

2013

**ACNP 52nd Annual Meeting
Evaluation Report**

**Westin Diplomat
Hollywood, Florida
December 8-12, 2013**



MEMORANDUM

DATE: April 2014

TO: 2014 Council & Program Committee Chairs

FROM: Ronnie Wilkins

SUBJECT: 2013 ACNP Annual Meeting Evaluation Results

The ACNP staff has prepared a comprehensive report of the evaluations from the 2013 Annual Meeting for each of you to review prior to the Program Committee meeting in July. 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 2014 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.

We will be sending the report to the full committee in June as we get closer to the summer meeting date. I think it is especially important for each committee member to review the general comments and topic suggestions. One commonality found in the comments area is that many respondents believe there is not enough clinical science offered at the meeting. 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.

One further item of note from the report is social media. A Twitter feed was available for the first time at the 2013 meeting. While only 2% of the respondents indicated participating in the feed. Of those who participated, 86% indicated they found the Twitter feed helpful.

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 Washington, D.C. soon.

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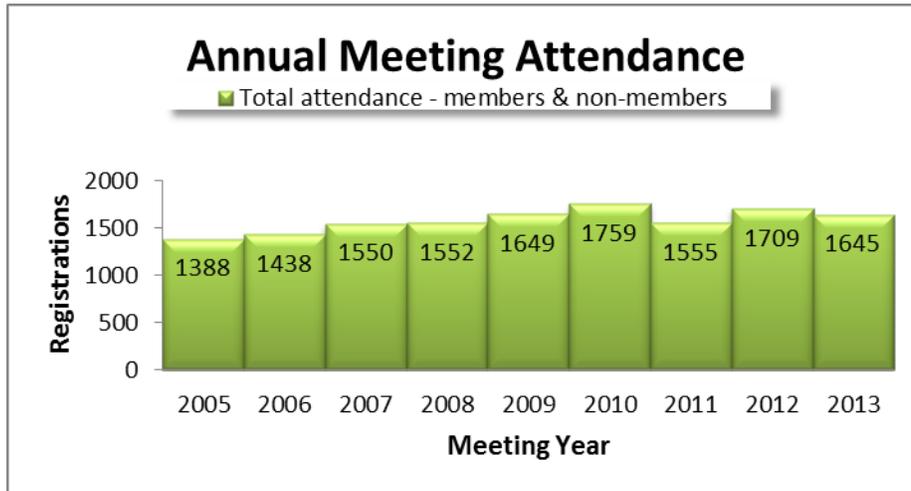
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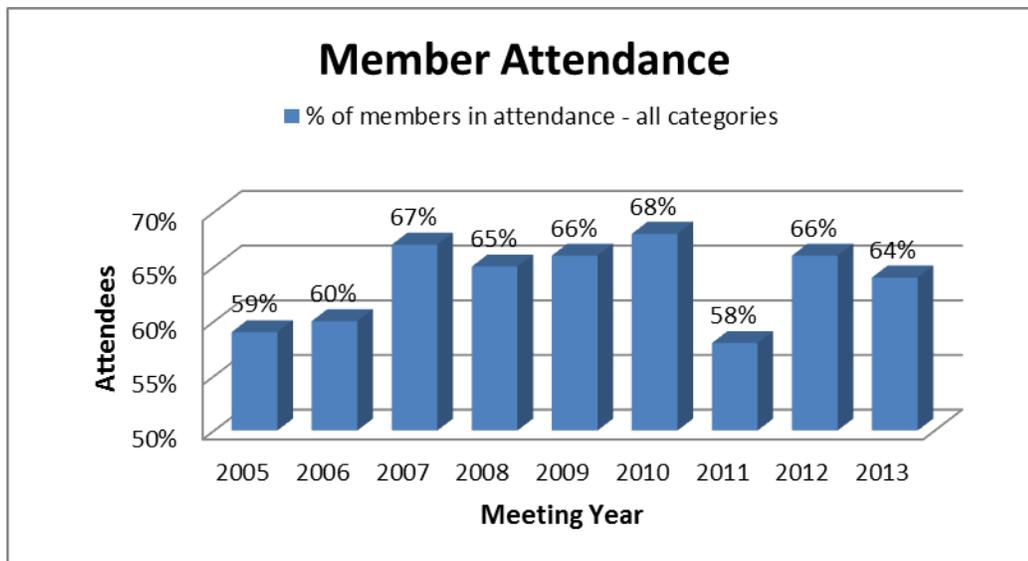
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Meeting Attendance

- Attendance was down 4% as compared to the 2012 meeting and 7% from the 2010 meeting both held in south Florida and up by 6% from the 2011 meeting in Hawaii.



- The 2013 meeting had 64% of members (across all categories) in attendance as compared to 66% in 2012, 58% in 2011, 68% in 2010, 66% in 2009, 65% in 2008 and 67% in 2007. The 2011 50th anniversary meeting was held in Hawaii. The 2012, 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.

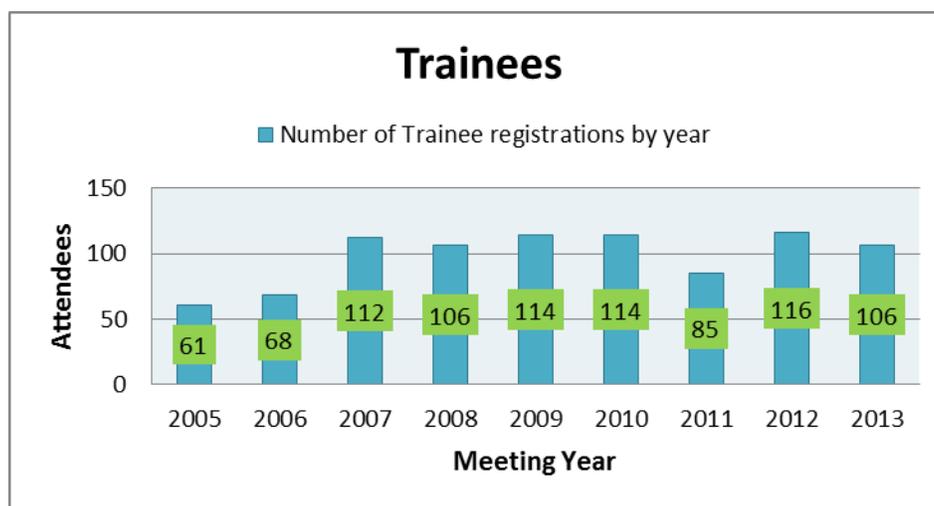


- 106 trainees attended this year's meeting down slightly from 116 in 2012. In 2011, 85 trainees attended the meeting down from 114 in 2009 & 2010. The

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number of trainees increased steadily beginning with the 2007 meeting and continued through the 2010 meeting in Miami likely due to the availability of the ACNP Invitation Bank for young scientists. In 2012, Council approved changes to the invitation bank. Beginning in 2013, the invitation bank had a set 100 invitations that a member could request for an early career researcher who is within 10 years of their last training or someone with a first time R award or K awards. The 10 year limit was a reduction from the previous 15 year limit. All 100 invitations were used for the 2013 meeting. 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, 14 invitations were used in 2013 up from 4 in 2012.

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- Complete attendance records by category from 2005 through 2013 may be found in Section 1.

Meeting Evaluation Results

The Meeting Evaluation form had a total of 48 items:

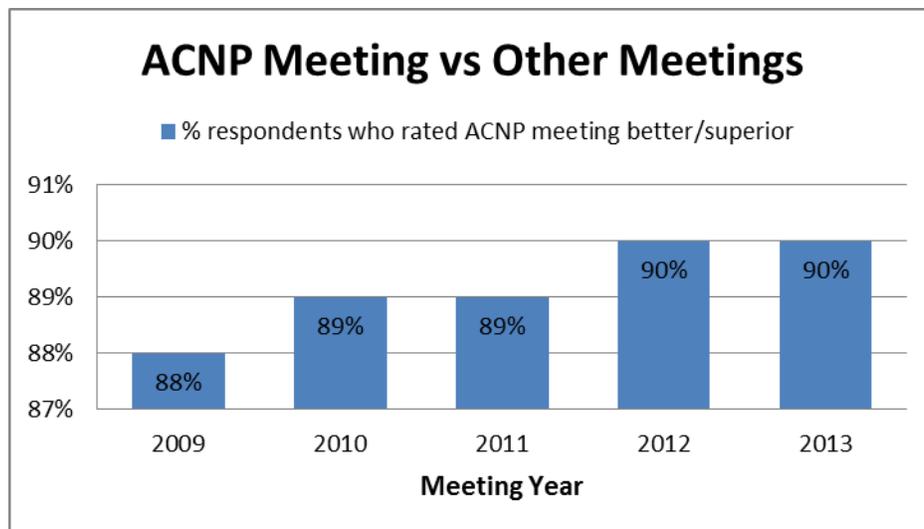
- 6 relating to scientific content of the program;
- 5 relating to the performance of the speakers;
- 2 relating to off-label or investigational use of drugs;
- 3 related to the impact of the meeting in terms of changing the way the respondent practices;
- 13 relating to meeting administration and logistics;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

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- 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.

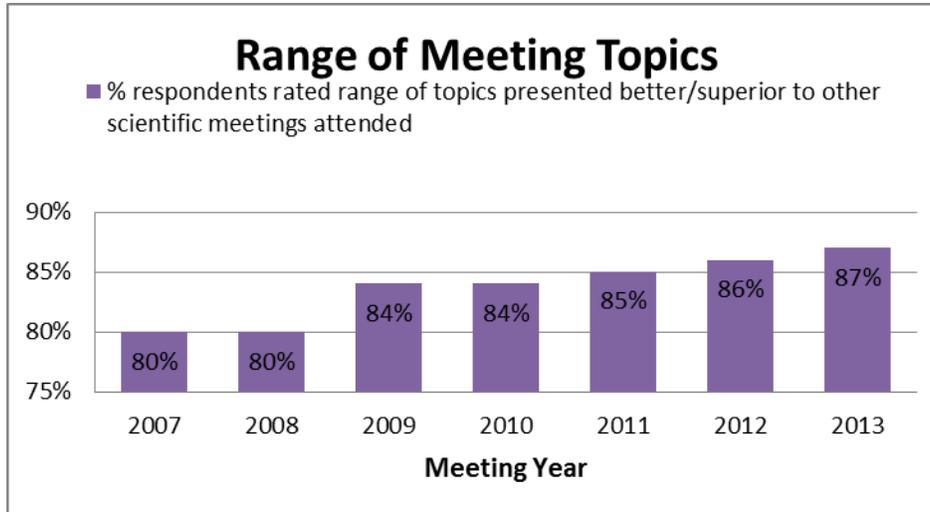
In 2013, 582 evaluations were completed representing 35% of attendees, compared to 685 (40%) in 2012, 599 (39%) in 2011, 794 (45%) in 2010, 676 (41%) in 2009 and 619 (40%) in 2008. Of the 582 completed evaluations, 56% requested CME credit, 3% requested a certificate of attendance.

- On the item asking respondents to compare the ACNP meeting with other meetings they attend, 90% rated it “better than most” or “clearly superior”. This remained steady at 90% in 2012, 89% in 2011 and 2010 and was a slight increase from 2009 where 88% rated the meeting “better than most” or “clearly superior.”

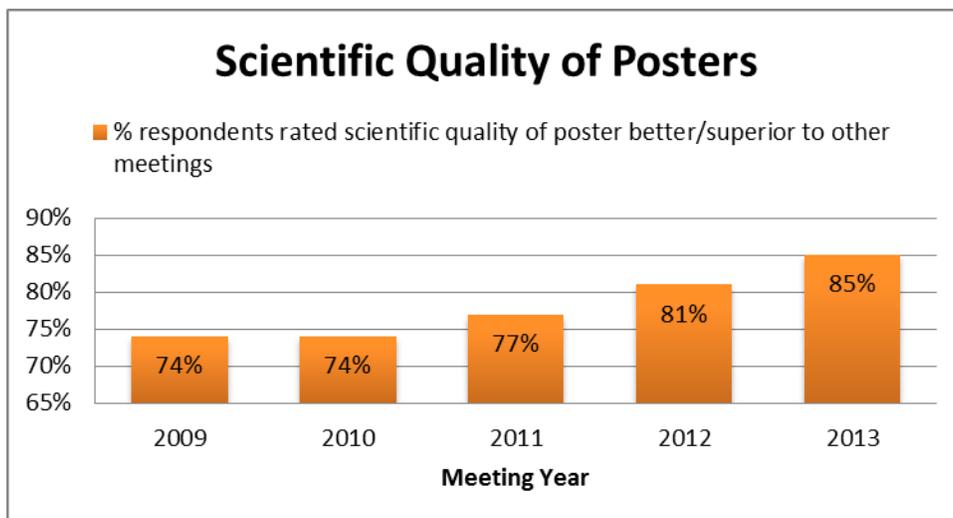


- 87% of respondents rated the range of topics presented at the meeting “better than most” or “clearly superior” in relation to other meetings they attend. This compares to 86% in 2012, 85% in 2011, 84% in both 2009 and 2010 and 80% reported in 2006 and 2007.

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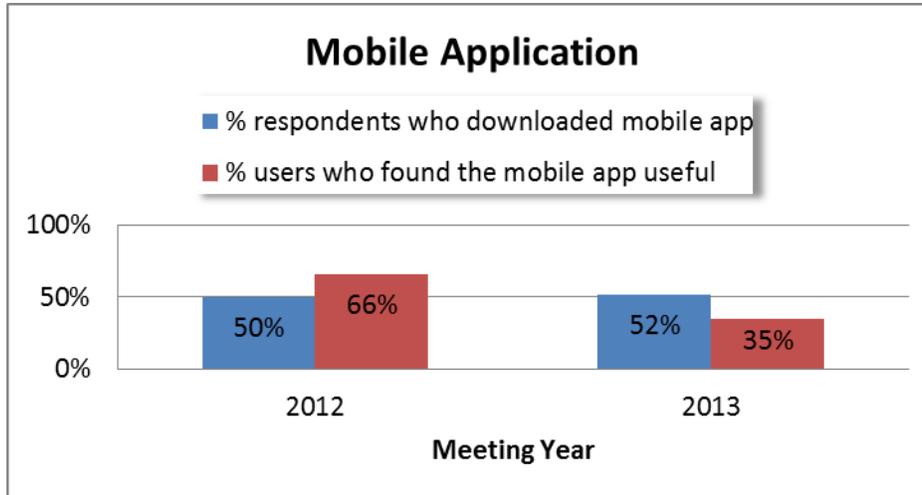


- 85% of respondents rated the scientific quality of the posters presented at the Annual Meeting “better than most” or “clearly superior” in relation to other meetings they attend. This was an increase from 81% in 2012, 77% in 2011, and 74% in 2010 & 2009.



- 52% of the respondents indicated they downloaded the annual meeting mobile application. Of the respondents who downloaded the app, only 35% found the application useful. This was a decrease from 2012 where 66% found the application useful. The Executive Office is taking measure to ensure a better performing product to be used for the 2014 meeting in Arizona.

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- 61% of respondents indicated they either had viewed or planned to view posters in the ePoster Gallery. 81% of respondents found the ePoster Gallery helpful and 39% of respondents indicated they uploaded an e-poster to the ePoster Gallery. This question was new to the meeting evaluation in 2013; no comparison data is available.

60% or 420 of the 697 total posters were uploaded to the e-poster gallery. Additionally 61 photographed posters were added during the meeting by ACNP staff, increasing the total number of uploaded posters to 481 (69%). A total of 308 voice posters were uploaded or 44% of the total poster presentations.

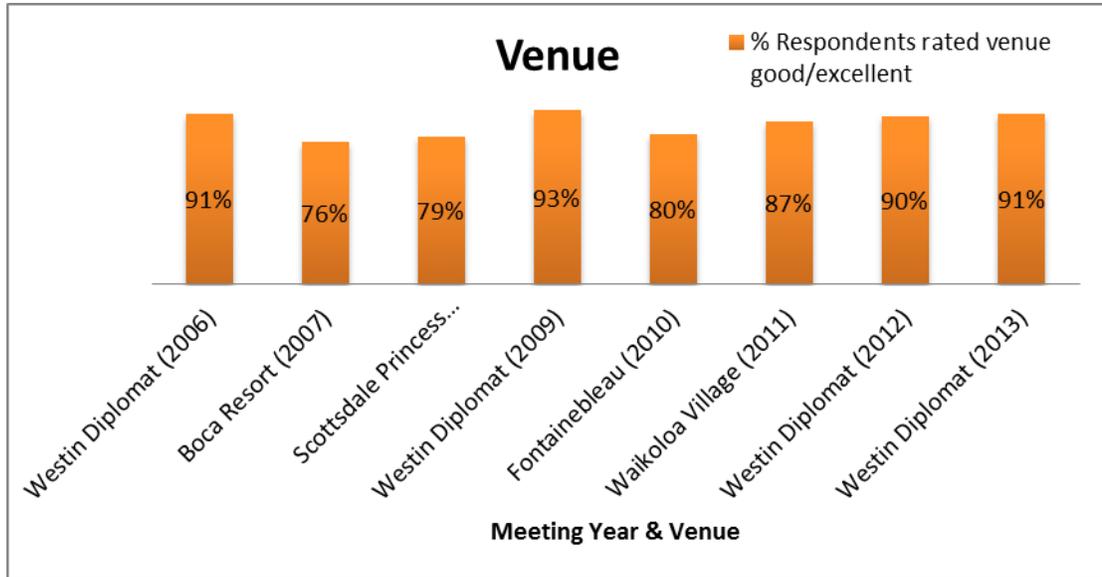
- Comments about the meeting content, general comments and suggestions for future topics and speakers are included at the end of the report.

Venue Summary

Data from the evaluations that specifically applied to Hollywood, Florida and/or the Westin Diplomat are summarized here.

- In 2013 69% of respondents stayed at the Westin Diplomat. 91% of respondents rated their hotel “good” or “excellent.” In 2012, 69% of the respondents stayed at the Westin Diplomat. 90 % of respondents rated their hotel “good” or “excellent.” In 2011, 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 2009. 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 respondents rated the Westin Diplomat meeting space excellent or good. The Westin Diplomat remains the highest rated hotel to date.

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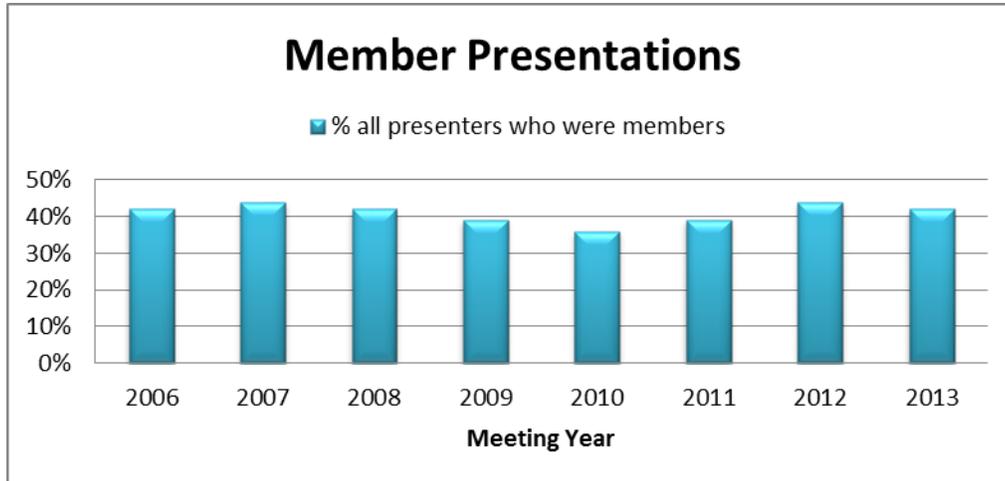
- Comments on the meeting venue have been compiled and may be found at the end of the report.

Annual Meeting Presenter

In 2012, a policy change was instituted by Council that limits to one (1), the number of presenter roles per participant. Data on the number of repeat presenters from 2006 to 2012 can be viewed in Section 4.

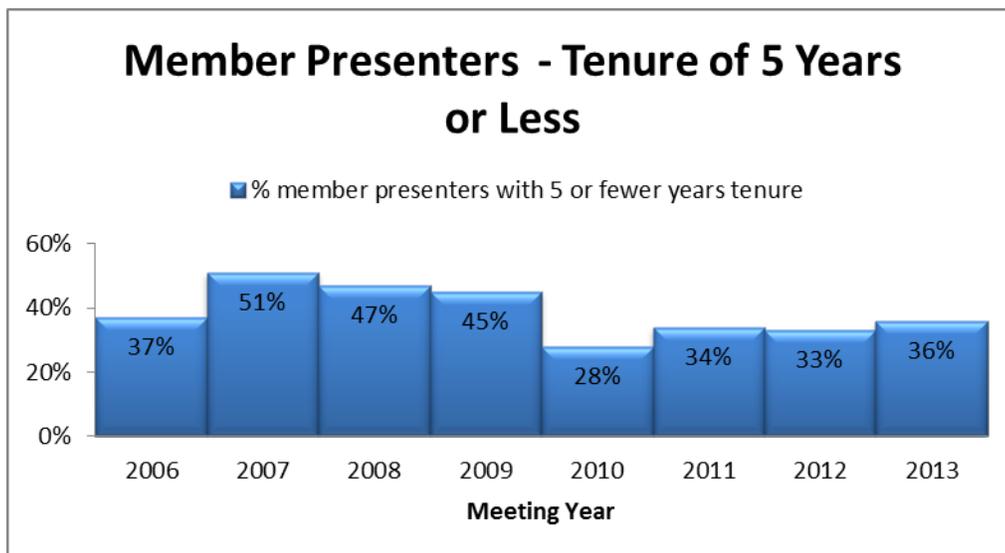
- Twenty-three (23) of the 239 panelists in 2013 also presented during the 2012 Annual Meeting (members and non-members).
- From 2006 to 2013, the percentage of ACNP members who presented in two consecutive meetings ranged from 18% to 27%, when calculated as a percentage of members who were presenting. In 2013, 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 2013, the percentage was 8%.
- The percentage of all panelists who were ACNP members was 42% in 2013. From 2006 to 2013, the overall average percentage of ACNP member presenters was 41%.

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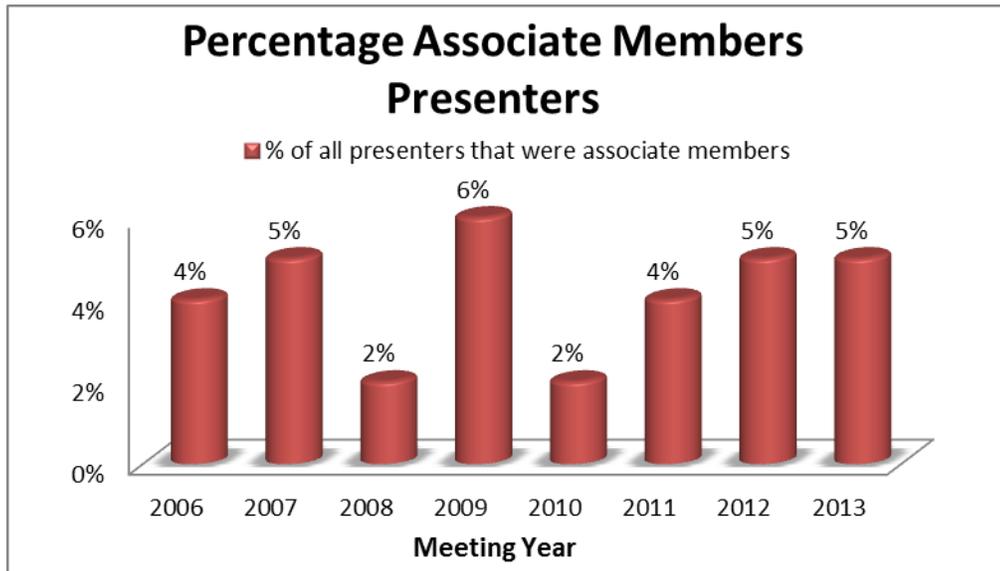
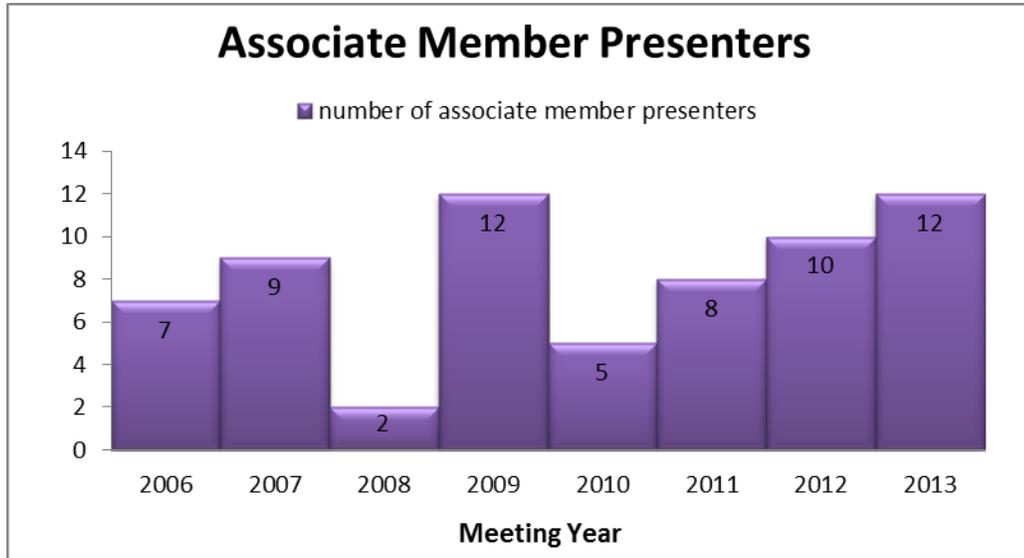
The Program Committee has been focused on increasing representation of younger members as presenters.

- In 2013, 37% of the members presenting had been ACNP members for 5 years or less. In 2012, 33% of the members presenting had been ACNP members for 5 years or less and in 2011, 34% were 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.



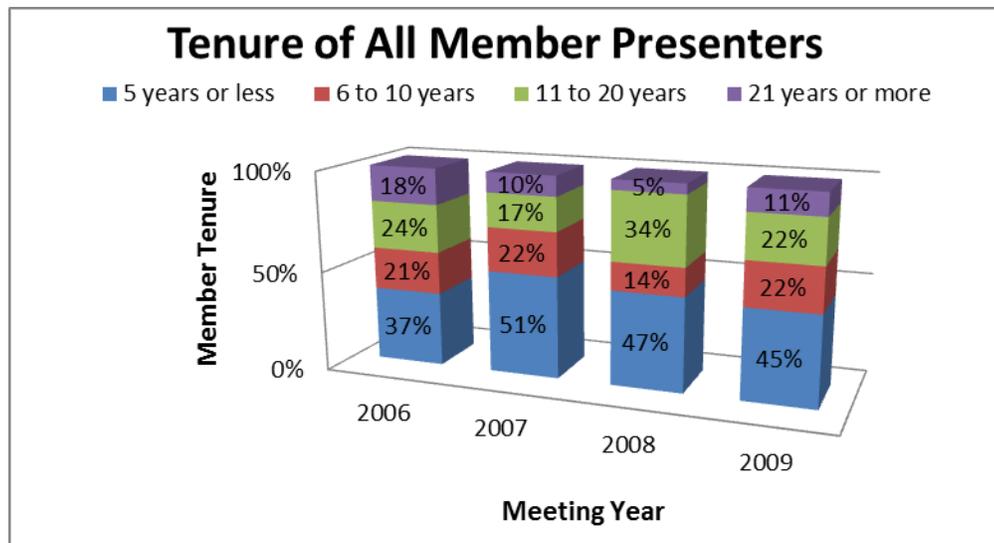
- In 2011, Council charged the Program Committee to give special consideration to panel proposals that included Associate Members. In 2013, there were 12 Associate Member presenters, an increase from 10 in 2012, 8 in 2011, 5 in 2010, 2 in 2008, 9 in 2007, and 7 in 2006. In 2009, there were also 12 Associate Member presenters.

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- The number of members presenting who have been members for more than 20 years was 18% in 2013, in comparison to 13% in 2012, to 21% in 2011, 18% in 2010, 11% in 2009, 5% in 2008, 10% in 2007, and 18% in 2006.

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Session Counts

Attendance was counted during special sessions, each presentation in panel and mini-panel sessions and in study groups. During the sessions, the counts were conducted at the mid-way point of each presentation. A summary of the average attendance of each session and the session time frame may be found in Section 5. Panel sessions with the highest attendance were well distributed throughout the program. The most popular panel sessions were:

- Panel - “Can Biology Inform Treatment Prediction and Selection in Depression?”; Chaired by: Emit Etkin
- Panel - “The Role of Inflammation in the Pathophysiology of Mood, Aggressive and Medical Disorders: a Deadly Combination”; Chaired by: Emil Coccaro
- Panel - “An Update from the Clinic on mGluR2/3 Approaches for Treating Schizophrenia – Understanding Human Circuit Engagement through to Recent Clinical Trials”; Chaired by: Nicholas Brandon
- Panel – “The Future of Translational Research in Addiction”; Chaired by: Harriet de Wit
- Panel – “Augmentation of Antidepressant Response by Autoreceptor-Mediated Mechanisms: Clinical Experience and Mechanisms of Action”; Chaired by: Salomon Langer
- Mini-Panel – “Developing Imaging Biomarkers for Treatment Development: Beyond CNTRICS, CNTRaCs and NEWMEDS”; Chaired by: Cameron Carter
- Panel – “Brain on Fire: Inflammation in Neurological and Psychiatric Illness”; Chaired by: Scott Russo

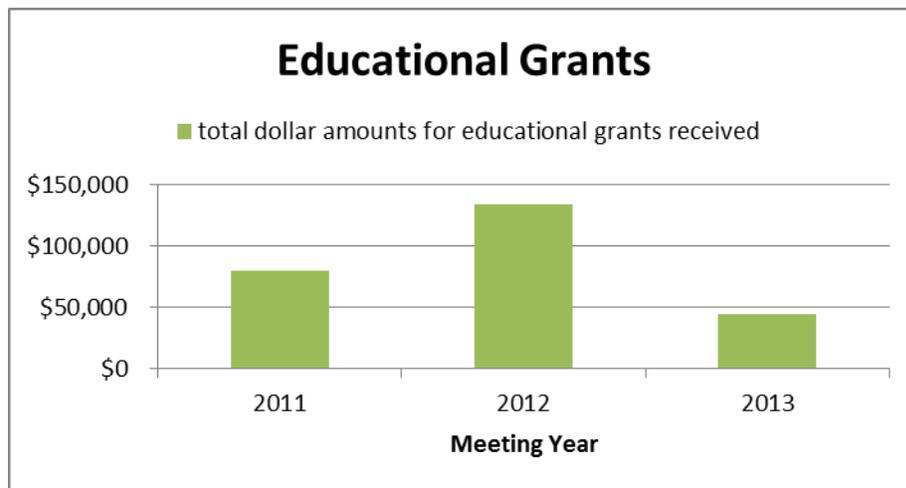
The Career Development Session developed by the Membership Advisory Task Force “How to obtain grants in today’s stringent funding climate” was one of the most well attended sessions with an average 225 attendees. The special session counts, average attendance numbers and raw data of attendance in sessions may also be found in Section 5.

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Financial Report

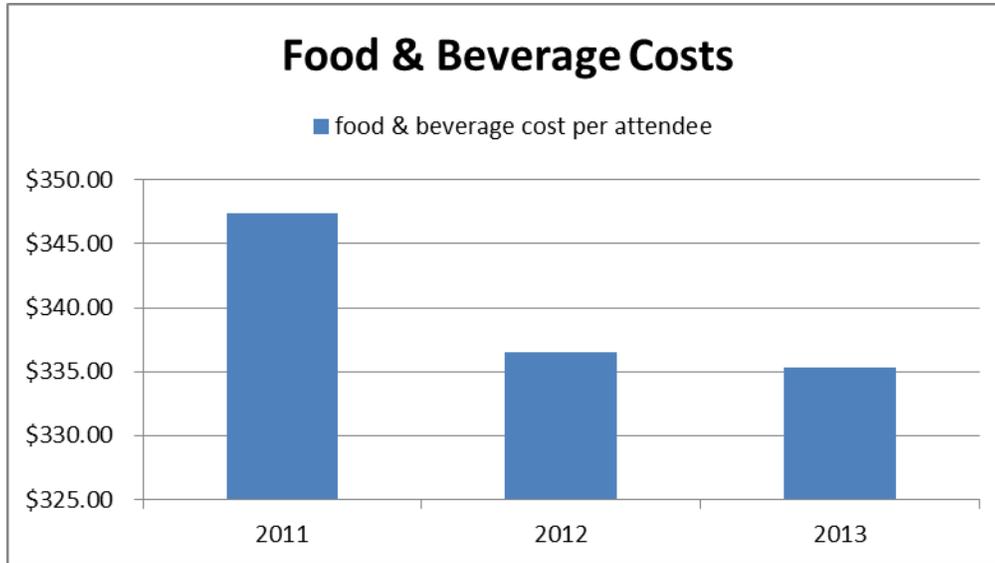
The Financial Report presented in Section 6 is a preliminary report. As we are putting this report together we are still receiving reimbursement requests and costs from the meeting. Although these numbers will change when we have all of our final bills paid, we do not think the changes will be material.

- The 2013 meeting concluded with a preliminary profit of \$73K compared to losses in 2012 and 2011. Below are factors that identify variances in revenues and expenses:
 - A portion of the revenues from corporate participating fees were allocated to the annual meeting. This was a change in reporting from previous years.
 - Educational grants were \$45K in 2013, down from \$134K in 2012 and \$80K in 2011.

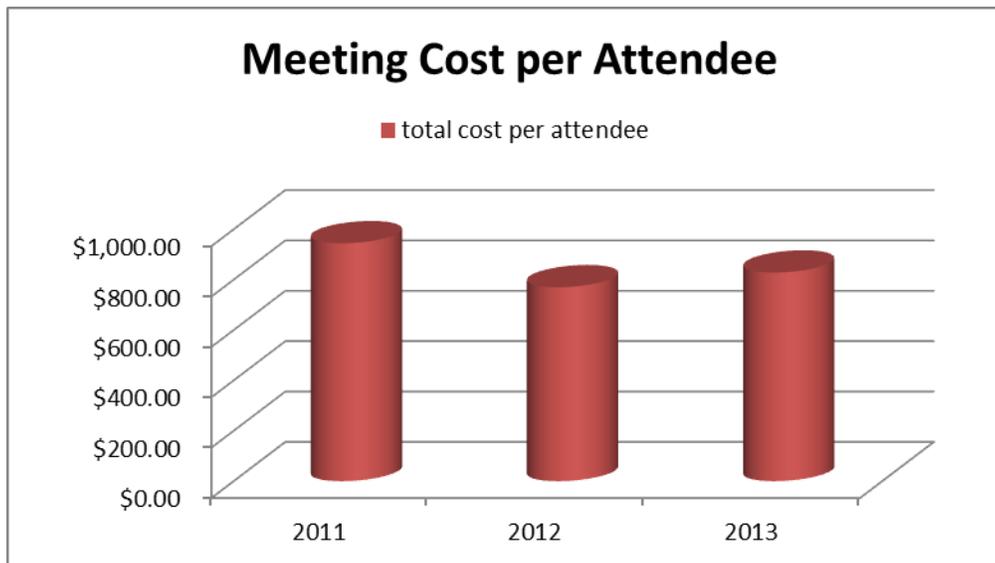


- Registration revenue was down due to a decrease in attendance in 2013.
- Food & Beverage expenses were slightly lower than in 2013 but are still the single highest meeting expense for the College.
- Audio Visual expenses continue to increase.
- Food and beverage costs of the meeting divided by all attendees was \$335.28 in 2013 remaining steady from \$336.50 in 2012 and \$347.41 in 2011. We continue to monitor this number as a means of judging the fairness of our registration fee for accompanying persons, which is \$150.

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- The total cost of the meeting divided by the number of scientific registrants was \$828.27 in 2013 likely due to the decrease in attendance, compared to \$770.05 in 2012 and \$944.45 in 2011.



TAB #1 - ATTENDANCE REPORT

Registration Status	2005	2006	2007	2008	2009	2010	2011	2012	2013
Members	456	504	483	485	492	526	423	502	522
Associate Members	n/a	n/a	67	64	78	73	71	68	78
Emeritus	n/a	n/a	22	25	22	31	25	25	33
Invited Guests	408	371	401	391	456	479	434	402	380
Nonmember Participants	150	154	125	133	138	144	144	138	140
Current Travel Awardees	38	39	42	64	57	72	59	59	54
Past Travel Awardees	55	46	42	37	55	62	91	115	111
Trainees	61	68	112	106	114	114	85	116	106
Corresponding Organizations (ECNP, CCNP, CINP, JSNP)	16	13	15	16	16	29	34	39	23
Misc (Special invitations; Task Force Mbrs; Advocacy Affiliates)	33	39	52	34	25	31	10	41	38
Corporate Reps	171	204	189	197	196	198	149	171	160
TOTAL REGULAR REGISTRATIONS	1388	1438	1550	1552	1649	1759	1555	1709	1645
Accompanying Persons	342	139	136	138	145	159	310	141	130
TOTALS w/Accompanying Ppl	1,730	1,577	1,686	1,690	1794	1918	1866	1850	1775
Percentage of Total Membership in Attendance	59%	60%	67%	65%	66%	68%	58%	66%	64%

ACNP 52nd Annual Meeting Evaluation

A total of 582 evaluations were completed this year 103 fewer than in 2012. The decrease in completed evaluations is may be due in art to a decaese in attendance of 64 attendees in 2013. 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.

<u>Item</u>	<u>Members</u>	<u>Corp. Representative</u>	<u>Invited Guest</u>	<u>Current Travel Awardee</u>	<u>Past Travel Awardee</u>	<u>Speaker</u>	<u>Trainee</u>	<u>AM2013 Total % Rating 4 or 5</u>	<u>AM2012 Total % Rating 4 or 5</u>
I can describe and discuss how the results of recent or ongoing basic science and/or clinical studies of psychiatric disorders in my area of interest, or a related area, impact my current or potential future research projects.	98%	100%	98%	93%	95%	97%	100%	98%	96%
Participating in this educational activity improved my understanding of how recent or ongoing basic science and/or clinical studies of psychiatric disorders in my area of interest, or a related area impact my current or future research projects.	95%	94%	96%	97%	95%	94%	95%	96%	95%
I can describe and discuss how I will change or modify an approach or stragegy in my current or future research projects based on what I learned at this meeting.	88%	89%	89%	83%	90%	85%	100%	88%	88%
Participating in this educational activity improved my understanding of how I can change or modify a current approach or strategy in my research projects based on what I learned at this meeting.	89%	83%	92%	90%	88%	85%	100%	90%	89%
I can describe and discuss recent progress in identifying genetic variations that are risk factors for the development of psychiatric disorders affect my current or potential future research projects.	77%	100%	76%	77%	79%	74%	100%	77%	75%
Participating in this educational activity improved my understanding of how recent progress in identifying genetic variations that are risk factors for the development of psychiatric disorders affect my current or potential future research projects.	78%	94%	75%	73%	76%	71%	85%	77%	76%

	<u>Members</u>	<u>Corp. Representative</u>	<u>Invited Guest</u>	<u>Current Travel Awardee</u>	<u>Past Travel Awardee</u>	<u>Speaker</u>	<u>Trainee</u>	<u>AM2013 Total % Rating 4 or 5</u>	<u>AM2012 Total % Rating 4 or 5</u>
Speaker Performance									
Provided information that helped me understand the topic.	97%	94%	98%	97%	98%	100%	100%	98%	99%
Organized the presentation in a way that helped me understand the topic.	97%	94%	95%	97%	98%	100%	100%	97%	98%
Provided content that was relevant to my practice or research circumstances.	92%	83%	89%	87%	98%	94%	100%	91%	93%
Provided an opportunity for questions and discussions.	94%	83%	94%	97%	98%	94%	100%	94%	95%
Provided a well-balanced presentation, supported by scientific information, and a fair description of all therapeutic options.	95%	100%	95%	100%	95%	97%	92%	96%	95%

Meeting Scientific Quality Questions										
<u>Item</u>	<u>Members</u>	<u>Corp. Representative</u>	<u>Invited Guest</u>	<u>Current Travel Awardee</u>	<u>Past Travel Awardee</u>	<u>Speaker</u>	<u>Trainee</u>		<u>AM2013 Total % Rating 4 or 5</u>	<u>AM2012 Total % Rating 4 or 5</u>
<i>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.</i>										
<i>The below percentages are of respondents who ranked the ACNP meeting as either better than most or clearly superior.</i>										
How would you rate the ACNP Annual Meeting in relation to other meetings you attend?	89%	89%	88%	97%	93%	88%	100%		90%	90%
How would you rate the range of scientific topics offered at the ACNP Annual Meeting in relation to other meetings you attend?	86%	78%	87%	97%	93%	85%	92%		87%	86%
How would you rate the scientific quality of the posters presented at the ACNP Annual Meeting in relation to other meetings you attend?	81%	100%	88%	93%	88%	74%	100%		85%	81%
<i>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.</i>										
<i>The below percentages are of respondents who agreed or strongly agreed that posters are more scientifically objective.</i>										
Posters presented at the ACNP Annual Meeting are more scientifically objective (free of inappropriate corporate influence) than posters at other meetings I attend.	62%	73%	65%	73%	74%	56%	77%		65%	62%
<i>The below questions asked respondents to assess the overall scientific quality of the posters.</i>										
<i>The below percentages are of respondents who agreed the overall quality was good or excellent.</i>										
Please assess the overall scientific quality of the posters presented at the Annual Meeting.	92%	97%	96%	97%	100%	88%	92%		94%	91%
<i>The below question asked respondents to assess the balance of the scientific presentations at the meeting.</i>										

Do you believe the program is balanced in terms of clinical vs. basic science?	Yes: 55% No: 45%	Yes: 31% No: 69%	No: Yes: 48% No: 52%	Yes: 66% No: 34%	Yes: 62% No: 38%	Yes: 64% No: 36%	Yes: 61% No: 39%		Yes: 54% No: 46%	Yes: 55% No: 45%
The below questions asked respondents to assess the quality of the new Career Development session.										
Attendees were asked to rank the session 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 or 5.										
Did you attend the ACNP Career Development Session?	Yes: 21% No: 79%	Yes: 33% No: 67%	Yes: 21% No: 79%	Yes: 13% No: 87%	Yes: 26% No: 74%	Yes: 21% No: 79%	Yes: 39% No: 61%		Yes: 13% No: 87%	No: Yes: 8% No: 92%
If attended, how would you rate the Career Development session?	80%	100%	81%	50%	91%	86%	100%		82%	96%
SEE ATTACHED COMMENTS - TAB 7										

Logistics/Administration									
<u>Item</u>	<u>Members</u>	<u>Corp. Representative</u>	<u>Invited Guest</u>	<u>Current Travel Awardee</u>	<u>Past Travel Awardee</u>	<u>Speaker</u>	<u>Trainee</u>	<u>Total reponses AM 2013</u>	<u>Totals AM 2012</u>
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: 97% No: 3%	Yes: 83% No: 17%	Yes: 98% No: 2%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 98% No: 2%	Yes: 99% No: 1%
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 Florida?	Yes: 94% No: 6%	Yes: 78% No: 22%	Yes: 95% No: 5%	Yes: 100% No: 0%	Yes: 100% No: 0%	Yes: 97% No: 3%	Yes: 92% No: 8%	Yes: 95% No: 5%	Yes: 95% No: 5%
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	Total % Rating 4 or 5
The registration process for the Annual Meeting	99%	94%	99%	100%	100%	100%	100%	99%	99%
The Annual Meeting Program Book.	97%	94%	99%	100%	100%	97%	100%	98%	97%
Services of ACNP staff on site.	100%	94%	100%	100%	100%	100%	100%	100%	99%
Audio Visual Services	99%	100%	97%	100%	98%	97%	100%	98%	99%
The below yes/no questions asked the respondents to rate the Annual Meeting mobile application, Twitter feed, and E-poster gallery.									
Did you download the new ACNP Annual Meetign app?	52%	67%	49%	30%	62%	68%	62%	52%	50%
Did you find the app useful?	35%	50%	30%	13%	45%	50%	46%	35%	66%
Did you participate in the Twitter feed?	2%	6%	2%	0%	2%	3%	8%	2%	n/a

Did you find the Twitter feed helpful?	83%	0%	100%	n/a	100%	100%	100%	86%	n/a	
Did you upload a poster to the ePoster Gallery?	40%	41%	38%	30%	50%	32%	25%	39%	n/a	
Did you (or do you) plan to view posters in the eGallery?	58%	65%	63%	60%	63%	68%	58%	61%	n/a	
Did you find the ePoster Gallery useful?	80%	90%	75%	94%	88%	91%	86%	81%	n/a	

Venue Survey

A total of 582 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 percentages are categorized under each attendee type.

<u>Item</u>	<u>Members</u>	<u>Corp. Representative</u>	<u>Invited Guest</u>	<u>Current Travel Awardee</u>	<u>Past Travel Awardee</u>	<u>Speaker</u>	<u>Trainee</u>	<u>Other</u>	<u>Totals</u>
Please rate Hollywood, Florida as a location for the Annual Meeting.	84%	78%	85%	77%	88%	91%	92%	n/a	85%
Did you stay at the Westin Diplomat?	70%	67%	72%	7%	69%	50%	15%	n/a	69%
Did you stay at the Crowne Plaza?	19%	11%	15%	80%	19%	26%	46%	n/a	18%
Did you stay at the Marriott Hollywood Beach?	1%	6%	2%	0%	2%	6%	0%	n/a	2%
Please rate the hotel you selected.	92%	89%	90%	100%	88%	88%	100%	n/a	91%
Below are the 2012 results from Hollywood, Florida									
Please rate Hollywood, Florida as a location for the Annual Meeting.	79%	77%	87%	52%	74%	78%	87%	n/a	79%
Did you stay at the Westin Diplomat?	90%	31%	52%	9%	70%	83%	45%	n/a	69%
Did you stay at the Crowne Plaza?	4%	26%	18%	89%	15%	6%	29%	n/a	16%
Did you stay at the Marriott Hollywood Beach?	0%	33%	10%	0%	2%	0%	8%	n/a	5%
Please rate the hotel you selected.	94%	67%	87%	79%	89%	97%	92%	n/a	90%
Below are the 2011 results from Waikoloa, Hawaii									
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%

Panel Session Speaker Counts

Year	2013	2012	2011	2010	2009	2008	2007	2006
Total Presenters	239	204	206	188	189	186	182	193
Total ACNP Member Presenters	101	90	80	67	73	79	81	82
% of Presenters who were ACNP Members	42%	44%	39%	36%	39%	42%	44%	42%
Total Non-Member Presenters	138	114	118	116	104	105	92	104
% of Presenters who were Non-Members	58%	56%	57%	62%	55%	56%	51%	54%
Total Associate Member Presenters	12	10	8	5	12	2	9	7
% of Presenters who were Associate Members	5%	5%	4%	2%	6%	2%	5%	4%
Number of ACNP Members who presented 2 panels at the meeting.	n/a ¹	n/a ²	10	6	5	7	8	5

- Twenty-three (23) of the 239 presenters in the 2013 Annual Meeting also presented in the 2012 Annual Meeting (members and nonmembers).
- From 2006³ to 2013, 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 2013, this percentage was 18%.
- From 2006⁴ to 2013, the percentage of ACNP members who presented in two consecutive meetings ranged from 7% to 12% when calculated as a percentage of all presenters at the meeting. In 2013, this percentage was 8%.

¹ In 2012, a policy change was instituted limiting the number of presentations allowed per person to one (1).

² In 2012, a policy change was instituted limiting the number of presentations allowed per person to one (1).

³ Presenters are defined as presenters only; not chairs, co-chairs or discussants.

⁴ Presenters are defined as presenters only; not chairs, co-chairs or discussants.

Member Panelist Tenure in ACNP

Year	2013	2012	2011	2010	2009	2008	2007	2006
5 years or less:	36%	33%	34%	28%	45%	47%	51%	37%
6 to 10 years:	17%	26%	20%	25%	22%	14%	22%	21%
11 to 20 years:	29%	28%	25%	29%	22%	34%	17%	24%
21 years or more:	18%	13%	21%	18%	11%	5%	10%	18%

Panel Session Attendance (The numbers below are the average attendance for each time frame.)									
2013									
Day/Time	Panel 1	Panel 2	Panel 3	Panel 4	Panel 5	Panel 6	Panel 7		Average Attendance
Monday PM	108**	89	291	68	76	207	85		132
Tuesday AM	60**	162	122	198	84	54	42		103
Tuesday PM	53**	143	120	103	120	126	181		121
Wednesday AM	142**	86	85	33	93	113	119		96
Wednesday PM	98	45	113	131	77	31	91		84
Thursday AM	90	39	62	161	32	38	53		68
Thursday PM	34	43	15	62	77	47	45		46
Overall									
Average Monday Study Group = 56									
Average Tuesday Data Blitz = 159									
** Two mini-panels were presented during this time slot (average attendance for both sessions).									
2012									
Day/Time	Panel 1	Panel 2	Panel 3	Panel 4	Panel 5	Panel 6	Panel 7		Average Attendance
Monday PM	112**	159	66	138	73	62	100		101
Tuesday AM	207	85	67	138	64	66	86		99
Tuesday PM	155**	76	100	74	114	160	104		112
Wednesday AM	78**	161	110	53	75	68	104		93
Wednesday PM	106	142	57	53	69	87	87		86
Thursday AM	163**	90	65	40	16	30	19		60
Thursday PM	33	36	16	45	45	45	30		35
Overall									
Average Monday Study Group = 55									
Average Tuesday Data Blitz = 176									
** Two mini-panels were presented during this time slot (average attendance for both sessions).									
** Two mini-panels were presented during this time slot (average attendance for both sessions).									

Room Counts

Date	Start	End	Session	ROOM	Average	Min	Max
Sunday, December 08, 2013	8:30 AM	11:30 AM	NPPR Plenary -	Regency Ballroom 1-2	307	274	340
Sunday, December 08, 2013	1:00 PM	2:30 PM	NIH Institute Directors Briefing	Regency Ballroom 1-2	326	316	336
Sunday, December 08, 2013	2:30 PM	6:30 PM	Hot Topics	Regency Ballroom 1-2	340	308	360
Monday, December 09, 2013	8:00 AM	11:30 AM	President's Plenary	Grand Ballroom	700	694	706
Monday, December 09, 2013	1:30 PM	3:00 PM	Distinguished Lecture	Grand Ballroom	505	487	523
Monday, December 09, 2013	3:00 PM	4:15 PM	Mini Panel - Neuronal Immaturity in Schizophrenia	Diplomat 1-2	116	115	118
Monday, December 09, 2013	3:00 PM	5:30 PM	Panel - Kicking Over the Traces - Noncatecholic Biogenic Amines and Their Receptors	Atlantic Ballroom 1	89	85	92
Monday, December 09, 2013	3:00 PM	5:30 PM	Panel - Can Biology Inform Treatment Prediction and Selection in Depression?	Regency Ballroom 2	291	272	309
Monday, December 09, 2013	3:00 PM	5:30 PM	Panel - Autism Spectrum Disorders: From Rare Chromosomal Abnormalities to Common Molecular Targets	Atlantic Ballroom 2	68	65	70
Monday, December 09, 2013	3:00 PM	5:30 PM	Panel - Circuitry Underlying Obsessive-compulsive Disorder: Lessons from Deep Brain Stimulation and Ablative Surgery	Atlantic Ballroom 3	76	75	76
Monday, December 09, 2013	3:00 PM	5:30 PM	Panel - The Role of Inflammation in the Pathophysiology of Mood, Aggressive and Medical Disorders: a Deadly Combination	Regency Ballroom 1	207	198	215
Monday, December 09, 2013	3:00 PM	5:30 PM	Panel - Structural and Functional Brain Changes in Young People at Risk for Severe Mental Illness	Regency Ballroom 3	85	85	85
Monday, December 09, 2013	4:15 PM	5:30 PM	Mini Panel - Social Processes Initiative in Neurobiology of the Schizophrenia(s)	Diplomat 1-2	100	90	110
Monday, December 09, 2013	7:30 PM	9:00 PM	Study Group - The Challenges of Designing and Interpreting Clinical Trials with Depot Antipsychotics	Regency Ballroom 1	48	44	51
Monday, December 09, 2013	7:30 PM	9:00 PM	Study Group - Mental Illness, Violence and the Gun Control Debate: Evidence, Policy, Privacy and Stigma - on Behalf of the ACNP Ethics Committee	Regency Ballroom 2	47	46	48
Monday, December 09, 2013	7:30 PM	9:00 PM	Study Group - New Models of Open Innovation to Rejuvenate the Biopharmaceutical Ecosystem, A Proposal by the ACNP Liaison Committee	Regency Ballroom 3	82	78	85
Monday, December 09, 2013	7:30 PM	9:00 PM	Study Group - Medical and Non-Medical Use of Stimulant Drugs for Cognitive Enhancement	Atlantic Ballroom 2	69	69	69
Monday, December 09, 2013	7:30 PM	9:00 PM	Study Group - The Assessment Of Suicidal Ideation, Behavior & Risk: At Baseline; As a Measure of Clinical Outcome, and/or as a Treatment Emergent SAE	Atlantic Ballroom 1	34	33	35

Tuesday, December 10, 2013	8:30 AM	9:45 AM	Mini-Panel - Biochemical and Behavioral Pharmacology of Synthetic Cathinone Derivatives Found in Psychoactive Bath Salts Products	Diplomat 1-2	51	49	53
Tuesday, December 10, 2013	8:30 AM	11:00 AM	Panel - Augmentation of Antidepressant Response by Autoreceptor-Mediated Mechanisms: Clinical Experience and Mechanisms of Action	Regency Ballroom 3	162	151	172
Tuesday, December 10, 2013	8:30 AM	11:00 AM	Panel - Neuroactive Steroids and Oxysterols as Endogenous Modulators of GABA and Glutamate Receptors: Basic Mechanisms and Therapeutic Implications	Regency Ballroom 2	122	120	124
Tuesday, December 10, 2013	8:30 AM	11:00 AM	Panel - The Future of Translational Research in Addiction	Atlantic Ballroom 1	198	197	198
Tuesday, December 10, 2013	8:30 AM	11:00 AM	Panel - At the Crossroads of Physics, Physiology, and Psychiatry: Rational Design of Noninvasive Neuromodulation Therapies	Atlantic Ballroom 2	84	84	84
Tuesday, December 10, 2013	8:30 AM	11:00 AM	Panel - Nutrition, Neurodevelopment, and Risk for Schizophrenia and Autism: From Epidemiology to Epigenetics	Atlantic Ballroom 3	54	52	56
Tuesday, December 10, 2013	8:30 AM	11:00 AM	Panel - Peripheral Immune and Endocrine Pathways as Markers of PTSD Risk and Symptom Development: Evidence from Prospective Studies	Regency Ballroom 1	42	38	46
Tuesday, December 10, 2013	9:45 AM	11:00 AM	Mini-Panel - After the Trauma: Developmental Trajectories from Childhood to Adult Psychiatric Disorders	Diplomat 1-2	69	65	73
Tuesday, December 10, 2013	11:15 AM	1:30 PM	Data Blitz Session	Regency 2	159	146	172
Tuesday, December 10, 2013	1:30 PM	3:00 PM	Career Development Session	Regency 1	225	221	229
Tuesday, December 10, 2013	3:00 PM	4:15 PM	Mini-Panel - Emerging Role of the Primary Cilium in Neuropsychiatric Disorders	Diplomat 1-2	31	29	32
Tuesday, December 10, 2013	3:00 PM	5:30 PM	Panel - Treating Addiction: Should We Aim High or Low?	Regency Ballroom 1	143	140	146
Tuesday, December 10, 2013	3:00 PM	5:30 PM	Panel - Anxiety and the Striatum, an Unusual Suspect	Atlantic Ballroom 3	120	116	123
Tuesday, December 10, 2013	3:00 PM	5:30 PM	Panel - Posttraumatic Stress Disorder: From Markers to Mechanisms	Atlantic Ballroom 2	103	98	107
Tuesday, December 10, 2013	3:00 PM	12:00 AM	Panel - Pathophysiology and Treatment of Obesity and Glucose Dysregulation in Schizophrenia	Atlantic Ballroom 1	120	113	127
Tuesday, December 10, 2013	3:00 PM	5:30 PM	Panel - Biotypes of Psychosis	Regency Ballroom 2	126	122	130
Tuesday, December 10, 2013	3:00 PM	5:30 PM	Panel - An Update from the Clinic on mGluR2/3 Approaches for Treating Schizophrenia – Understanding Human Circuit Engagement through to Recent Clinical Trials	Regency Ballroom 3	181	176	185
Tuesday, December 10, 2013	4:15 PM	5:30 PM	Mini-Panel - Adolescent Brain Development and Affective Disorders: The Role of Reward and Threat Circuitry	Diplomat 1-2	75	72	78

Wednesday, December 11, 2013	8:30 AM	9:45 AM	Mini-Panel - Are the Putative Therapeutic Effects of Kappa-opioid Antagonists Explained by Anti-stress Actions?	Diplomat 1-2	116	115	117
Wednesday, December 11, 2013	8:30 AM	11:00 AM	Panel - Manipulating BDNF-TrkB Signaling in Brain Disorders: Complex Regulation and Cellular & Systems Level Interactions as Novel Substrates for Translational Medicine?	Atlantic Ballroom 2	86	80	92
Wednesday, December 11, 2013	8:30 AM	11:00 AM	Panel - The Ventromedial Prefrontal Cortex in Conditioning and Extinction in Chronically Relapsing Disorders	Regency 1 Ballroom	85	83	86
Wednesday, December 11, 2013	8:30 AM	11:00 AM	Panel - $\alpha 4\beta 2$ -Nicotinic Acetylcholine Receptors in Schizophrenia: Implications for Smoking Cessation and Therapeutics	Atlantic Ballroom 3	33	32	33
Wednesday, December 11, 2013	8:30 AM	11:00 AM	Panel - New Directions for Optogenetics: Investigating Plasticity Mechanisms Underlying Psychiatric Disorders	Regency Ballroom 2	93	91	95
Wednesday, December 11, 2013	8:30 AM	11:00 AM	Panel - Alterations of the Glutamate Cycle in Severe Mental Illness	Regency Ballroom 3	113	102	124
Wednesday, December 11, 2013	8:30 AM	11:00 AM	Panel - Epigenetic Mechanisms in Neuropsychiatric Disorders	Atlantic Ballroom 1	119	116	121
Wednesday, December 11, 2013	9:45 AM	11:00 AM	Mini-Panel - Developing Imaging Biomarkers for Treatment Development: Beyond CNTRICS, CNTRaCs and NEWMEDS	Diplomat 1-2	168	184	172
Wednesday, December 11, 2013	3:00 PM	5:30 PM	Panel - Legal Damages: New Insights into Chronic Marijuana Effects on Human Brain Structure and Function	Regency Ballroom 2	98	95	101
Wednesday, December 11, 2013	3:00 PM	5:30 PM	Panel - Glutamate-dopamine interactions in nicotine and cocaine dependence: Biomarkers and Therapy Opportunities	Atlantic Ballroom 3	45	43	46
Wednesday, December 11, 2013	3:00 PM	5:30 PM	Panel - Public-Private Repositioning Partnerships: A New Path to Achieve Target Validation and Proof of Concept for Novel CNS Indications	Regency Ballroom 1	113	109	116
Wednesday, December 11, 2013	3:00 PM	5:30 PM	Panel - Multidimensional Data Integration and Causality: A Systems Approach for Unraveling the Molecular Architecture of Mental Disorders	Atlantic Ballroom 2	131	127	135
Wednesday, December 11, 2013	3:00 PM	5:30 PM	Panel - Early Stress and Emotion Dysregulation	Regency Ballroom 3	77	74	79
Wednesday, December 11, 2013	3:00 PM	4:15 PM	Mini Panel - Human Brain Evolution and Comparative Epigenomics	Diplomat 1-2	31	29	32
Wednesday, December 11, 2013	4:15 PM	5:30 PM	Mini Panel - Intergenerational Transmission of Trauma – From Animal Models to Humans	Diplomat 1-2	140	137	142
Wednesday, December 11, 2013	3:00 PM	5:30 PM	Panel - Neurobiological Regulation of Palatable Food Binging and Seeking	Atlantic Ballroom 1	91	88	93
Thursday, December 12, 2013	8:00 AM	10:30 AM	Panel - Molecular Regulation and Clinical Applications of Phosphodiesterase 4, the Major Enzyme for Degrading cAMP	Diplomat 1-2	90	88	91

Thursday, December 12, 2013	8:00 AM	10:30 AM	Panel - Naltrexone Revisited: New Findings Beyond Mu, Beyond Dopamine and Beyond Addiction	Regency Ballroom 1	39	36	41
Thursday, December 12, 2013	8:00 AM	10:30 AM	Panel - Understanding Neurodevelopmental Risk Factors leading to Anxiety and Depression to Inform Novel Early Interventions in Vulnerable Children	Regency Ballroom 3	62	60	63
Thursday, December 12, 2013	8:00 AM	10:30 AM	Panel - Brain on Fire: Inflammation in Neurological and Psychiatric Illness	Atlantic Ballroom 1	161	150	172
Thursday, December 12, 2013	8:00 AM	10:30 AM	Panel - Melatonin and its Receptors: Important Players in Major Depressive Disorder	Atlantic Ballroom 2	32	31	33
Thursday, December 12, 2013	8:00 AM	10:30 AM	Panel - Building a More Predictive Mouse: Humanized Mouse Models for Neuropsychiatric Disorders	Atlantic Ballroom 3	38	35	41
Thursday, December 12, 2013	8:00 AM	10:30 AM	Panel - Broadening the Trajectories of Risk: Specific and Non-Specific Markers of Risk of Psychopathology	Regency Ballroom 2	53	50	56
Thursday, December 12, 2013	12:00 PM	2:30 PM	Panel - Applying Animal and Human Models of Risk Avoidance and Impulsivity to Understanding Eating Disorders	Atlantic Ballroom 3	34	31	36
Thursday, December 12, 2013	12:00 PM	2:30 PM	Panel - Novel Molecules and Mechanisms in Vulnerability and Resilience Throughout Life	Diplomat 1-2	43	40	45
Thursday, December 12, 2013	12:00 PM	2:30 PM	Panel - Cognition, Biomarkers, and Longitudinal Outcomes in Geriatric Mood Disorders	Regency Ballroom 1	15	13	17
Thursday, December 12, 2013	12:00 PM	2:30 PM	Panel - The Insula Salience Network: Alterations in its Connectivity in Developmental, Anxiety, Mood and Personality Disorders	Regency Ballroom 3	62	60	63
Thursday, December 12, 2013	12:00 PM	2:30 PM	Panel - Strategies for the Development of Novel Therapies for Schizophrenia: From Clinic To Laboratory (And Back Again)	Atlantic Ballroom 1	77	75	78
Thursday, December 12, 2013	12:00 PM	2:30 PM	Panel - Behavioral, Endocrine, and Neural Plasticity Changes Reflecting Stress Associated with Mouse and Monkey Models of Heavy Alcohol Drinking	Atlantic Ballroom 2	47	41	52

ACNP Annual Meeting Financial Report

	2011 Meeting	2012 Meeting	2013 Meeting
Ordinary Income/Expense			
Income			
4-400 - Annual Meeting Registration	842,910.00	848,830.00	800,145.00
CME Credit	13,440.00	13,480.00	14,040.00
50 th Anniversary Merchandise Sales	1,920.00	--	--
Hotel Rebates & Commissions	154,660.07	121,805.08	143,261.40
Corporate Participating Fees	--	--	393,750.00
Corporate Support	80,000.00	134,000.00	45,000.00
Convention & Tourism Support	--	40,000.00	40,000.00
Miscellaneous	363.00	147.00	--
Total Income	1,093,293.07	1,158,262.08	1,436,196.40
Expense			
Abstracts On Line	18,624.30	19,208.00	18,808.00
Online App	--	5,500.00	--
Audio/Visual	125,970.39	138,899.60	151,286.60
CME Credits	10,000.00	10,000.00	10,000.00
Credit Card Processing Fees	30,874.72	29,870.40	27,850.84
Copying	634.30	313.90	952.91
Honoraria	6,273.10	5,500.00	5,500.00
Insurance	--	3,326.10	--
Food & Beverage	518,146.79	478,226.69	462,933.94
Poster Sessions	139,731.50	157,329.20	148,639.55
Other (i.e, SignUp4)	7,248.79	10,797.41	5,550.68
Shuttles	16,352.98	3,000.00	6,429.01
Meeting Decorations	6,726.00	5,664.00	5,467.50
Meeting Rooms	1,822.94	--	--
Office Expenses (Supplies)	12,910.14	11,582.37	14,106.82
Printing	35,401.67	33,444.41	33,145.00
Computer Exp	3,431.50	696.50	2,472.21
Professional Fees	28,064.38	16,280.00	12,083.10
Shipping	23,340.36	6,229.89	5,525.67
Telephone	1,020.04	1,015.27	516.00
Travel	276,674.07	206,473.37	234,000.00
Overhead Expense	206,316.03	172,663.70	217,230.09
Total Meeting Cost	1,469,564.00	1,316,020.81	1,362,497.92
Net Income	(376,270.93)	(157,758.73)	73,698.48
	<u>2011</u>	<u>2012</u>	<u>2013</u>
Total meeting cost/Scientific Registrants	\$944.45	\$770.05	\$828.27
Total meeting cost/Total Attendees	\$787.55	\$711.36	\$767.60
Food & Beverage cost/Total Attendee	\$347.41	\$336.50	\$335.28

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?

- Using new neuro-imaging paradigms
- I don't have to change anything until now
- Use of NMDA antagonists as antidepressants
- Look more closely at risk at risk and demographic factors for disease and treatment
- Expanded use of biomarkers
- Screen for ability to metabolize folate
- Promote biologically realistic computer modeling more
- Use more neuroactive steroids
- More effective use or rationale polypharmacy
- Measuring glutamate differently
- New research measures
- Changes in the way I prescribe meds
- Augmentation of antidepressant drugs.
- Management of antipsychotic induced weight gain
- Add microRNA in my research project
- Different augmentation strategies for depression
- Different augmentation treatments of depression and schizophrenia
- Use of naltrexone, and pharmacogenetics
- More evaluation of BDNF. CRP measurements
- Implement novel tools to investigate biochemical mechanisms
- Trying different treatment
- I learned that some existing safe medications may be beneficial for the treatment of psychiatric disorders associated with early life stress
- More global outlook at questions raised
- Strategies for funding
- New medications for PTSD
- Improved diagnostic and treatment
- I will try some different medications for treatment-refractory patients with autism spectrum disorders and schizophrenia.
- Apply tacs for treatment of schizophrenia
- With a better understanding of the basic mechanisms I learned about, I can better structure my pharmacological treatments

- Additional analyses of neuroimaging data
- Different strategies for managing treatment-resistant depression
- Introduce new analytic methods to my lab; reconsider the endophenotype strategy; enter into new research with tDCS/tACS
- Genetic markers
- Consider use of topiramate for alcohol use disorder
- USE OF DUTASTERIDE IN pmdd
- Clinical trial design elements
- Increased attention to research implications of inflammation
- Including more genetic/epigenetic research
- NAUsing new therapeutics.
- Consider studying effects of newer medications on impulse control.
- Design of early clinical trial of treatment for schizophrenia
- Better integration of latest imaging findings in emotion regulation
- Incorporate molecular aspects of pathophysiology
- Think more seriously about taking genetic information in the management of chronic diseases.
- Treatment of anxiety with glutamatergic agonists
- Strategy in drug testing
- I am planning to investigate a drug for a particular patient population based on information I heard at the meeting
- Consider implementing studies with next-generation stimulation methods.
- Be more skeptical of gene ontology websites
- I plan to change research methodology based on conversations I had with other researchers about their recent studies and findings.
- Additional research studies.
- Use certain biomarkers to stratify populations for study
- Adding a new assessment to my research
- Lower doses of several medications and use of adjuvant strategies.
- Implementing research measures I heard about at the meeting.
- New collaborations
- Employ buspar and other medications differently
- More depots
- Incorporating some novel methods and behavioral correlates
- May explore the use of sertraline more often if I know the patient has an inflammatory process as well as depression.
- Investigation of more postmortem brain splicing variants and SNPs related to PGC2 presentations, and that of the Thursday panel led by Joel Kleinman.
- Lurasidone
- Got some ideas for new research paradigms to try
- Use of new 5HT medications on people with eating disorders
- More biomarkers
- I will focus some of my research efforts toward identifying effects of BDNF and cannabinoid receptor variants on behavior.
- Plan increasing use of metformin for overweight patients taking antipsychotics
- When prescribing Buspirone, use higher doses for treating addicts.
- Will focus studies on brain markers for psychiatric disorders earlier in development; assess role of MHC in sleep-related plasticity.

- Increase collaborations across disciplines in research grants
- New research methods
- Better design of studies
- More integration of science into practice
- Provide information to staff and patients about latest results from clinical trials.
- I have formed a collaboration with a basic scientist
- How I explain the genetic risk of Schizophrenia...
- Increased use of NMDAR in depression
- Implementing most recent evidence based findings into my clinical practice
- I plan to start using modafanil off label for cocaine dependence, and also set up ketamine infusions for treatment resistant depression.
- Looking more into the role of inflammation in relation to psychiatric illness
- More of a focus on direct current stimulation
- Try hot baths for autism behaviors.
- Including epigenetics in my research projects
- I will change the type of grant applications I submit. I will increase use of buspirone in pts with SUDS and use of atypicals in treatment-resistant MDD.
- No referrals for DBS therapy
- New genes to examine in our studies of cognition
- Careful consideration of new treatment options.
- Tweaks to my research goals
- Examination of relationship between innate immune system and inflammatory response
- Considering transcranial direct current stimulation as a potential therapeutic tool in the future
- Considering tDCS studies
- Increase the length of time of treatment of smoking cessation
- Incorporating new research findings into my study designs
- Medication algorithm
- I am considering adding BDNF polymorphism to my research project. 2. I may add a new psychometric test which seems to be very sensitive and which uses EEG in the testing.
- Incorporate genetic biomarkers
- Changes in genetic-epi analyses
- Incorporate optogenetics
- Use of recently created databases (brain atlases, expression maps) to guide current analyses and formulate new questions
- Use inflammatory markers as a method to evaluate treatment response.
- I plan to change some of the protocols that I am submitting to reflect current knowledge
- Propranolol for PTSD to interfere with fear memory consolidation. Optimal stimulation in neurostimulation
- Will try some new treatment options
- Novel therapeutics
- Screen carefully for marijuana use in my pts
- Spending some time looking at the overall research of investigation team.
- Will look at epigenetics of tyrosine hydroxylase in relation to stress.
- Planning new grants with collaborators based on information presented at ACNP
- Will enter a research area that previously was contemplated, but now has become clearly fruitful
- More rational approach

- More clinical studies
- Use of lurasidone.
- Identified a new neural circuit to investigate.
- Giving educational presentations to patient groups
- Consider potential pathway interactions in risk genes for SMI
- I intend to give compassionate treatment with ketamine to resistant depression with ketamine
- Psychopharmacological approaches to disease
- Use of alpha agonists in mild TBI and other syndromes
- Improved planning for potential genetic driven research. Potential for collaborations with other groups
- EEG biomarkers with TMS and tDCS
- Better research grants
- Consider specific biological, genetic factors in the diagnoses and management
- Augmentation of antidepressants with aripiperazole and other antipsychotics.
- Research approaches
- I am aware of common incorrect statistical inferences that I will try to avoid.
- I will be performing new research experiments.
- Change in research focus away from investigating mGluR2,3 signaling.
- Combine the COMT, BDNF and ZF 804A genotypes and assess their effects on cognition in schizophrenia
- I only do research so hearing about new studies with off label or new drugs influences how we will design studies for grants using those or similar treatments.
- Bipolar depression medication management

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

- Not adequate
- Basic and clinical studies of NMDA antagonists
- Factors that contributed to response / non-response
- Increasing predictive value for treatment response
- Genetic variation in folate metabolism
- How enormous are the factors involved in any one disease process, e.g. vulnerability for psychosis.
- GABAergic Neurosteroids as Novel targets for therapeutics & Biomarkers candidates
- Mechanism of action review and update
- Comparison of techniques
- New data
- Aripiperazole
- Monitoring, HOMA-IR, prophylaxis with metformin
- Novel evidence of the roles of microRNA and gene expression
- Symposium on augmentation (presynaptic transmission)
- Yes, from symposium on presynaptic receptors and augmentation
- New data
- Biomarkers session. BDNF session.
- Saw some things used that would be applicable to my area of research as well
- Successful trial
- See above
- Parallels of different levels of representation of biological influence
- Career strategies general and for women
- Steroid drug session
- Cutting edge information
- New data on drug efficacy
- That tacs can be an effective tool to change brain activity status
- Research on ketamine and its analogs in TRD
- I learned about potential mechanisms of trans cranial stimulation; I learned about new methods of analyzing GxE effects on imaging data
- Positive clinical trial
- Role of neurosteroids in PMDD
- Excellent panel on that topic
- Growing field of epigenetics
- Presenting mechanism of action and clinical application of psychotropic drugs
- Basic research on pharmacotherapy of binge eating.
- Use of EEG techniques to evaluate early clinical efficacy
- Some consistent findings are occurring across studies in this domain
- Nothing
- A number of excellent studies.
- Relationship between glutamate and anxiety
- General problems in industry related support

- I learned that others are planning on investigating this drug in other populations for similar reasons.
- Details about new devices and stimulation waveforms.
- That others are getting desired effects with a better task than the one I'm currently using.
- Current evidence for targets.
- New information from formal talks and informal interactions
- About certain research measures
- Availability of datasets (brain imaging with GWAS) much larger than I had been aware of
- Receptor profiles and safety information
- Depots can be given at lower dose which saves cognition
- One particular thing I learned was that exploration into brain and behavioral manifestations of marijuana dependence is a priority for NIDA given the rise in MJ use in adolescents and the legalization in several states
- I learned the patients with high CRP and depression may respond better to sertraline than nortriptyline.
- There are about 100 strong genomic loci that are risk regions for SZ.
- Poster on lurasidone
- Got some ideas for new research paradigms to try
- Role of 5HT2C receptor and drugs that act on this receptor
- Relevant to funding
- Evidence of powerful control of dopaminergic activity by cannabinoids, and evidence of emotional learning in borderline patients affected by BDNF variants.
- Safety of use, evidence of moderate efficacy, endorsed by multiple investigators in metabolic side-effect field
- Buspar blocks D3 Receptors, and helps decrease cravings in people with amphetamine and cocaine addictions.
- Sessions related to plasticity--keynotes, sessions on plasticity pointing to role of immune molecules in brain development
- Perspectives from basic scientists and industry in developing new treatments
- Update on neurobiology of psychiatric disorders
- New data
- New data in animal models
- About the potential of the polygenic score
- Information on ketamine and D-cycloserine
- Updates on psychopharmacology and neurobiology of major psychiatric disorders
- New data
- Findings of high inflammatory markers in certain disorders
- Its potential in a variety of setting.
- Hot baths help some with autism.
- Epigenetic changes may explain how environmental hits could increase the risk for psychosis
- New NIMH funding priorities new data on buspirone and atypicals
- New noninvasive stimulation techniques
- New associations with cognition
- New treatment options.
- New advances in my area of focus
- Presentation of DOD/ PTSD data
- Introduced to some of the applications of tDCS and tACS

- Increasing the length of time promotes decrease in relapse
- Latest studies
- I was more convinced of the importance of BDNF polymorphisms. 2. I learned that the test was sensitive in the MCI severity range.
- Novel applications of optogenetics
- Association of inflammatory markers with treatment response and several psychiatric disorders
- New developments in neuroimmunology and depression
- Single dose propranolol could inhibit fear memory reconsolidation in PTSD. Optimizing stimulus pulse characteristics in rTMS/ DBS
- Data on safety and efficacy
- Newest research
- Marijuana can result in altered brain function in young adults and contribute to mental disorders e.g. early onset psychosis
- New material that I was not aware of concerning anxiety, alcohol abuse, and genetics
- Key poster presentation
- New data on relationship of neuroactive cytokines to depression
- Variable information
- New treatments
- The large number of potential risk genes for SMI and the fact that they can cut across diagnostic categories
- Experience of other clinicians with ketamine
- Clinical data
- Neurobiology and circuitry of plasticity
- New data
- Much basic and clinical research new ideas
- Comprehensive discussion of biological factors driving clinical decision and management
- Evidence on results of clinical trials.
- A comment from another member after a talk.
- Information about new applications of optogenetic technology.
- Results of negative investigative clinical trials in schizophrenia.
- New findings about potential mechanisms or markers of outcome for particular treatments.
- Lack of effectiveness of some of the current medication and other treatments

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

- It's never easy to make change in hospital setting
- Access to pt demographic data in primary care
- Further validation
- Order test
- Other colleges to convince
- No major changes
- Change pulse sequences
- Change study protocols
- Obtain funding
- Just do it
- Just change in prescribing
- Financial resources
- Generate new cDNA constructs for use in viral mediated gene transfer
- Just do it
- Take the persistence, time, and effort to do it.
- More time available for research
- I am at a VA--They need to agree to put new drugs in their pharmacy
- Myself
- Insurance coverage for the novel medication approaches
- Managed care environment often precludes innovative treatment approaches
- Time & \$\$\$
- Prescription change
- Develop protocol
- New collaborations
- Submit research protocol
- Identify academic partner to conduct the study
- Have to work closely with imaging and neuropsych team
- This is a complicated question. It will take a significant amount of effort.
- Routine testing of at least difficult to treat patients
- Research protocol
- Get more funding, coordinate expertise
- IRB application
- Buy new equipment (easy in theory)
- Initiate new studies.
- More rationale prescribing practices
- Get money to use the measures
- Obtain relevant data for collaboration
- Change my prescribing practice
- Nothing
- We will modify some of our future protocols to ensure that we are acquiring the information and data we need to conduct a thorough thoughtful investigation
- Assess for inflammatory processes in depressed patients
- Focus our research on those regions, and pick compelling pathways.
- Just prescribe it.
- Program the tasks and pilot them in the scanner

- Try new drugs on patients who do not respond to conventional treatment
- I received some in-house grants
- Buy specific reagents to measure these molecules.
- Educate colleagues, residents
- I have to try it in my cocaine/amphetamine addicted dual diagnosis patients
- Work with additional colleagues in my institution.
- Increase network of collaborators across disciplines
- Simply change several research strategies
- New trials
- Done.
- Sharing information with other clinicians, patients, and their families
- Yes for modafinil, hard for ketamine. Will have to get buy-in from administration and anesthesia.
- Mostly be aware of the issue
- Enhance collaborations with basic scientists studying this area.
- Give advice
- Write and implement a research protocol
- Treatment changes will be easy; grant funding changes will be more challenging. I will need to continue to change the focus of my research.
- Buy some new equipment
- Nothing other than request that genes are examined in our study.
- Simple shift of focus
- Get funding
- Learn more, collaborate with others
- Continue to see the patient weekly and possibly patient assistance for the medications
- Nothing, already happening
- I have to contact the person who does BDNF work. 2. I have to email the colleague who presented this for further details.
- Change IRB protocol
- Inform the research team
- Purchase the appropriate equipment and pilot appropriate procedures
- Order a lab test for c-reactive protein
- Alterations in IRB protocols and the addition of some new methods
- Stimulus optimization in DBS is a research project. propranolol can be given as off-label use for PTSD
- Nothing
- Educate patients and PCP's
- Spend time looking at researchers' overall research program.
- Persuade collaborators and garner resources
- N/A
- Not clear
- Consider crossing mice with 2 or more risk genes targeted
- I will have to fill special forms for this treatment and use anthropologist
- Data reviews to assist in treatment changes
- I am prescriber
- Discussions and interactions with key stakeholders

- Order equipment
- Adjust available resources
- Just do it.
- Implementation of new stimulation protocols.
- Shift focus to different glutamatergic targets and mechanisms.
- Collaborate with our geneticist to genotype our samples.
- It is just a conceptual change for grant applications mostly.
- 1. Review current treatment protocol 2. Discuss with colleagues, patients and other staff. 3. Audit current treatment strategy

Please provide any comments or suggestions for future career development programs

- Inform presenters to stay within time given and focus on key points especially if coming from basic research
- Excellent
- International relations and collaborations would be a good subject to discuss.
- The advice and Q&A with people who have been successful in earlier funding environments is simply not helpful for those looking to survive in the current funding situation.
- Wonderful meeting
- Some hands on help with ongoing projects openness for mentorship; willing to help others in the minority institutions
- More from NIH and other funders. More from successful women
- Please include more clinical research.
- International networking and communications
- Every career is unique - very difficult to give much useful information in large group setting
- Focus the career development programs to the different levels that we are at (K award applicants vs RO1s, PhD vs MDs) so that the information is more adequate to the audience.
- The panel is intended for those early in their career, yet the panel was all well-established researchers. In today's very tough funding climate, the advice from the panel members was outdated and un-useful. One of the panel members even said "I think soft money keeps you on the edge - it's better than having hard money." This might be easy for her to say, but in today's funding climate, it came across as very out of touch. I feel strongly that it would be much more beneficial to have people on the panel who at a mid-career or even early-career stage, to give their perspective on how they have or have not succeeded in various positions (academic medicine, soft vs. hard money, industry) and who are facing a full career in this same tough funding environment.
- I felt that most of the conversation was focused around transitioning from a K to an R award. It would have been nice to have more focus on transitioning from postdoc/trainee to an independent investigator (e.g. applying for a K, etc.).
- Travel awards is an outstanding opportunity. Would encourage ongoing follow-up with previous travel awardees at future meetings etc.
- I suggest that ACNP invites an expert in career development for scientist (such as a person who wrote a book on the topic) rather than just senior researchers and ask him/her to give a presentation.
- Did not attend
- Panel might include younger scientists who recently obtained a faculty position/tenure
- Outstanding meeting
- I attend the Women's Lunch and appreciate it greatly. I would love to see it expanded to be inclusive of anyone concerned about career/life balance, conversation about alternative models of success, as well as enhanced outreach to members with leadership in their home institutions to improve their awareness of gender issues (e.g., invite department chairs or others with leadership roles).
- Would like to see more presentations about young successful women in science.
- The career development session was excellent.
- I think there is a good mix now of career development programming.
- Tables at lunch for trainees to have roundtables with senior faculty

- Marina Picciotto's address to the Travel Awardees was excellent. In general I thought the meeting was an excellent place for senior postdocs/early PIs to gain valuable career development even outside of the official structured events. I did not attend the Career Development session, despite intending to, because I found myself in discussion with several important people in my field around the pool and decided that that was a more worthwhile use of my time. That sort of networking seems to be very much in the spirit of ACNP and distinguishes it from other meetings. I also appreciated the mentor, even though I initially thought it was a bit "cheesy".
- Specifically how to get funding
- Keep this one going every year-- it was outstanding, great to hear from women who succeeded in academia. Would suggest some that are more mid-career for the future.
- Career development session was re-hash of previously heard advice. Perhaps if could provide session with one-on-one time with Program? A table where NIDA can field questions from young investigators. But may not be feasible.
- I thought the women's lunch was outstanding. I encourage further activities along this line.
- I suggest to be more balanced in the selection of speakers for such an important session. Participants will benefit more from getting advice from outperforming NIH-funded investigators than from speakers who have been out of the grant business for many years. This should not be a place to investigators who influenced the field decades ago.
- It would be helpful to include speakers who have just made the transition to an R01 or Associate professor position. Many of the past speakers were too far along and didn't speak to relevant issues.
- My impression was a bit of "I heard this before". I am not sure what I'd like to see, maybe more "inside information".
- It might be good to host several simultaneous career development sessions targeted to researchers at different stages in their career.
- Overall the posters are good but my 'gold standard' mtg for posters is SFN
- More activities focused upon those who are underrepresented at the ACNP
- I suggest to create a ACNP interactive e-mail list (like SPM or FSL) to facilitate personalized questions from juniors or students and answers from senior mentors or from anyone who could answer from their personal experience
- Child psychiatry Women in positions of administration Young generation opportunities to administer
- Building an independent research lab.
- Need to spend more time on senior faculty and mid-level faculty development
- How about it be a meet and greet for labs and company's looking for people and people looking for work
- Having two mentors assigned for the trainees was superb. I received different, but extremely valuable advice from both of them.
- The clinical topics this year were not very good.
- Maybe including at least one young investigator (that didn't get tenure yet). All the speakers were very helpful but not as much as a young faculty could be for postdocs.
- None
- Need more advice than simply, "get more grants."
- Advertise it more
- Would have more simultaneous sessions, allowing greater range of topics
- Maybe some input from industry and CROs as career paths?

- Perhaps increase opportunity for discussion sessions with "successful" junior faculty with early trainees--not just established senior types.
- I've been to several of these now - often the panel is composed entirely of all senior people who don't have a good grasp on the experience of junior investigators or in any case give sort of stock answers to the questions. I think maybe some mid-career people mixed in might improve things - people who actually still remember getting their first grant.
- More geriatric topics
- TRANSLATIONAL Strategies for every finding...
- More Neuromodulation and Nutrition-based science

General Comments

- There should be more clinical studies
- Excellent meeting
- Re-design the program book, pretty please. Take out the abstracts and put them in a separate book. Then people can choose what to lug around. The current book is impractical and heavy.
- The conditions at the Westin were strange - first day was amazingly hot, next cold, etc. Would love to see more travel awardees with an MD rather than PhD. ACNP pdf annual program should not be a secured PDF file- can't copy/paste etc.
- Would love to go back to Hawaii (or even PR)
- Please make posters available as pdfs at website
- Go back to Hawaii! Or if the meeting must be in Florida, go to the Miami Fontainebleau hotel.
- Lack of room availability at Westin and poor quality of crown plaza were concerning.
- Good meeting. I often find several thing I would like to attend at any one time and little at other times. I don't find the study sections interesting or helpful. Suggest revamping or removing
- The e-poster site kept crashing windows explorer and was very slow to navigate
- Excellent meeting
- Outstanding meeting - my favorite of all meetings
- Excellent organization of meeting; ran very smoothly.
- The meeting needs more clinical topics
- Florida venue is logistically superior to Scottsdale, Palm Springs or Hawaii because of ease of access with multiple airports, accommodations and better interesting cultural scene. It would be nice if it was used as often as possible.
- Program has now become seriously deficient in clinical to basic research balance; this is a continuing trend that will affect attendance and membership.
- May need to more focus on clinical issues. Some subjects were not much relevant to research on mental illness.
- Hotel is too far away from most restaurants and other points of interest. Miami Beach is much better than Hollywood Florida for the site of the meeting.
- The venue in Florida and the hotel is too expensive and isolated
- Although the plenary talks were good, the talks in the sessions were uneven, and some were poor. There should be more clinical research presented.
- Please, think about redoing the program book. A suggestion would be to put the abstracts in a separate book so that we don't have to lug them around as well. Also, maybe a letter/A4 format would be better than the smaller size which only contributes to the book being very thick.
- ACNP staff is amazing.
- Good meeting more clinical science is necessary to keep balance
- The program was way too focused on glutamate. It seemed like every session had something to do with this. We need a more balanced program.
- It would be good to have a messaging system to contact the other participants. In other meeting (SfN) this is possible.
- Notable decrease in the number of geriatric talks and posters this year.
- Issue with position of the projection screen in panels. This is always to one side and is difficult to see if you are sat on the same side of the room. It would be much more visible to everyone if the screen was in the center of the room. 2) Quality of the speakers and their presentations is highly variable. Some are very good others are extremely poor. In one case the chairman of a session made the first presentation and over-ran by 15min which left much less time for the other

speakers and questions from the audience. The content of some presentations is also highly variable with several that were merely historical accounts and no new data. It's not unreasonable to have a brief historical background to a topic lasting a few mins and a couple of slides but not to make this a whole presentation of 30 or more slides. This was surprising for a society with such a high reputation and reflects poorly on the society. Greater quality control should be applied by the committee that selects topics for presentations. I suspect that the abstrs for oral presentations are not reviewed prior to acceptance. 3) The general discussion at the end of a panel is a waste of time. Questions arise during a presentation and need to be addressed after that same presentation not after all the presentations have been made.

- It would be nice if there were more socials specifically for the travel awardees. I feel like I only met a few other awardees and it would be nice to be able to interact more directly with everyone.
- Excellent meeting.
- More clinical and/or translational research would be useful. The plenary talks would be more useful if they had a clinical translational component.
- Was one of the most enjoyable meetings I've attended in some time!
- Scientific quality of speakers was highly variable - some outstanding, some abysmal. Likewise for quality of the symposia overall, very hit and miss.
- My wife and I attend ACNP and have a 3-year old, and we used the KiddieCorp daycare for the first time at this meeting. We would have used it more this year and previously if we had been aware that it was possible to drop off our son without having a pre-arranged schedule, which is what the KiddieCorp information suggests. I think that having KiddieCorp available at ACNP is extremely useful for attendee parents, and it would be even more useful (and perhaps more utilized) if it could be made more flexible, that is, if attendees did not have to schedule 5 days at a fixed time slot in advance of the meeting. That might require a greater financial contribution from ACNP, but it would be well worth it to the attendees for whom daycare is an invaluable resource.
- More genetics
- Speakers gloss over COI statements.
- The Westin Hotel is just not a good venue for this meeting. It is too isolated, with very few alternatives for dining/lunch and VERY overpriced. The staff is ok and I had a particularly bad experience during checkout, it seems that their computer system was not ready for the volume of people checking out.
- Too many emails in the week before the conference requesting poster uploads.
- I was disappointed in this year's meeting, relative to other years, because of the relative lack of systems neuroscience and clinical research presentations. While I welcome molecular-level presentations, the balance this year was very skewed. Furthermore, the relatively few clinical research presentations were of variable quality, with many speakers presenting data that had been published years ago. I think that the Program Committee should place a greater emphasis on recruiting cutting-edge clinical research and systems neuroscience panels for upcoming meetings.
- The hot topic speakers were excellent. Fresh ideas. Some of the symposium speakers and ideas were not so fresh (tired and old). They could do with some energy.
- Meeting too imbalanced towards basic sciences. Very little of interest to clinical research.
- We have outgrown the space for the poster session. We should have several sessions so there is ample space for walking around and discussing scientific data with the poster presenter.
- Excellent meeting overall

- I especially liked the poster session room arrangement, particularly the spaciousness of the hall to accommodate foot traffic. Also liked the poster viewing earlier each day prior to the evening poster session
- I find the meeting stimulating and high quality. As always, there needs to be more time for discussion at individual symposia and panels (although several were good on this aspect this year).
- This year's meeting seemed more diffuse and less exciting to me than those I've attended for the past 6 consecutive years. It's hard to say exactly how or why, but overall it seemed less programmatically organized around topics that are important issues ACROSS psychiatry and neuroscience and more of a collection of unrelated specialty fields. How or whether this relates to the (perceived?) trend toward basic neuroscience and away from clinical psychiatry research that seems to be advancing at ACNP is unclear. But it seems related: computational neuroimaging, susceptibility genetics, and compromised animal models receive maximal coverage while emerging treatments, genetics of treatment responsiveness, implications of considering psychiatric illnesses as developmental diseases, and unsolved methodological issues that have limited progress for decades receive low priority despite their broad relevance and importance. Returning from the meeting to the inpatient units to treat patients with chronic schizophrenia/bipolar disorder/addiction over the past several days makes this year's ACNP feel like a convention for sophisticated hobbyists.
- This is a great meeting, and I look forward to attending in the future.
- Great staff and great meeting
- I had a great time at the meeting and thoroughly enjoyed it. I believe it to be a highlight of my career and look forward to returning. The organization, in particular, was excellent and kept the social/networking elements of the meeting at the fore. Too many meetings struggle with this after overbooking the presentations or by geographically separating the social and scientific parts.
- Need more clinical and translational research
- The hotel is very comfortable but there were serious problems with both booking and invoicing. Westin staff responsible for these specific activities generally incompetent.
- Great information, excellent meeting.
- Hollywood is like a food desert. The Crowne plaza is an embarrassment and should not be an ACNP hotel. The place was extremely dirty. There is very little within walking distance from the conference hotels.
- Excellent meeting--program committee did a fine job as did ACNP staff
- ACNP is the best meeting to stay updated on the latest developments in basic, clinical, and translational psychiatry topics.
- I have noticed a general drift downward in poster presentations over the years probably correlated with more junior investigators attending. Also, there are very few pharmacology posters now, a drift to basic neuroscience with needs to be rectified and balanced.
- It was very helpful to be able to use the daycare without advanced notice. Given the difficulty of schedules sometimes, it is great to be able to use the daycare unexpectedly.
- I would just like to applaud ACNP again for being one of the few (if not only) conferences that offer on-site childcare. Offering this service to attendees is critical to couples who are both in research and could otherwise not attend (or would have to choose who could attend the meeting). I sincerely hope that ACNP continues to offer this fantastic opportunity at future meetings.
- Is it possible/financially feasible to have digital poster boards instead of the traditional ones? Could we have affiliations on the badges?

- This was my first time attending ACNP, and it was superior to all other neuroimaging conferences I attend. It had the perfect mix of basic and clinical science, with each presenter knowledgeable of both areas.
- This continues to be an outstanding scientific meeting. I brought to junior faculty for the first time and they raved about the program and format.
- Nice job as usual.
- Good meeting, as is the custom
- I liked the Westin a great deal as a place to stay and as a place to meet
- Not enough clinical science; i.e. use of treatments in patients who suffer from psychiatric disorders
- A very good meeting.
- I liked the combined presentation-poster format used for Hot topics
- This was the most disappointing ACNP program in the past many years. Young investigators were clearly underrepresented which is contrary to what is expected to secure the ACNP intellectual leadership for the future.
- Great Program! As always, staff is top-notch!
- Hollywood FL is a very limited venue. It has hard to find food outside of the hotel without a significant cab ride.
- Meeting App should also be available in Windows format.
- There were no dementia or Alzheimer's disease presentations at this meeting.
- I have attended the ACNP for 20+ years. For the past several years, the meeting has become more esoteric and the quality of the plenary sessions has deteriorated. In the fact, I found the teaching day and the plenary sessions a highlight. This year, they were a seriously disappointment. The speakers either did not have the ability or the direction to try to link them to clinical themes. I am a MD but even Ph.D. that attended the session found these presentations hard to follow for individuals not specifically doing this research. The ACNP is in danger of becoming irrelevant even too academic and research psychiatrists such as myself and more like the Society of Neuroscience. Personally, I think that is a shame. If this direction is not modified, I believe the meeting will become irrelevant to psychiatry. That will be a shame because it was up until a few years ago the meeting I most looked forward to attending. To put my comments in perspective, I have been an academic psychiatrists for over 30 years with 500 publications, conducted 350 clinical trials mainly translational science, and have a citation index of 50.
- Excellent meeting
- Very good meeting, thanks for inviting me. Looking forward to the posting of the presentation videos on the web-site. I made some new contacts and hope to establish new collaborations with them
- This was the least scientifically interesting meeting that I have attended in the last 25 years. The science was mostly old and pedantic. I am not sure that I will attend next year.
- There were days when multiple symposia that I wanted to attend were scheduled for the same time and other days when there no symposia of direct interest to me. I think that groups of related symposia should be spread out across several days instead of clustered together.
- Great meeting
- This is by far my favorite meeting.
- Almost no clinical science data presented
- Good to organize the posters by theme -- made it easy to plan viewing time and priorities

- I suggest to be more inclusive in membership to facilitate young and middle level investigators. Please consider providing non-member registration at the ACNP conference
- Disappointed that beverages offered during at least one of the poster sessions did not include non-alcoholic options
- Excellent meeting, plan to attend again!
- I really like the scientific discussions at the poster sessions. Communication is clearly better than at any other meeting.
- No soft drinks at the poster sessions was a pain. Unless you drink alcohol, you were left without anything to drink. I was not alone. A couple of people had taken a cup and gotten a glass of water or had punch from lunch. I noticed that others were asking them where they got their drink
- Cost of hotels in area for Trainee's was too high
- The best meeting.
- Generally a very good meeting. I think a very important part of the meeting for postdocs is the networking/talking science outside the sessions and for postdocs that do not have a mentor it is harder to benefit from this part. Having a mentor for every postdoc is not realistic but maybe ask PIs that come with postdocs to introduce them etc. Also, I was missing the name of the institute on the name badges. I think they should be included.
- I was disappointed with the plenary talks. No bearing on therapeutics and drug development. Nice science, but some without any relationship to neuroscience
- There remain few clinically relevant topics and the clinical work is often marginal
- The plenary were fantastic and I appreciated that the speakers were gender balanced! A well organized and cohesive session, David Lewis is to be congratulated.
- Finally found a place with enough space for the posters, very much better than the Soyent Green movie set we often endure.
- The lack of clinical focus in many sessions continues to be a problem. Much of the basic science has become so highly specialized that a smaller portion of the audience each year benefits from the non-clinical talks.
- Excellent meeting. I was especially impressed with the mentoring opportunities for junior investigators.
- None
- My favorite meeting!
- It was another superb and enjoyable meeting
- Much more clinical research needed
- The state of science needs to be addressed a bit more. Plus some treatment of forming interactive academic teams doing translational research leading to clinical trials of new mechanism-based neuropsychiatric drugs.
- Please disregard my answer to the question re: changing how I treat patients. I am not a clinician but had to input something in order to submit this survey.
- The balance of the meeting is too much on the basic science and pre-clinical science side. There are not enough translational topics, linking pre-clinical with local issues.
- This is definitely the best meeting I attend.
- Thanks again for a great meeting!

Topics and suggestions for speakers

- Initiation of drugs during early adolescence and brain development. Marijuana and schizophrenia
- Hardiness and resilience
- Computer models of different brain regions and disease processes.
- We need more applied neuroscience - perhaps a symposia on how neuroscience has advanced clinical therapeutics or tools.
- Tom Insel, story Landis, Lynne Raymond, Adrian Owen
- Research and treatment of violence
- Cognitive neuroscience and psychiatric phenomenology
- Clinical science
- I'd like to see more "disruptive innovation" talks from non-psychiatrists
- More geriatrics: i.e. Alzheimer's updates, other cognitive disorders, updates on research in the geriatric population relating to other psychiatric disorders
- I'd like to see more "disruptive innovation" talks from non-psychiatrists
- Multivariate genetic analyses
- There should be more on sleep
- More overviews of the views of the genetic architectures of neuropsychiatric illness as related to GWAS and resequencing findings. More understanding of the bases (e.g. cell adhesion molecules) for individual differences in the connectome.
- Continued focus on clinical applications
- I liked the basic science big symposium with Gina Turrigiano. Would like to see more of this. I would also like to see more "big picture" views of the state of the field, perhaps by a big name in the field. Tom Insel, Eric Nestler, John Crystal, etc.
- Some Asian speakers were incomprehensible because of heavy accent
- More on adolescent psychiatric disorders--assessment and treatment.
- More on eating disorders geriatrics
- I think not having all SZ, or autism talks on a single day, but having them spread out, would be helpful.
- Future topics: 1) incorporation of technologies for clinical research, 2) Use of technologies to improve patient outcome, 3) More translational research
- Translational research Prof. Shigeto Yamawaki Prof. John Krystal Prof. Kasper Prof. Kazu Ikeda Prof. Marco Leyton Genetics Prof. Henry Kranzler Prof. Gelernter Prof. Noboru Hiroi Prof. George R Uhl Prof. David Goldman
- Epigenetics
- The noisy brain - is there a common motif for many psychiatric disorders
- The sessions early in the meeting, especially the Hot Topics, seemed too long without a break (despite the fire alarm). I would have liked to see more but it was difficult to stay the course.
- Anything to do with Alzheimer's disease
- Update on nutritional factors regulating body weight and fat.
- Mechanism of action of psychotropic medications.
- Micro biota and the brain
- Pain neurobiology and co-morbidity with psychiatric disorders
- Neurodegenerative disorders stem cell technology applied to psychiatric illnesses
- I would suggest daily plenary speakers - probably either at the start of the day or at 1 pm.
- Optogenetics is not yet "ready for prime time", but perhaps next year.

- Keep up the bar and effort
- More plenaries bringing together the very best of the related fields... so that we open our eyes to the horizons of the changes in the rest of medicine and biomedicine
- Need more clinical topics, especially in geriatrics and neurodegenerative diseases and aging.
- More on the role of inflammation in psychiatric illness
- Prepare more effective slides to catch wider range of audience
- More on basic and human studies of alcoholism
- Panels on ethics would be great - and help us meet licensure requirements!
- Prevention of cognitive impairment
- I strongly recommend that the scientific program committee look to speakers who can give clinical relevance to their presentations and be given the direction to do so. I was sorely disappointed by this year's meeting in this respect.
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- A session on more high performance analytical methods for neuropsychopharmacology would be useful to the attendees. Gary Hart (o-glycosylation), Mark R. Emmett (lipids and glycosylation), Per Andren (MALDI-imaging), Carol L. Nilsson (phosphoproteomics)
- More on influence of development on treatment strategies
- I would like to have a symposium on the 'other side' of NMDA antagonists--which patient groups experience side effects such as psychosis rather than recovery, and what the dose response curve is for individual its
- Topics on Ketamine's mechanism
- Validation of therapeutic targets
- Geriatrics
- Basic science tied to clinical science with parallel models
- More non-PTSD anxiety disorders Dementia
- Helping basic researchers identify new ways of developing their target molecules into potential medications
- More clinical topics are needed.
- I would like to see more about the brain and body relationships. The brain as it influenced by the endocrine and immune systems.
- Neurogenetic disorders/CNV's and risk for neurodevelopmental dx/ adolescent brain development
- Recent topics on Ketamine
- Imaging-genetics. Brain development across adolescence.
- More basic medical sciences Pharmacology, biochemistry, pathology
- More psychopharmacology. That is more on drug discovery, development, mechanism of action, clinical trials.
- Continue having sessions on PTSD
- More developmental and child psychiatric research.
- See above.
- I would like it if panels included a range of basic to clinical research on a topic more often. Overall there are lots of talks on both but I think having panels organized transnationally would often improve them.
- Sleep and circadian disorders and new or developing therapeutic options

Do you have any other suggestions for uses of social media during the ACNP Annual Meeting?

- Focus on improving the app. It is a good idea to have one, but it MUST be easy to use, reliable and useful.
- Keep doing it
- I don't use some of us older folks don't use it
- More of a better balance between basic and clinical
- I had to carry the full book to keep track of meeting rooms - It would be great if we can just have a card set that shows the daily 'meeting schedules at a glance'
- None at present. I appreciate the use of it.
- I liked the daily emails
- Promote the use of the blog more aggressively; it is under-used.
- Liked twitter feed, not so much meeting blog
- Sorry, I am just no good with my smart phone, not your fault
- I have become more interested in genetics of populations. I would be happy to see this emphasized more.
- Room sizes were sometimes too small.
- I had Skype available for my Hot Topics talk, which was amazing!
- Apps for Blackberry and/or Windows 8 devices
- Liked the blog!
- Navigating between sessions and days was somewhat cumbersome.
- I never seem to have time for all the extras. This year did not have time to do the on-line searching etc.
- Waste of time