagonists the pharmacological manipulation of the trace amines and their receptors is now possible. The preclinical and clinical use of these compounds, in the context of treating drug abuse and a variety of neurodegenerative diseases, is rejuvenating this century-old field. Leaders in this area include: David Grandy, Marius Hoener, Gregory Miller, Raul Gainetdinov, Marc Caron and Susan Amara.

- More on ethics.

- Molecular basis of Neuropsychiatric Disorders.

- Stronger links are needed to clinical applications of findings - at times; presentations can appear to be describing science by permutation rather than by hypothesis and testing.

Venue Survey

A total of 599 evaluations were completed this year. Attendees were asked to rank the following statements on a 1 to 5 scale. One (1) meaning poor and five (5) meaning excellent.
Each year we strive to get ratings of 4 or 5 on every item. Below is the percentage of evaluations rated either a 4 or a 5. These percetages are categorized under each attendee type.

Item	Members	Corp. Representative	Invited Guest	Current Travel Awardee	Past Travel Awardee	Speaker	Trainee	Other	Totals
Please rate Waikoloa Beach, Hawaii as a location for the Annual Meeting.	86%	89%	84%	92%	95%	75%	95%	33%	86%
Did you stay at the Hilton Waikoloa Village?	87%	83%	64%	100%	71%	79%	63%	100%	78%
Please rate the Hilton Waikoloa Village as a conference site.	88%	89%	85%	92%	92%	82%	89%	67%	87%
Below are the 2010 results from Miami, Florida									
Please rate Miami, Florida as a location for the Annual Meeting.	75%	91%	85%	77%	96%	84%	81%	100%	81%
Did you stay at the Fontainebleau Resort?	92%	59%	61%	98%	63%	88%	48%	40%	77%
Please rate the Fontainebleau Resort as a conference site.	74%	84%	84%	79%	92%	79%	95%	100%	80%
Below are the 2009 results from Hollywood, Florida									
Hollywood, Florida as a location for the Annual Meeting.	75%	88%	75%	75%	63%	74%	69%	100%	75%
Did you stay at the Westin Diplomat?	88%	51%	59%	2%	38%	97%	23%	100%	70%
The Westin Diplomat as a conference site.	92%	98%	91%	100%	92%	95%	100%	80%	93%

Below are the 2008 results from Scottsdale, Arizona									
Scottsdale, Arizona as a location for the Annual Meeting.	62%	63%	68%	68%	71%	73%	25%	86%	65%
Fairmont Princess as a conference site.	79%	77%	85%	92%	86%	82%	100%	100%	82%
Below are the 2007 results from Boca Raton, Florida									
Boca Raton, Florida as a location for the Annual Meeting.	72%	84%	72%	88%	55%	74%	90%	82%	74%
The Boca Raton Resort & Club as a conference site.	76%	82%	79%	88%	58%	76%	76%	82%	77%
Below are the 2006 results from Hollywood, Florida									
Hollywood, Florida as a location for the Annual	66%	60%	70%	61%	61%	72%	54%	58%	66%
The Westin Diplomat as a conference site.	92%	96%	91%	89%	82%	91%	92%	83%	91%

Venue Comments 2011

- Area too noisy.
- Excellent venue for discussing posters.
- It would be great to have the location in the continental US every year. Hawaii is very expensive and an extremely difficult trip from the East Coast.
- Hilton conference facilities were acceptable, but major ballroom is too small to support larger (whole group) sessions. The posters were OK in the end because there was more room to spread out vs. previous meeting, despite the fact that the posters were located in 3 separate areas (it worked out well).
- Service at hotel was below par for a resort of this size.
- Overall, a terrific meeting. Venue was hard to travel to and expensive. Coffee/breakfasts were marginal.
- Wireless internet access in Hilton Waikoloa hotel rooms would have been nice. Box lunches were very mediocre. Coffee not always available. Symposium rooms near kitchen and rattling dish carts was very distracting.
- Microphones were missing in some sessions, so Q & A were inaudible. It was the best meeting I have attended so far. Truly superb and as perfect as possible.
- I hope that we can return to Hawaii.
- I wasn't a big fan of having the posters in different rooms. I found myself stuck in one room or the other and didn't even get to walk through the other rooms.
- Although the Waikoloa hotel was beautiful, the travel time added 2 full days to my trip, and attending was quite expensive. For these reasons I would be in favor of NOT returning to Hawaii. but for the 50th, it was lovely.
- While the Hilton was an AMAZING venue for the conference (easy to get from room to room), the food was not good (especially the box lunches) and the staff were VERY LOUD when they were setting up for meals, which was distracting during the presentations.
- There were few dining establishments in the area. It would have been better to tell people ahead of time that reservations were needed for dinner.
- Beautiful spot but I did not like the distance right in the holiday period. I am good if we never return to Hawaii.
- The food was significantly better in Miami last year.
- Hawaii is an outstanding venue and a real draw for this meeting. The combination of a Pacific Island and one of the absolute best meetings is a major draw!

Venue Comments 2011

- Catering was less compared to previous years; quality, diversity and service.
- Strive to be more environmentally aware. For example, in my opinion there was too much waste associated with the take away lunches at the Waikoloa.
- The poster sessions are arranged such that there are great opportunities to view posters, as well as mingle and schmooze.
- The food was not that good at this meeting, particularly the box lunch on the last day and the poster snacks.
- Excellent meeting ...Excellent Venue
- Beautiful facility. However, banquet services were awful: ran out of coffee and milk several times and ran out of food. Servers did not seem to even notice that things were missing, and did not seem to care.
- Hawaii is too far for convenient travel.
- Please hold the meeting in Hawaii again.
- Very much enjoyed the conference venue location and hope that it returns to Hawaii.
- I think Hawaii is a great location for this meeting. Rather than a big reception on the first day, I would prefer a closing banquet on the last day. Also, I liked the hotel a lot EXCEPT that the food for breakfast and lunch was very poor (not good, unhealthy, not locally produced (apples in Hawaii!), etc.). Not sure if we chose the cheapest options or if they can't do any better, but I would consider alternative hotels to avoid such bad food again in the future. For sure we should give them feedback about the food. I don't blame ACNP for that, it was the hotel's fault.
- Hawaii is too far.
- Hawaii is very expensive a much too far to travel from the East Coast. I would not do it more than once every 5 years at most. Not sure I would come back to a meeting there. If so the Hilton Waikoloa is a splendid venue but would prefer something on Maui if possible.
- It was very noisy outside the presentation rooms, making it hard to hear talks.

Panel Session Speaker Counts

Year	2011	2010	2009	2008	2007	2006	2005
Total Presenters	206	188	189	186	182	193	202
Total ACNP Member Presenters	80	67	73	79	81	82	70
% of Presenters who were ACNP Members	39%	36%	39%	42%	44%	42%	35%
Total Non-Member Presenters	118	116	104	105	92	104	129
% of Presenters who were Non-Members	57%	62%	55%	56%	51%	54%	64%
Total Associate Member Presenters	8	5	12	2	9	7	3
% of Presenters who were Associate Members	4%	2%	6%	2%	5%	4%	1%
Number of ACNP Members who presented 2 panels at the meeting.	10	6	5	7	8	5	8

- Twenty (20) of the 206 Presenters in the 2011 Annual Meeting also presented in the 2010 Annual Meeting (members and nonmembers).
- From 2005[1] to 2011, the percentage of ACNP members who presented in two consecutive meetings ranged from 18% to 27%, when calculated as a percentage of members who were presenting. In 2011, this percentage was 18%.
- The number of members who presented in two consecutive meetings ranged from 7% to 12% when calculated as a percentage of all Presenters at the meeting. In 2011, this percentage was 7%.

[1] Presenters are defined as presenters only; not chairs, co-chairs or discussants.

Member Panelist Tenure in ACNP

Year	2011	2010	2009	2008	2007	2006	2005
5 years or less:	34%	28%	45%	47%	51%	37%	43%
6 to 10 years:	20%	25%	22%	14%	22%	21%	17%
11 to 20 years:	25%	29%	22%	34%	17%	24%	27%
21 years or more:	21%	18%	11%	5%	10%	18%	13%

Panel Session Attendance ***(The numbers below are the average attendance for each time frame.)***

2011

Day/Time	Panel 1	Panel 2	Panel 3	Panel 4	Panel 5	Panel 6	Panel 7	Panel 8	Average Attendance
Monday PM	107	129	71	114*	54	123	113		102
Tuesday AM	87**	91	120	127	59	103	98		98
Tuesday PM	69	74	130	90	59	243*	25		99
Wednesday AM	58	165	58	88	45	105	72		84
Wednesday PM	62**	56	133	59	113	76	49		78
Thursday AM	38**	106	56	89	16	40	33		54
Thursday PM	34	31	24	62	74	29	56	22	42
Overall									

Average Monday Study Group = 34

Average Tuesday Data Blitz = 68

* Drug Development session

** Two mini-panels were presented during this time slot (average attendance for both sessions).

2010

Day/Time	Panel 1	Panel 2	Panel 3	Panel 4	Panel 5	Panel 6	Panel 7		Average Attendance
Monday PM	54	168	263*	74	169	84	201		145
Tuesday AM	175	76	52*	109	83	72	115		97
Tuesday PM	157	90	54	222*	76	145	150		128
Wednesday AM	70	77	60*	95	93	163	26		83
Wednesday PM	55	104	61*	122	24	91	177		91
Thursday AM	20	33	49*	52	52	80	45		47
Thursday PM	35	29	14*	73	43	52	68		45
Overall									**91**

Average Monday Study Group = 46

* Drug Development session

AM 2011 ROOM COUNTS

Sunday, December 4

Neuropsychopharmacology Reviews Plenary
Neurotherapeutics Teaching Day

Chair: Gwenn Smith, Xiaohua Li and Jeffrey Conn

Average Attendance: 300

NIH Institutes Update

Chair: Eric Nestler

Count: 192 1:00 p.m.
Neil Buckholtz, NIA

Count: 275 1:15 p.m.
Thomas Insel, NIMH

Count: 274 1:30 p.m.
Story Landis, NINDS

Count: 237 1:45 p.m.
Kenneth Warren, NIAAA

Count: 248 2:00 p.m.
Nora Volkow, NIDA

History Lecture

Neuropsychopharmacology, The Past 50 Years

History Committee Chair: James Anthony
Honorary Chair: Joel Elkes

Count: 178

Hot Topics - Basic
Chair: William Carlezon

Count: 196

Hot Topics - Clinical
Chair: Anissa Abi-Dargham

Count: 203

Monday, December 5

President's Plenary
Brave New World for Brain Therapeutics
Eric J. Nestler, President

Average Attendance: 487
Peak Attendance: 703

Teaching Neuropsychopharmacology
A Method for Innovative Thinking as Applied to Neuropsychopharmacology
Chair: Mark H. Rapaport
Presented by: Roberta Ness

Count: 27

Distinguished Lecture
Insights into Circadian Clock and Sleep from Human Genetics
Chair: Eric J. Nestler
Presented by: Louis J. Ptáček

Count: 254

Monday, December 5

Panel Sessions
3:00 p.m. – 5:30 p.m.

The Noradrenergic System as a Therapeutic Target for Drug Dependence

Chair: Bernard Le Foll
Co-Chair: David Weinshenker

Count: 134 3:00 p.m.
Functional Neuroanatomy of Norepinephrine-Dopamine Interactions within the Mesocorticcolimbic Reward System
David Weinshenker

Count: 98 3:30 p.m.
Noradrenergic Alpha-1 Receptors as a Novel Target for the Treatment of Nicotine Addiction
Bernard Le Foll

Count: 114 4:00 p.m.
Preclinical Evidence for a Role of Noradrenergic Systems in Addiction
George Koob

Count: 82 4:30 p.m.
Results of a Pilot trial of the Alpha-1 Adrenergic Antagonist, Prazosin for Alcohol Dependence
Tracy Simpson

Striving for the Correct Diagnosis of Mental Health Disorders

Chair: *Alan Schatzberg*
Co-Chair: Stephen Koslow

Count: 145 3:00 p.m.
What Will the New DSM-5 Provide for Us?
David Kupfer

Count: 140 3:30 p.m.
New Approaches to Psychiatric Diagnosis: The MIMH Research Domain Criteria Project
Bruce Cuthbert

Count: 114 4:00 p.m.
Using Biological and Cognitive Measures to Discriminate among Depressive Subtypes
Alan Schatzberg

Count: 118 4:30 p.m.
International Study to Predict Optimized Treatment for
Depression (iSPOT-D), A Randomized Clinical Trial: Rationale and Protocol
Leanne Williams

Genetic and Molecular Mechanisms of Normal Cognitive Aging

Chair: Venkata Mattay
Co-Chair: Terry Goldberg

Count: 49 3:00 p.m.
Aging-Associated Changes in the Human Brain Transcriptome
Vahram Haroutunian

Count: 77 3:30 p.m.
Protection against Cognitive Decline and Dementia by Longevity Genes
Yousin Suh

Count: 85 4:00 p.m.
Neuroimaging Genetic Influence in Normal Cognitive Aging: The Role of Memory and Cognition Related Genes
Venkata Mattay

Count: 73 4:30 p.m.
Novel APOE4 Findings in Cognitively Healthy and Compromised Aging Individuals
Terry Goldberg

Memory Erasure: Mechanisms and Potential Utility in Psychiatry

Chair: *William Carlezon*
Co-Chair: *Michael Davis*

Count: 108 3:00 p.m.
Memory as a New Therapeutic Target
Karim Nader

Count: 108 3:30 p.m.
Temporary, but not Permanent, Disruption of Fear Potentiated Startle following PKMβ Inhibition of Amygdala
Michael Davis

Count: 123 4:00 p.m.
Disrupting Fear Memories: Retrieval, Reconsolidation and the Passage of Time
Cristina Alberini

Count: 117 4:30 p.m.
Selectively Erasing a Fear Memory in Mice
Sheena Josselyn

Enteric Hormone Modulation of Cerebral Neurotransmission and Eating Behaviors in Obesity

Chair: *Robert Kessler*

Count: 48 3:00 p.m.
Enteric Hormone Modulation of Cerebral Neurotransmission and Eating Behaviors in Obesity
Dianne Lattemann

Count: 53 3:30 p.m.
Impaired Striatal Akt Signaling disrupts Dopamine Homeostasis and increases Feeding
Aurelio Galli

Count: 57 4:00 p.m.
Reward Mechanisms in Feeding and Addiction: Paradoxical Roles for Hypocretin (Orexin) Transmission
Jonathan Hollander

Count: 59 4:30 p.m.
PET Studies of Dopaminergic Neurotransmission in Obesity
Robert Kessler

NMDA Receptor Complexes: A Point of Convergence for Schizophrenia Candidate Pathways

Chair: *Raquel Gur*

Count: 115 3:00 p.m.
Neuregulin1-ErbB4 Signaling Suppresses the Src Upregulation of NMDA Receptors
Michael Salter

Count: 132 3:30 p.m.
Rac 1-PAK Cascade: A Promising Drug Target for Synaptic Deterioration in Mental Illness
Akira Sawa

Count: 120 4:00 p.m.
Dysbindin-1 Reductions in Schizophrenia may affect Cognition via Multiple Effects on NMDA Receptor Biology, including Induction of Arc Expression
Konrad Talbot

Count: 124 4:30 p.m.
N-methyl D-aspartate Receptor Complexes in Brains of Schizophrenia Patients
Chang-Gyu Hahn

Adolescent Brains: The Constancy of Change

Chair: Ruben Gur

Count: 111 3:00 p.m.
Clinical Studies during Adolescence: Autism and Bipolar Disorder
John Sweeney

Count: 150 3:30 p.m.
Anatomic MRI of the Developing Brain: Ages 3 to 30
Jay Giedd

Count: 100 4:00 p.m.
The Imagen Gene X Neuroimaging Study on Reinforcement-Related Behavior in Adolescents: GWAS and Epigenetic Results
Gunter Schumann

Count: 90 4:30 p.m.
Sex Differences in Normative Developmental Trajectories of Brain Behavior
Ruben Gur

Monday, December 5

Study Groups:
7:30 p.m. – 9:00 p.m.

Assessing Brain Developmental Trajectories from Infancy to Adulthood

Count: 66
Chair: James Swanson
Moderator: Thomas Insel
Participants:
John Gilmore
Claudia Buss
Damien Fair
Jay Giedd
Xavier Castellanos
Raquel Gur
Linda Chang
Anders Dale

Ethical, Legal, and Social Challenges in Research on Psychiatric Genetics

Count: 9
Chair: Paul Appelbaum
Moderator: Hank Greely
Participants:
Jennifer McCormick
Paul Appelbaum
Barbara Koenig
Laura Roberts

PTSD Biomarkers Study Group

Count: 24
Chair: Alexander Neumeister
Co-Chair: Victoria Risbrough
Participants:
Charles Nemeroff
Thomas Neylan
Charles Marmar
Dewleen Baker
Scott Orr
Murray Stein

Can Vulnerability Markers identify Informative Neurodevelopmental Abnormalities across the Spectrum of Early Psychosis?

Count: 35
Chair: Kristin Cadenhead
Co-Chair: Diana Perkins
Moderator: Matcheri Keshavan
Participants:
Jean Addington
Barbara Cornblatt
Elaine Walker
Daniel Mathalon
Diana Perkins
Kristin Cadenhead
Larry Seidman
Tyrone Cannon

Crisis in Psychiatric Drug Discovery: Solutions from Academia, Government and the Advocacy Community

Count: 66
Chair: Mark Rasenick
Co-Chair: William Potter
Participants:
John Greden
Anand Pandya
Beth Hoffman
Jeffrey Nye
Patrick Kennedy

Utilizing the NIH's CTSA Network to Advance Neuropsychopharmacology Research

Count: 12
Chair: Anantha Shekhar
Co-Chair: William Potter
Participants:
Kathleen Brady
John March
Srijan Sen
Linda Brady
Anantha Shekhar

The Alcohol Clinical Trial Initiatives (ACTIVE): Progress Report and Feedback

Count: 30
Chair: Raymond Anton
Co-Chair: Henry Kranzler
Moderator: Henry Kranzler
Participants:
Raymond Anton
Henry Kranzler
Daniel Falk
Roger Meyer
Stephanie O'Malley
Bernard Silverman

Four Rodent Models of Psychosis: (Not) Lost in Translation

Count: 33
Chair: Herbert Meltzer
Participants:
Anthony Grace
Akira Sawa
Maria Karayiorgou
Bryan Roth

Tuesday, December 6

Mini Panel Session
8:30 a.m. – 9:45 a.m.

Medication Discovery for Addiction: Translating the Dopamine D3 Receptor Hypothesis

Chair: Amy Newman

Count: 105 8:30 a.m.
Translational Approach to Dopamine D3 Receptor: From Mechanism of Action to Clinical Studies
Emilio Merlo Pich

Count: 141 8:55 a.m.
Buspirone: New Look at an Old Drug
Phil Skolnick

Count: 108 9:20 a.m.
Monkey Models of Stimulant Abuse: Effects of Dopamine D3-Selective Agonists, Partial Agonists and Buspirone
Michael Nadar

Vaccines, Viral Vectors, and Cocaine Addiction: Neutralizing Cocaine Before it gets to the Brain

Chair: Marilyn Carroll

Count: 96 8:30 a.m.
Cocaine Vaccine: Promises vs. Reality
Thomas Kosten

Count: 43 8:55 a.m.
Steps Toward Cocaine Hydrolase Gene Therapy
Stephen Brimijoin

Count: 28 9:20 a.m.
Long Term Reduction of Cocaine-Seeking Behavior in Rats Treated with Cocaine Hydrolase Delivered by a Viral Vector
Marilyn Carroll

Panel Sessions
8:30 a.m. – 11:00 a.m.

Cortical Dopamine in Schizophrenia: Quantifying Leads, Understanding Function

Chair: Anissa Abi-Dargham
Co-Chair: Holly Moore

Count: 83 8:30 a.m.
Validation of [C-11]FLB 457 as a Tool to Measure Cortical Dopamine Release
Raj Narendran

Count: 97 9:00 a.m.
Decreased Cortical Dopamine Release in Schizophrenia: Evidence from in Vivo Imaging
Anissa Abi-Dargham

Count: 86 9:30 a.m.
Dysregulation of the Norepinephrine Transporter sustains Cortical Hypodopaminergia and Schizophrenia-Like Behaviors in Neuronal Rictor Null Mice
Aurelio Galli

Count: 96 10:00 a.m.
Developmental Disruption of Prefrontal Cortex Intereurons by Altered Dopamine Transmission during Adolescence
Kuei Tseng

Synaptic Plasticity: From Adaptive Molecular Mechanisms to Dysregulation in Psychiatric Disorders

Chair: R. Suzanne Zukin
Co-Chair: Carol Tamminga

Count: 132 8:30 a.m.
Mechanisms of LTP and LTD: Recent Advances
Robert Malenka

Count: 123 9:00 a.m.
Regulation of AMPA Receptor Function during Fear Memory and Erasure
Richard Huganir

Count: 111 9:30 a.m.
The Gene Silencing Factor REST and Maternal Deprivation Epigenetically Regulate the Switch in NMDA Receptor Phenotype during Brain Development
Suzanne Zukin

Count: 113 10:00 a.m.
Alterations in Hippocampal Learning and Memory Mechanisms in Schizophrenia
Carol Tamminga

Neuroimaging Genomics: Discovering a Signal in the Complexity of Genes, Brain and Behavior

Chair: Raquel Gur

Count: 103 8:30 a.m.
Genome-Wide Association Implicates FGF14 in Amygdala Volume and Fear Processing
David Glahn

Count: 115 9:00 a.m.
Imaging Genetics Validation of Molecular Interactions in Psychiatric Risk Pathways
Daniel Weinberger

Count: 144 9:30 a.m.
Epistasis and Epigenetic DNA Methylation are Involved in Risk for Schizophrenia Phenotypes
Alessandro Bertolino

Count: 145 10:00 a.m.
A Developmental Study Integrating Neuroimaging and Genomics
Raquel Gur

Feast or Famine: Is Disordered Eating Related to Disordered Reward?

Chair: Kathryn Cunningham
Co-Chair: Ralph DiLeone

Count: 53 8:30 a.m.
Analysis of Brain Reward Circuits following Food-Restriction Reveals Common Glucocorticoid-Initiated Gene Expression Changes
Ralph DiLeone

Count: 58 9:00 a.m.
Nucleus Accumbens Serotonin (5-HT) 5-HT2C Receptor is Involved in Sensitivity to Obesogenic Food
Noelle Anastasio

Count: 65 9:30 a.m.
Imaging of Brain Dopamine in Binge Eating Disorder
Gene-Jack Wang

Count: 60 10:00 a.m.
Individual Differences in Cue Reactivity: Food and Drugs
Harriet de Wit

Emerging Methods to Examine Fear Regulation

Chair: Kerry Ressler

Count: 75 8:30 a.m.
Development and Expression of Fear Memories during Adolescence
Francis Lee

Count: 134 9:00 a.m.
Epigenetic Regulation of Gene Expression to Examine Mechanisms of Amygdala Plasticity and Fear Learning in Vivo and in Amygdala Primary Cultures
Kerry Ressler

Count: 101 9:30 a.m.
Optogenetic Investigation of Circuit Mechanisms of Anxiety and Anxiolysis
Karl Deisseroth

Count: 103 10:00 a.m.
Using Multi-Electrode Recording in Freely Moving Rats to Probe the Regulation of Fear Memory Formation and Extinction
Donald Rainnie

Circadian Rhythms, Sleep Deprivation and Mood Disorders

Chair: Ted Abel
Co-Chair: Colleen McClung

Count: 81 8:30 a.m.
Rhythms and Blues: How Circadian Genes Regulate Mood
Colleen McClung

Count: 97 9:00 a.m.
Circadian Gene and Sleep Modulation of Reward Circuitry: Implications for Vulnerability to Bipolar Disorder
Mary Phillips

Count: 110 9:30 a.m.
Neurobiological Consequences of Disrupted Sleep: Implications for Depression
Peter Meerlo

Count: 103 10:00 a.m.
Glutamatergic Neurotransmission and Synaptic Homeostasis in the Rapid Antidepressant Effect of Sleep Deprivation
Francesco Benedetti

Data Blitz Session
11:30 a.m. – 1:30 p.m.

Data Blitz Session

This new session is comprised of rigorously timed 5 minute presentations by 12 young investigators that are linked to posters scheduled for that same evening.

11:30 a.m.
DREADDed Decision-Making: Revealing a Role for the 'Direct' Pathway in Reward Preference
Susan Ferguson

11:40 a.m.
A Functional Role for Interleukin 6 in Susceptibility to Depression
Georgia E. Hodes

11:50 a.m.
The Impact of Placebo on IL-18 and its Relation to Analgesic Expectation and Central μ-Opioid Receptor Activation
Alan R. Prossin

Count: 74 12:00 p.m.
Motivational Saliency Signal in Ventral Striatum is modulated by Genetic Variation in the ARC Gene Region
Caroline Zink

12:10 p.m.
Dopamine Transporter Knockdown Mice exhibit Poorer Within-Session Risk Learning in a Mouse Iowa Gambling Task Consistent with Bipolar Mania Patients
Jared W. Young

12:20 p.m.
Evidence that Mutation in Neuregulin 1, a Schizophrenia Susceptibility Gene, alters Glucose Tolerance in Animals
Nancy M. Bivens

12:30 p.m.
A Multi-Center Investigation of Folate plus B12 Supplementation in Schizophrenia
Joshua L. Roffman

12:40 p.m.
A Zebrafish Model for the Functional Analysis of Genes in Autism
Ellen J. Hoffman

12:50 p.m.
Sensory and Motor Contributions to Visuomotor Impairments in Individuals with Autism
Matthew Mosconi

Count: 61 1:00 p.m.
The Role of Orexin in Adverse Menopause-Associated "Hot Flash" and Anxiety Symptoms
Philip Johnson

1:10 p.m.
Progression of Drug Cue-Induced Phasic Dopamine Release from Limbic to Sensorimotor Striatum Mediates Action Selection of Drug-Taking Behavior in a Rodent Model of Drug Addiction
Ingo Willuhn

1:20 p.m.
Mechanisms underlying Hippocampal Dysfunction in Schizophrenia and related psychotic disorders
Scott A. Schobel

Travel Awardee Research Presentations
11:30 a.m. – 1:30 p.m.

Basic Neuroscience of Addiction
Chair: Stephanie O'Malley

Count: 7 11:30 a.m.
Orexin Mediates Yohimbine Actions in BNST and Impaired Extinction of Cocaine Place Preference through a Norepinephrine-Independent Process
Kelly L. Conrad

Count: 16 12:10 p.m.
Csnk1e is a Genetic Regulator of Sensitivity to Psychostimulants and Opioids
Camron D. Bryant

Count: 13 12:50 p.m.
The Glial Modulator Propentofylline impairs Reinstatement in a Rat Model of Cocaine Abuse
Kathryn J. Reissner

Basic Neuroscience of Depression, Anxiety & Stress
Chair: Xavier Castellanos

Count: 12 11:30 a.m.
Differential Role of ΔFosB in the Prefrontal Cortex in CCK Sensitivity and Vulnerability to Stress
Vincent Vialou

Count: 22 12:10 p.m.
Modulation of Adult Hippocampal Neurogenesis through HPA Axis Activity determines the Divergent Effects of Distress and Eustress on Affective Disorders
Michael L. Lehmann

Count: 0 12:50 p.m.
Optical Activation of Nucleus Accumbens Neurons modulates Depression- and Anxiety-Like Behaviors
Mary Kay Lobo

Clinical and Translational Research
Chair: Scott Rauch

Count: 7 11:30 a.m.
Essential Role of Ventral Tegmental Area Dopamine Neurons in Mediating the Induction and Rapid Reversal of Depression-Like Behaviors
Ming-Hu Han

Count: 15 12:10 p.m.
Evidence from Mouse and Man for a Role of Neuregulin 3 in Nicotine Dependence
Jill R. Turner

Count: 12 12:50 p.m.
Changes in Figural Memory Performance and fMRI Activity across the Adult Age Span
Sharna Jamadar

Faculty Research Fellowship Presentations

Chair: Carrie Bearden

Count: 17 11:30 a.m.
Connecting NMDA Receptor signaling to Intellectual Disability and Autism
Gavin Rumbaugh

Count: 22 12:10 p.m.
Neuropsychological Tests as Predictors of Fear Conditioning and Extinction
Karen G. Martinez

Count: 13 12:50 p.m.
The Role for NDEL1 in nNOS Signaling: Implications for Cortical Development and Prefrontal Cortex-mediated Cognitive Behaviors
Atsushi Kamiya

Issues in Ethics: The Perils and Pitfalls of Biomedical Research: Historical and Contemporary Perspectives on the Ethics of Research

Chair: Ellen Frank
Co-Chair: Jeffrey Lieberman

Count: 83 1:30 p.m.
Ports, Patches and Implants: The Ethics of Surgical Interventions to Modify the Brain
Arthur Caplan

Count: 123 2:15 p.m.
Animal Research in Neuropsychopharmacology: What are the Critical Ethical Issues?
David Jentsch

Count: 118 2:35 p.m.
The Process of Informed Consent: The Perspectives of a Clinical Investigator on the Past and Future
Nina Schooler

Tuesday, December 6

Panel Sessions
3:00 p.m. – 5:30 p.m.

Epigenetic Modifications in Development, Aging and Mental Illness

Chair: Barbara Lipska
Co-Chair: Joel Kleinman

Count: 58 3:00 p.m.
Epigenetics and Gene Expression in the Human Brain
Cathy Barr

Count: 77 3:30 p.m.
DNA Methylation Changes in Development and Schizophrenia
Barbara Lipska

Count: 73 4:00 p.m.
Identifying Differentially Methylated Regions in Suicide Completers through Sequence Enrichment using MBD Protein and Next Generation Sequencing
Gustavo Turecki

Count: 68 4:30 p.m.
Maturation of Prefrontal Cortex in Health Disease: A Tail of Epigenomes in Transition
Schahram Akbarian

Molecular Mechanisms Informing PTSD Risk, Treatment and Prophylazis

Chair: Rachel Yehuda
Co-Chair: Eric Vermetten

Count: 79 3:00 p.m.
Molecular Mediators of Stress differentiate Resilience and Risk for PTSD in a Highly Traumatized Population
Kerry Ressler

Count: 79 3:30 p.m.
Cytosine Methylation and Expression of GR Related Genes in Association with PTSD Treatment Response
Rachel Yehuda

Count: 71 4:00 p.m.

Prospective Research in Military Cohorts: The Course of Stress-Related Biological Parameters in Response to Exposure to a War Zone
Eric Vermetten

Count: 67 4:30 p.m.
High Dose Hydrocortisone Immediately after Trauma may alter the Trajectory of Posttraumatic Stress Disorder: Translational Interplay between Clinical and Animal Studies
Joseph Zohar

New Directions in Understanding the Neurocircuitry of Choice, Value, and Decision-Making

Chair: Suzanne Haber
Co-Chair: Steven Grant

Count: 127 3:00 p.m.
Contrasting Reward Signals in Orbitofrontal Cortex and Anterior Cingulate Cortex
Jon Wallis

Count: 124 3:30 p.m.
The Neural Computation and Comparison of Values in Simple Choice
Antonio Rangel

Count: 133 4:00 p.m.
Human Ventral Striatal Neurons during a Gambling Task
Emad Eskandar

Count: 135 4:30 p.m.
Money, Value, and Motivation in Cocaine Addiction: Unique Roles of the vmPFC, ACC, Striatum and Midbrain
Rita Goldstein

A Convergence in Autism and Schizophrenia Genetics: The Conundrum of Shared Risks and Divergent Outcomes

Chair: Matthew State
Co-Chair: Thomas Lehner

Count: 52 3:00 p.m.
Rare CNVs Reveal Genetic Overlap between Autism, Schizophrenia and Bipolar Disorder
Jonathan Sebat

Count: 82 3:30 p.m.
Large-Scale Follow up of Candidate Variants from Sequencing Schizophrenia, Epilepsy and Autism Genomes

David Goldstein

Count: 111 4:00 p.m.
Findings from Number Variation and Whole Exome Sequencing in Autism Spectrum Disorders and the Overlap with Loci Implicated in Schizophrenia
Matthew State

Count: 116 4:30 p.m.
Connecting Genotype-Phenotype in Neurodevelopmental Disorders
Pat Levitt

Neurodevelopmental Pathology of Cortical Interneurons in Schizophrenia: Is it the Journey or the Destination that Matters?

Chair: Cynthia Weickert

Count: 37 3:00 p.m.
Factors determining Migratory Dynamics and Homing of Interneurons
Seong-Seng Tan

Count: 57 3:30 p.m.
Postnatal Interneuron Development: Setting the Cellular Stage for Schizophrenia
Samantha Fung

Count: 84 4:00 p.m.
The Maturation of Neural Synchrony during Human Brain Development
Peter Uhlhaas

Count: 58 4:30 p.m.
Excitatory Projection Neuron Subtypes control the Distribution of Local Inhibitory Interneurons in the Cerebral Cortex
Paola Arlotta

Will We have Drugs or Not? Addressing the Crisis in Neuropsychiatric Drug Discovery

Chair: Eric Nestler
Co-Chair: David Michelson

Count: 229 3:00 p.m.
Better Novel CNS Target Validation for Drug Development is Feasible
William Potter

Count: 325 3:30 p.m.
Who will develop the Next Generation of Medications for Mental Illness? The NIMH Perspective
Thomas Insel

Count: 212 4:00 p.m.
Taking Science Personally: A Non-Profit Research Foundation's Approach to Accelerating Therapeutic Development
Sohini Chowdury

Count: 204 4:30 p.m.
Of Lazarus and Zombies: Looking for Life after Death in Discontinued Compounds
David Michelson

Toward A Neuroimmune-Medicated Subtype of Autism Spectrum Disorders

Chair: Christopher McDougle

Count: 22 3:00 p.m.
Clinical Evidence for an Immune-Mediated Form of Autism
Christopher McDougle

Count: 23 3:30 p.m.
Modeling an Autism Risk Factor in Mice leads to Permanent Changes in the Immune System
Elaine Hsiao

Count: 30 4:00 p.m.
Gene Expression Signatures in Autism Spectrum Disorders
Louis Kunkel

Count: 26 4:30 p.m.
Evidence for an Autoimmune Form of Autism
David Amaral

Wednesday, December 7

Panel Sessions
8:30 a.m. – 11:00 a.m.

Role of Phagocytes in Synaptic Plasticity and Remodeling of Tissues in the Nervous System

Chair: Lei Yu
Co-Chair: Jonathan Pollock

Count: 58 8:30 a.m.
Pruning CNS Synapses: Role of Microglia and the Complement Cascade
Beth Stevens

Count: 62 9:00 a.m.
Engulfment and Elimination of Synpases by Astrocytes
Ben Barres

Count: 57 9:30 a.m.
In Vivo Studies of Microglial Function in Synaptic Plasticity
Wenbiao Gan

Count: 53 10:00 a.m.
Gene Targeting into the 21st Century: Mouse Models of Human Disease from Cancer to Neuropsychiatric Disorders
Mario Capecchi

Neuroactive Cytokines: Critical Therapeutic Targets for Depression and Treatment Resistant Depression?

Chair: Husseini Manji
Co-Chair: Andrew Miller

Count: 119 8:30 a.m.
Cytokines-Neurochemiccals Interaction in Depression: Biochemical, Genetic and Structural Aspects
Aye-Mu Myint

Count: 156 9:00 a.m.
Novel IL-1b Targets for Blockade of the Anti-Neurogenic and Behavioral Actions of Stress
Ronald Duman

Count: 165 9:30 a.m.
The Role of TNFalpha in Synaptic Scaling
Robert Malenka

Count: 221 10:00 a.m.
Inflammation and Treatment Resistance in Major Depression: A Perfect Storm
Andrew Miller

Novel Approaches to Therapeutic Development in Alzheimer Disease

Chair: Ralph Nixon
Co-Chair: Mary Sano

Count: 48 8:30 a.m.
Histone Acetyltransferase (HAT) Activators as Chromatin Remodelers in the Treatment of Alzheimer's Disease
Ottavio Arancio

Count: 58 9:00 a.m.
Proinflammatory Cytokine Overproduction: A Contributor to CNS Pathophysiology that is a Viable Target for Disease Progression Modification
Linda van Eldik

Count: 69 9:30 a.m.
Apolipoprotein-E: An Obvious Target for Alzheimers Disease
Michael Vitek

Count: 55 10:00 a.m.
Targeting Neuronal Protein Indigestion as a Therapeutic Approach for Alzheimer's Disease
Ralph Nixon

Translational Approaches to Understanding Negative Symptoms

Chair: Stephen Marder

Count: 67 8:30 a.m.
Facilitating Novel Treatment Development and Neurobiological Research for Negative Symptoms: Findings from the Collaboration to Advance Negative Symptom Assessment in Schizophrenia (CANSAS)
William Horan

Count: 90 9:00 a.m.
Neural Substrates of Emotion Processing and Expressivity Deficits in Schizophrenia
Raquel Gur

Count: 96 9:30 a.m.
Emotion Experience in Schizophrenia: Timing Matters
Ann Kring

Count: 97 10:00 a.m.
Preclinical Studies Investigating the Neurobiological and Genetic Underpinnings of Motivated Behavior
Jared Young

The Development of Novel Pain Therapeutics: New Strategies to Overcome Drug Discovery Barriers

Chair: Robert Lenox
Co-Chair: Frank Porreca

Count: 40 8:30 a.m.
Identifying Mechanisms underlying Affective Components of Pain and Pain Relief in Rodents to Promote Discovery of New Therapies
Frank Porreca

Count: 42 9:00 a.m.
Imaging Opioid Effects on the Brain – From Preclinical to Postclinical
David Borsook

Count: 45 9:30 a.m.
Neuroimaging as a Tool to Predict Analgesic Efficacy in Chronic Pain Patients and Determine the Significance of Expectation in Clinical Trial Design
Irene Tracey

Count: 51 10:00 a.m.
Overcoming Scientific and Structural Barriers to Discovery of Therapies for Pain
Chas Bountra

Novel Functions of Prefrontal Cortex Regions in Motivated Behavior: Implication for Psychiatric Disorders

Chair: Peter Kalivas

Count: 75 8:30 a.m.
Effects of Cocaine use on the Role of Orbitofrontal Cortex in Learning in Response to Violations in Reward Expectation
Geoffrey Schoenbaum

Count: 115 9:00 a.m.
When the Prefrontal OFF Switch is Broken: How does Extinction Occur?

Jamie Peters

Count: 117 9:30 a.m.
Context-Induced Relapse to Heroin Seeking is Controlled by Selectively Activated Neurons in Ventral but not Dorsal Medial Prefrontal Cortex
Yavin Shaham

Count: 112 10:00 a.m.
Cross-Cortical Phase Synchrony between the Medial Prefrontal Cortex and Anterior Cingulate Cortex during Stimulus Expectancy
Bita Moghaddam

Progress in Understanding the Role of GABA and GABAA Receptor Biology in Psychiatric Disease

Chair: Nicholas Brandon

Count: 71 8:30 a.m.
GABA Signaling, Genetic Variation, Neurodevelopment, and the Molecular Pathology of Schizophrenia
Thomas Hyde

Count: 84 9:00 a.m.
Circuit-Specific Alterations in Mediators of Cortical GABA Neurotransmission in Schizophrenia
David Lewis

Count: 71 9:30 a.m.
Modifying GABAAR Clustering in the Prefrontal Cortex of Mice induces Behavioral Deficits Reminiscent of Schizophrenia
Stephen Moss

Count: 60 10:00 a.m.
GABAergic Regulation of the HPA Axis in Depression
Donald Rainnie

Special Session
12:30 p.m. – 2:00 p.m.

ACNP Special Session: "Ask the Experts"
Career Development Program
Count: 60

Chair: Marlene Freeman
Moderators: Linda Carpenter
Paul Holtzheimer
Panelists:
Pierre Blier Eric Nestler
Linda Brady Philip Ninan
Alan Breier David Rubinow
Wayne Drevets Carol Tamminga
John Krystal Michael Thase

Mini Panel Sessions
3:00 p.m. – 4:15 p.m.

Downstream Effects of Visual and Auditory Perceptual Impairment in Schizophrenia

Chair: Michael Green

Count: 41 3:00 p.m.
To Find the Stream Follow the Waves: Neurophysiological Mechanisms of Downstream Dysfunction
Daniel Javitt

Count: 54 3:25 p.m.
Effects of Visual Perceptual Organization Impairment of Later Cognitive Processing in Schizophrenia
Steven Silverstein

Count: 55 3:50 p.m.
Downstream Ripples of Impaired Perceptual Processing in Schizophrenia
Michael Green

GABA, Glutamate and Neural Synchrony in Schizophrenia

Chair: Lawrence Kegeles
Co-Chair: Steven Siegel

Count: 70 4:15 p.m.
Increasing Signal to Noise Ratio through Modulation of GABAB receptors
Steven Siegel

Count: 77 4:40 p.m.
Glutamatergic Dysfunction in Schizophrenia: A Chemical Shift Imaging and Single Voxel H-MRS Study
Juan Bustillo

Count: 75 5:05 p.m.
GABA and Glutamate-Glutamine in Schizophrenia Measured with Proton Magnetic Resonance Spectroscopy
Lawrence Kegeles

Panel Sessions
3:00 p.m. – 5:30 p.m.

From Genome to Macro-Connectome: Integrating High-Dimensional Genetic, Imaging and Behavioral Data, with Application to Large-Scale Studies of Alzheimer's Disease, Schizophrenia and Substance Abuse

Chair: Vince Calhoun
Co-Chair: Godfrey Pearlson

Count: 51 3:00 p.m.
The Statistical Challenges of High Dimensional Neuroimaging and Genetic Data Analyses
Jean-Baptiste Poline

Count: 60 3:30 p.m.
New Findings in Schizophrenia via Robust Identification of Linked Genetics Factors and Functional Brain Regions within a Multivariate Framework
Vince Calhoun

Count: 63 4:00 p.m.
A Large Scale Multivariate Parallel ICA Method reveals Novel Imaging Genetic Relationships for Alzheimer's Disease in the ADNI Cohort
Godfrey Pearlson

Count: 48 4:30 p.m.
Substance Use Disorders: Linking Genes, BOLD Response, and Clinical Phenotypes
Kent Hutchison

Novel Synaptic Targets in Depression Emerging from Clinical, Biochemical, and Circuit Based Approaches

Chair: Lisa Monteggia
Co-Chair: Lois Winsky

Count: 119 3:00 p.m.
Is Synaptic Plasticity Involved in the Mechanism Underlying the Rapid Antidepressant Effects of N-Methyl-D-Aspartate Receptor Antagonists?
Carlos Zarate

Count: 157 3:30 p.m.
NMDA Receptor Blockade at Rest Triggers Rapid Behavioural Antidepressant Responses
Lisa Monteggia

Count: 140 4:00 p.m.
Fast Optical Probing of Mechanisms underlying Depression-Related Behaviors
Melissa Warden

Count: 114 4:30 p.m.
Synaptic Mechanisms in Models of Depression
Roberto Malinow

The Autism Sequencing Consortium (ASC): Unraveling the Genetic and Functional Architecture of Autism Spectrum Disorders

Chair: Thomas Lehner
Co-Chair: Matthew State

Count: 40 3:00 p.m.
Applying Biological Pathways to Next-Generation Sequence Data in Autism Spectrum Disorders
Joseph Buxbaum

Count: 65 3:30 p.m.
The Genetic Architecture of Autism Spectrum- and Related-Neurodevelopmental Disorders Revealed through High-Resolution Genome Analysis
Stephen Scherer

Count: 66 4:00 p.m.
Examples of Recessive and Oligogenic Disease
Richard Gibbs

Count: 64 4:30 p.m.
Transcriptome and Genome Analysis of ASD
Daniel Geschwind

Neural Mechanisms of Environmental Risk for Psychiatric Disorders

Chair: Anders Meyer-Lindenberg
Co-Chair: Charles Nemeroff

Count: 91 3:00 p.m.
Risk, Resilience and Gene-Environment Interplay in Primates
Stephen Suomi

Count: 123 3:30 p.m.

Neurobiology of Gene-Environment Interactions in Mediating Child Abuse Associated Risk for Mood and Anxiety Disorders
Charles Nemeroff

Count: 129 4:00 p.m.
How does Cannabis Increase Risk of Schizophrenia?
Robin Murray

Count: 110 4:30 p.m.
Neural Mechanisms for Environmental Risk Related to Urbanicity and Migration
Andreas Meyer-Lindenberg

Gimme Another Hit of Chocolate. Is Food Addictive?

Chair: Walter Kaye
Co-Chair: Guido Frank

Count: 71 3:00 p.m.
Neurobiology of Compulsive Eating: Role for Striatal Dopamine D2 Receptors
Paul Kenny

Count: 88 3:30 p.m.
Overeating of Sugars and Fats: Links to Addiction and Obesity
Nicole Avena

Count: 78 4:00 p.m.
Excessive Over- and Under- Eating Differentially Determine Brain Reward Learning in Humans
Guido Frank

Count: 65 4:30 p.m.
Is Food Restriction in Anorexia Nervosa caused by Reduced Reward and/or Increased Inhibition?
Walter Kaye

Drug of Abuse during Adolescence: A Developmental Period of Vulnerability or Resilience?

Chair: Susan Anderson
Co-Chair: Patricio O'Donnell

Count: 48 3:00 p.m.
The Relationship between Substance Use and Brain Development in Human Adolescents: Insights from Neuroimaging
Adriana Galvan

Count: 53 3:30 p.m.
Adolescence is a Period of High Risk for Addiction: The Role of Prefrontal Dopamine System and Cocaine Cues in Rats
Susan Anderson

Count: 55 4:00 p.m.
Mechanisms of Adolescent (in) Vulnerability
Kyle Frantz

Count: 39 4:30 p.m.
Unique Effects of Nicotine on Adolescent Limbic System Function
Frances Leslie

Special Session
7:30 p.m. – 9:00 p.m.

An Oral History of Neuropsychopharmacology

Chair: Samuel Gershon
Co-Chair: Martin M. Katz

7:30 p.m.
Volume 1: Starting Up (ed. Edward Shorter) Volume 2: Neurophysiology (ed. Max Fink)
Edward Shorter

7:40 p.m.
Volume 3: Neuropharmacology, The Neurotransmitter Era
Fridolin Sulser (ed.)

7:50 p.m.
Volume 4: Psychopharmacology (ed. Jerome Levine)
Donald Klein

Count: 52 8:00 p.m.
Volume 5: Neuropsychopharmacology (ed. Samuel Gershon)
David Janowsky

8:10 p.m.
Volume 6: Addiction
Herbert D. Kleber (ed.)

8:20 p.m.
Volume 7: Special Areas (ed. Barry Blackwell)
Volume 8: Diverse Topics (ed. Carl Salzman)
Volume 9: Update (ed. Barry Blackwell)
Carl Salzman

8:30 p.m.
Volume 10: History of the ACNP
Martin M. Katz (ed.), John Davis

Thursday, December 8

Mini Panel Sessions
8:00 a.m. – 9:15 a.m.

The Use of Intraoperative Techniques to Assess the Physiology of the Anterior Cingulate Cortex

Chair: Darin Dougherty

Count: 29 8:00 a.m.
Boundaries of Anterior Cingulate Cortex and Midcingulate Concept
Brent Vogt

Count: 34 8:25 a.m.
Intraoperative Physiologic Evidence of Anterior Cingulate Cortex Modulation of Autonomic Arousal and Neuroimaging Correlations
Andre Gentil

Count: 33 8:50 a.m.
Human Anterior Dorsal Cingulate Neuronal Activity during a Stropp Interference Task
Emad Eskandar

Mini Panel Session
9:15 a.m. – 10:30 a.m.

Genes, Fear and Anxiety: From Mice to Humans

Chair: John Neumaier
Co-Chair: Larry Zweifel

Count: 27 9:15 a.m.
Genetic Factors driving Corticolimbic Mediation of Fear in Mouse Models
Andrew Holmes

Count: 50 9:40 a.m.
Genetic Dissection of the Role of Phase Dopamine in Fear Processing and Generalized Anxiety
Larry Zweifel

Count: 55 10:05 a.m.
Neural Correlates of Impaired Fear Inhibition and Extinction in PTSD
Tanja Jovanovic

Panel Session
8:00 a.m. – 10:30 a.m.

Glutamate Targets for CNS Therapy: Insights Obtained from a Potential Dynamic Duo

Chair: Dean Wong
Co-Chair: Rikki Waterhouse

Count: 79 8:00 a.m.
Glycine Transporter-1 and Metabotropic Glutamate Receptor mGluR5 as Potential Therapeutic Targets for Schizophrenia
Kenji Hashimoto

Count: 113 8:30 a.m.
Modulation of Glutamatergic and Dopaminergic Transmission by RG1678, a Novel and Potent Glycine Reuptake Inhibitor
Daniela Alberati

Count: 110 9:00 a.m.
Imaging Biomarkers for Glutamate: Focus on mGluR5glyT
Dean Wong

Count: 123 9:30 a.m.
Pharmacological Strategies for NMDAR Enhancement
Daniel Javitt

Beyond Genome-Wide Association Studies: New Approaches to Risk of Psychiatric Illness

Chair: Robert Freedman

Count: 40 8:00 a.m.
De Novo Copy Number Variants Confer Risk for Bipolar Disorder, Schizophrenia and Autism
Jonathan Sebat

Count: 61 8:30 a.m.
Genomic Studies of Rare and Common Variation in Schizophrenia and Bipolar Disorder
Shaun Purcell

Count: 55 9:00 a.m.
Brain eQTLs and Function-based GWAS of Bipolar Disorder identified Novel Disease Risk Gene
Chunyu Liu

Count: 67 9:30 a.m.

Biologic and Epidemic Approaches to Risk of Psychiatric Illness
Elliot Gershon

Rapid Acting Antidepressants increase Synaptogenesis

Chair: Ronald Duman
Co-Chair: Wayne Drevets

Count: 59 8:00 a.m.
Scopolamine Produces a Rapid Antidepressant Response: Comparison with Ketamine
Wayne Drevets

Count: 93 8:30 a.m.
Rapid-Acting Antidepressants Require mTOR Signaling and Synaptic Protein Synthesis
Ronad Duman

Count: 109 9:00 a.m.
Synaptogenesis and Rapidly Acting Antidepressants: Comparison between Ketamine and Scopolomine
George Aghajanian

Count: 96 9:30 a.m.
Aging alters Stress-Induced Structural Plasticity and Recovery in Medial Prefrontal Cortex
John Morrison

The Putative Role of ER Stress in Neuropsychiatric Illness

Chair: David Bredt
Co-Chair: Guang Chen

Count: 15 8:00 a.m.
Impact of Endoplasmic Reticulum (ER) Signaling on Neuroplasticity and Neuronal Survival
Michael Jackson

Count: 14 8:30 a.m.
A Possible Role of XBP1 in Neural Pasticity
Takaoki Kasahara

Count: 18 9:00 a.m.
Oxidative Damage to Biomolecules as a Potential Therapeutic Target for Bipolar Disorder
L. Trevor Young

Count: 16 9:30 a.m.

Roles of ER Stress Modluators, Bcl-2 and BI-1, in Stress Coping and Action of Antidepressant
Guang Chen

Sex Differences in Brain and Behavior: Emerging Genetic and Cellular Mechanisms

Chair: Rita Valentino
Co-Chair: C. Neill Epperson

Count: 28 8:00 a.m.
Parent-of-Origin Effects in the Male and Female Mouse Brain
Christopher Gregg

Count: 42 8:30 a.m.
Sex Chromosome Genes and Hormones Interact to Mediate Behavior
Emilie Rissman

Count: 53 9:00 a.m.
Sex Differences in Stress Responses: From Molecules to Mood
Debra Bangasser

Count: 37 9:30 a.m.
Sex-Specific Signaling Mechanisms in Schizophrenia
Eugenia Gurevich

Serotonin Signaling during Development: Unexpected Sources, Large Neuron Heterogeneity, Limited System Plasticity and Big Impact on Physiology and Behavior

Chair: Sheryl Beck
Co-Chair: Mark Ansorge

Count: 28 8:00 a.m.
Developmental and Physiological Properties of Raphe Neuron Subpopulations
Sheryl Beck

Count: 37 8:30 a.m.
The Placenta, Serotonin and Developmental Programming
Pat Levitt

Count: 28 9:00 a.m.
Redefining Brain Serotonergic Neurons by Genetic Lineage and Selective in Vivo Silencing
Russell Ray

Count: 38 9:30 a.m.
Serotonin Signaling during Development – Impact on Raphe Function, Limbic Circuitry and Behavior
Mark Ansorge

Panel Sessions
12:00 p.m. – 2:30 p.m.

APOE and Alzheimer's Disease: Neurosusceptibility, Neuroprotection and New Treatments

Chair: Terry Goldberg
Co-Chair: Steven Paul

Count: 34 12:00 p.m.
Brain Imaging, Genomics, and the Prevention of Alzheimer's Disease
Eric Reiman

Count: 41 12:30 p.m.
APOE2 and Neuroprotective Responses: Molecular, Biomarker, and Cognitive Findings
Terry Goldberg

Count: 33 1:00 p.m.
Apolipoprotein E4: A Causative Factor and Therapeutic Target in Neuropathology, including Alzheimer's Disease
Robert Mahley

Count: 28 1:30 p.m.
ApoE and the Molecular Pathogenesis of Alzheimer's Disease: Therapeutic Implications
Steven Paul

From Transcription to Oscillations: How Sick Interneurons create a Schizophrenia-Like Phenotype

Chair: James Meador-Woodruff
Co-Chair: Rita Cowell

Count: 22 12:00 p.m.
A Critical Role for PGC-1a in the Transcriptional Control of Parvalbumin-Positive Interneuron Function
Rita Cowell

Count: 30 12:30 p.m.
What's Wrong with Cortical Disinhibition? Exploring the Role of GABAergic Interneuron Dysfunction in Distinct Neuropsychiatric Disorder-Like Phenotypes
Kazu Nakazawa

Count: 37 1:00 p.m.
Recurrent Excitation-Inhibition in Local Cortical Circuits: Synaptic Properties Relevant for Gamma Oscillations
Guillermo Gonzalez-Burgos

Count: 34 1:30 p.m.
Cell Type Selective Reduction in NMDAR1 leads to Cognitive and Negative Symptom-like Deficits
Steven Siegel

Contribution of Genetic Epidemiology to Identifying Genetic and Environmental Risk Factors for Neurologic and Psychiatric Disorders

Chair: Kathleen Merikangas
Co-Chair: Emmanuel Mignot

Count: 16 12:00 p.m.
Sources of Heterogeneity of Migraine: Longitudinal Stability and Comorbidity with Mood Disorders
Kathleen Merikangas

Count: 22 12:30 p.m.
Genetic Studies of Schizophrenia in Sweden: Population-Based Samples, Discordant Mono-Zygotic Twins and Co-Morbidity with Bipolar Disorder and Infantile Autism
Christina Hultman

Count: 30 1:00 p.m.
Genetic Heritability, Shared Environmental Factors, and Sex Differences among Twin Pairs with Autism
Neil Risch

Count: 26 1:30 p.m.
Interaction between Genetic Susceptibility and Infections in the Etiology of Narcolepsy
Emmanuel Mignot

Is Love Epigenetic? Transformative Effects of Social Experiences and of Oxytocin

Chair: James Harris
Co-Chair: James Leckman

Count: 54 12:00 p.m.
Social Monogamy as a Model for Love: Does Oxytocin Explain the Protective Effects of Love?
Sue Carter

Count: 69 12:30 p.m.
The Epigenetics of Social Behavior and the Oxytocin Receptor
Jessica Connelly

Count: 60 1:00 p.m.
Epigenetic and Transgenerational Transmission of Individual Differences in Maternal Behaviour: Role of Estrogen Receptor Alpha, BDNF and Oxytocin – Dopamine Interactions in Regulation of Maternal Mood
Michael Merzenich

Count: 66 1:30 p.m.
The Cross Generation Transmission of Social Affiliation in Humans: Oxytocin, Brain, and Interactive Synchrony
Ruth Feldman

Enhancing Cognitive Performance: Molecular, Pharmacological and Experimental Strategies

Chair: Robert Bilder

Count: 73 12:00 p.m.
Cognitive Enhancement in Animal Models of Neuropsychiatric Disorder
Trevor Robbins

Count: 75 12:30 p.m.
The Role of Insulin-Like Growth Factors and Insulin in Memory Enhancement
Cristina Alberini

Count: 69 1:00 p.m.
Brain Plasticity Perspective about the Origin & Treatment of Psychiatric Illness
Michael Merzenich

Count: 77 1:30 p.m.

Cognitive Enhancing Drugs and Society
Barbara Sahakian

Functional Connectivity in Neural Systems as a Developmental Abnormality in Creating Risk for Bipolar Disorder

Chair: Kiki Chang

Count: 25 12:00 p.m.
Anterior Limbic Abnormalities in Youth with Bipolar Parent
Melissa DelBello

Count: 33 12:30 p.m.
Abnormal Structural and Functional Integrity of Emotion Regulation Neural Circuitry differentiate Healthy Adolescents at High Risk for Mood Disorders from Healthy Low-Risk Adolescents
Mary Phillips

Count: 35 1:00 p.m.
Brian Activation Predicts Clinical Change following Family Focused Therapy in Youth at High-Risk for Bipolar Disorder
Amy Garrett

Count: 22 1:30 p.m.
Functional Connectivity Abnormalities in Youth at High-Risk for Bipolar Disorder
Kiki Chang

Optogenetic Dissection of Cortico-Limbic Circuit Function and Dysfunction

Chair: Lorna Role

Count: 55 12:00 p.m.
Optogenetic Probe of the Role of Cholinergic Neurons in Cocaine Conditioning
Karl Deisseroth

Count: 63 12:30 p.m.
Optogenetic Tuning of Cholinergic Inputs to Basolateral Amygdala
Lorna Role

Count: 53 1:00 p.m.
Optogenetic Dissection of Development and Function of Newborn Neurons in the Adult Brain
Shaoyu Ge

Count: 54 1:30 p.m.
Optogenetic Manipulation of Cortical Activity alters Behavioral Flexibility in Making and Breaking Habits
Ann Graybiel

Translating Pharmacogenetics into Clinical Utility: Optimizing the Phenotype

Chair: Thomas Schulze
Co-Chair: Anil Malhotra

Count: 25 12:00 p.m.
Common and Rare Variation in the POMC Pathway Contributes to Antipsychotic Drug-Induced Weight Gain
Anil Malhotra

Count: 24 12:30 p.m.
Genetic Variation in CYP450s Impacts Clearance of Antipsychotics
Kristin Bigos

Count: 22 1:00 p.m.
Rare Outcomes and Rare Alleles in Treatment-Resistant Depression
Gonzalo Laje

Count: 15 1:30 p.m.
The Consortium on Lithium Genetics (ConLiGen): Phenotypic Characterization and Genome-Wide Association Study of Lithium Response
Thomas Schulze

ACNP Annual Meeting Financial Report

	2009 Meeting	2010 Meeting	2011 Meeting
Ordinary Income/Expense			
Income			
	921,700.00	975,018.00	847,110.00
4-400 · Annual Meeting Registration	14,400.00	15,760.00	13,320.00
CME Credit			
50th Anniversary Merchandise Sales	--	--	1,920.00
Hotel Rebates & Commissions	118,840.35	140,222.70	152,118.57
Corporate Support	239,165.00	255,830.00	80,000.00
Convention & Tourism Support	40,000.00	--	--
Total Income	1,334,105.35	1,386,830.70	1,094,468.57
Expense			
Abstracts On Line	34,150.99	33,391.00	18,624.30
Audio/Visual	113,438.27	114,514.59	125,970.39
CME Credits	12,500.00	10,000.00	10,000.00
Credit Card Processing Fees	29,351.98	31,147.92	30,809.28
Copying	335.26	264.04	624.70
Honoraria	7,000.00	6,500.00	6,273.10
Insurance – Event Cancellation	5,421.66	3,614.78	--
Food & Beverage	348,582.39	383,643.37	519,032.21
Poster Sessions	135,643.20	155,129.78	140,721.50
Other	2,954.90	3,557.40	6,901.29
Shuttles	489.01	--	16,352.98
Meeting Decorations	10,420.00	7,840.00	6,726.00
Meeting Management Fee	62,000.00	62,000.00	--
Meeting Rooms	--	--	1,822.94
Office Expenses (Supplies)	19,033.98	10,742.00	12,870.83
Printing	33,844.42	34,026.20	35,342.75
Computer Exp	3,227.50	540.00	931.50
Professional Fees/GYMR	43,200.35	50,042.96	16,297.55
Shipping	6,994.73	5,532.88	23,292.43
Telephone	1,035.44	4,954.70	1,009.27
Travel	190,661.60	197,042.86	265,578.33
Overhead Expense	182,579.50	185,385.24	194,597.71
Total Meeting Cost	1,242,865.18	1,299,869.72	1,433,779.06
Net Income	91,240.17	86,960.98	(339,310.49)

	2009	2010	2011
Total meeting cost/Scientific Registrants	$753.71	$738.98	$921.45
Total meeting cost/Total Attendees	$692.79	$677.72	$768.37
Food & Beverage cost/Total Attendee	$262.31	$275.29	$348.41