



DEVELOPMENT

July 16, 2010	CC:
Bike MS Committee Chair Networking Call	

Thank you for all your work and support with the Bike MS rides across America. Our next Bike MS Committee Chair Networking Call is set for Tuesday, July 27, at 4PM Pacific, 5PM Mountain, 6PM Central and 7PM Eastern. We are privileged to have Committee Chairs from the North Florida (Walter Steele) and Mid Atlantic (Jeff Viscount) Chapters present on how they have partnered with staff to drive registrations for their rides and initiatives that have made them successful. Both chapters have done a tremendous job with participant acquisition and early registrations. This call is beneficial for ALL rides across the nation! If your ride was this past Spring, we still encourage you to participate as you begin preparing for 2011. For Summer and Fall rides, you can still make a BIG impact with your registration numbers prior to your event.

We encourage you to join us and invite your committee members to network with other Committee Chairs on how they are working with staff to drive registrations on Tuesday July 27, and help us continue to drive Bike MS to the next level.

We look forward to hearing from you on the call. Below is the call in number.

Participant Call Number: 800 910 3597
Conference ID: 18409411

Thanks for your ongoing support!

Doug Suggitt



MARKETING

July 16, 2010	CC: All
<u>July 2010: E-communications Update</u>	

July National MS eNEWS

Send date: 7/15/10

Audience: Full List

The July National MS eNEWS was sent on Thursday, July 15. Content included a feature about alemtuzumab, an IV treatment for relapsing-remitting MS, as well as information about Health Care Reform and the changes it is bringing, free access to milestone MS research papers, and instructions on how to access the recording and transcript for the Society's June 30 webcast on "What's new in MS research and treatment".

Notes

Individuals with a 'no email' classification on their Altair accounts will be suppressed, along with standard Direct Marketing Program excludes/suppressions. If you would like to review the updated Direct Marketing Program excludes, please visit the new Intranet: Development → FY09_Direct_Marketing_Overview_CD_Master_Exclude_Document.

The current Constituent Communications Calendar is also on the new Intranet: Marketing → Constituent_Communications_Calendar_FY10.

Contact Information

For editorial questions or suggestions regarding our National MS eNEWS, please contact Martha at martha.king@nmss.org or 212-476-0539.

For questions about our national e-communications strategy, please contact Rich at rich.sarko@nmss.org or 303-698-6100 x15171.



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RESEARCH/CLINICAL UPDATE

cc: Chapter President, Programs

July 16, 2010

Update: Clinical Trials of Parasitic Worms to Treat MS, Related to the “Hygiene Hypothesis”

At least two small clinical trials are currently underway – one supported with funding from the National MS Society – to test the idea that infection with intestinal parasites may reduce immune attacks in MS. This idea relates to the “hygiene hypothesis,” which states that MS is less common in underdeveloped regions because early exposure to common infectious agents may stimulate the immune response in a positive way and help offset the attack on the brain and spinal cord in MS. These cutting-edge clinical trials should provide important information as to whether this unique approach has the potential to benefit those with MS.

Background: Scientists have noted that autoimmune diseases and allergies are less common in underdeveloped regions. Some researchers have noted that early exposure to common infectious agents – such as that which occurs to people in regions with poor sanitation – may stimulate immune regulation in a positive way and aid healthy immune responses. Because MS is more prevalent in regions with high standards of hygiene, researchers have been testing the hygiene hypothesis – the idea that lack of exposure to common innocuous agents at an early age may cause the immune system to over-react and cause MS.

Studies in MS-like disease in lab rodents and preliminary clinical trials in Crohn’s disease, an autoimmune disease of the bowel, suggest that drinking a concoction containing eggs from parasitic worms might alter immune attacks and improve these conditions.

The Studies: Based on these and other studies, John Fleming, MD, and colleagues at the University of Wisconsin, Madison, are conducting a small, novel study using the eggs of a harmless parasitic worm – called a helminth – to determine whether the treatment can reduce relapses in people with relapsing-remitting MS (<http://www.nationalmssociety.org/about->

[multiple-sclerosis/what-we-know-about-ms/what-is-ms/four-disease-courses-of-MS/index.aspx](http://www.nationalmssociety.org/multiple-sclerosis/what-we-know-about-ms/what-is-ms/four-disease-courses-of-MS/index.aspx)).

In the first phase, five participants who declined to take medications approved to treat MS (and who met other study criteria) were given drinks of a solution containing the tiny eggs of the helminth for three months. The eggs hatch and mature inside the body, reaching about the size of an eyelash. When they reach the large intestine, the larvae interact with the immune system and are then killed. MRI scans were taken to determine increases in MS disease activity. In a preliminary report presented at the American Academy of Neurology Meeting in 2009, Dr. Fleming noted no safety concerns. There was some indication of benefit on MRI activity, although no conclusions can be drawn from such a small study. The team is submitting a manuscript about these findings for publication.

A second, follow-up study is underway. Dr. Fleming's team is recruiting 18 patients at two sites (University of Wisconsin; Marshfield Clinic). Participants are drinking the egg solution every two weeks for 10 months, and are undergoing MRI scans to determine the effects on MS disease activity. Read more (<http://www.nationalmssociety.org/research/clinical-trials/participate-in-clinical-trials/clinical-trial-details/index.aspx?eid=318>) if you live near these sites and are interested in participating in this study.

In a separate study using a similar approach, investigators at Rigshospitalet in Denmark are conducting a small study in 10 people with relapsing-remitting MS or secondary-progressive MS (who are still experiencing relapses). The team also is administering the eggs of a helminth to participants every two weeks for 12 weeks, and using MRI to determine if MS disease activity increases during treatment. This study is not yet recruiting participants; read more (<http://clinicaltrials.gov/ct2/show/NCT01006941>) about it on clinicaltrials.gov.

Read more (<http://www.nationalmssociety.org/research/clinical-trials/participate-in-clinical-trials/download.aspx?id=224>) about this and other novel therapies in the MS pipeline (PDF).



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RESEARCH/CLINICAL UPDATE

cc: Chapter President, Programs

July 16, 2010

Society-Funded Researchers Find Evidence of a Possible Biological Basis for Some Forms of Depression in People with MS, Suggesting Potential Preventive Measures

A team funded by the National MS Society found evidence that depression is linked to brain volume loss in specific subregions of an area of the brain called the “hippocampus,” which is known to be important in memory. Tissue loss in this area was linked as well with abnormal secretion patterns of the stress-related hormone cortisol. The results warrant further study to determine any cause-effect relationship, but are an important clue to a symptom that can interfere greatly with the quality of life of people with MS. The results also hint that this shrinkage may be reversible with effective treatment of depression in MS. Stefan M. Gold, PhD, Nancy Sicotte, MD (University of California, Los Angeles) and colleagues report their findings in *Biological Psychiatry* (Corrected proof, available online June 19, 2010, <http://dx.doi.org/10.1016/j.biopsych.2010.04.025>).

Dr. Sicotte is funded with a research grant from the Society and Dr. Gold was completing a postdoctoral fellowship during the study, which was also funded by the NIH and other sources.

Background: Depression is common during the course of multiple sclerosis. In fact, studies have suggested that clinical depression, the severest form of depression, is more frequent among people with MS than it is in the general population or in persons with other chronic, disabling conditions. In previous studies of people with MS, Dr. Sicotte and colleagues found evidence of tissue loss (also known as atrophy) in the hippocampus, a region deep in the brain known to be important in memory processes. (*Brain* 2008;131:1134-41, <http://preview.ncbi.nlm.nih.gov/pubmed/18375977>). Her team continues to study this area of the brain using high-resolution MRI (magnetic resonance imaging). In this study, they looked for a correlation between brain atrophy in the hippocampus and MS-related depression.

The Study: The team used high-resolution MRI to examine the four subregions of the hippocampus in 29 people with relapsing-remitting MS (<http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/what-is-ms/four-disease-courses-of-MS/index.aspx>), and 20 controls without MS. Levels of cortisol, a hormone released in response to stress, were obtained three times daily over two consecutive days. Participants also completed the Beck Depression Inventory, a questionnaire used to assess depression.

The results show that overall, people with MS had smaller tissue volume in the hippocampus than people without MS, particularly in two subregions, but their cortisol levels were not significantly higher. People with MS who were considered to have depression, based on their Beck Depression Inventory scores, had smaller tissue volumes in a third subregion as well, and higher levels of nighttime cortisol than people with MS who were not depressed and also compared to people with MS whose depression was considered to be well controlled with antidepressants.

Comment: This study presents an important clue to the source of some of the depression experienced by people with MS. The authors note that further studies are necessary to determine any cause-effect relationship between cortisol levels and brain tissue volume loss, which are commonly found together in people with severe depression who do not have MS. If the UCLA team's findings are confirmed, it may lead to future therapies that specifically target this cause of depression in people with MS. Several potentially "neuroprotective" therapies are being tested in people with MS which could also be effective in preventing depression in MS.

Importantly, depression may also be "reactive"—the result of difficult life situations or stresses. In addition, people with MS are also subject to the same forms of depression that affect the general population. Read more (<http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/symptoms/depression/index.aspx>) about depression in MS and how to cope with this symptom – regardless of its source – to minimize its interference in daily life.