



CHAPTER PRESIDENTS

September 2, 2011	CC:
FY2012 Implementation Planning Teams	

Last March the Strategic Response Goal Steering Teams presented to Society staff and volunteer leaders the priority strategies they had identified for 2012 to move forward our strategic response. After a review and feedback process the strategies were approved by the Society’s CEO and Senior Management Team. The FY12 budget, approved by the National Board of Directors in July, reflects the investments needed to carry out the 2012 strategies.

To move those priorities forward in FY12, we are pleased to announce **Implementation Planning Teams** have formed to:

- Determine how we will implement the strategies;
- Ensure alignment across the organization;
- Ensure effective communication and collaboration between the teams.

To ensure broad perspectives and alignment with other teams in the Society, members of the Implementation Planning Teams bring multi-functional expertise, a diversity of perspectives (staff, volunteer, people with MS), and have representatives from goals steering teams, the Advancing the Regions Team, and other Society-wide work teams. We encourage you to access the link below for team lists, including team member bios and other information.

[2012 Implementation Team Lists](#)

Region liaisons were selected to ensure each region is represented on each team, and to facilitate effective communication between the teams. In this key role, liaisons will bring region perspectives to the team’s work, ensure open communication and input from staff and volunteers in each region, and help create a unified plan for implementation of the strategic response. Region liaisons will be invited to participate in one of the 90-minute sessions being planned for September 22nd, 23rd, and 28th to receive further information and to discuss this key role. More information and a meeting invitation will be sent to region liaisons shortly.

For more information or questions, please contact:
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INFORMATION TECHNOLOGY (IT)

September 2, 2011	CC:
Society Phone Network – Give me 5!	

For the past several months the Information Technology team has been working with Chapters to move them to the Society telephone network.

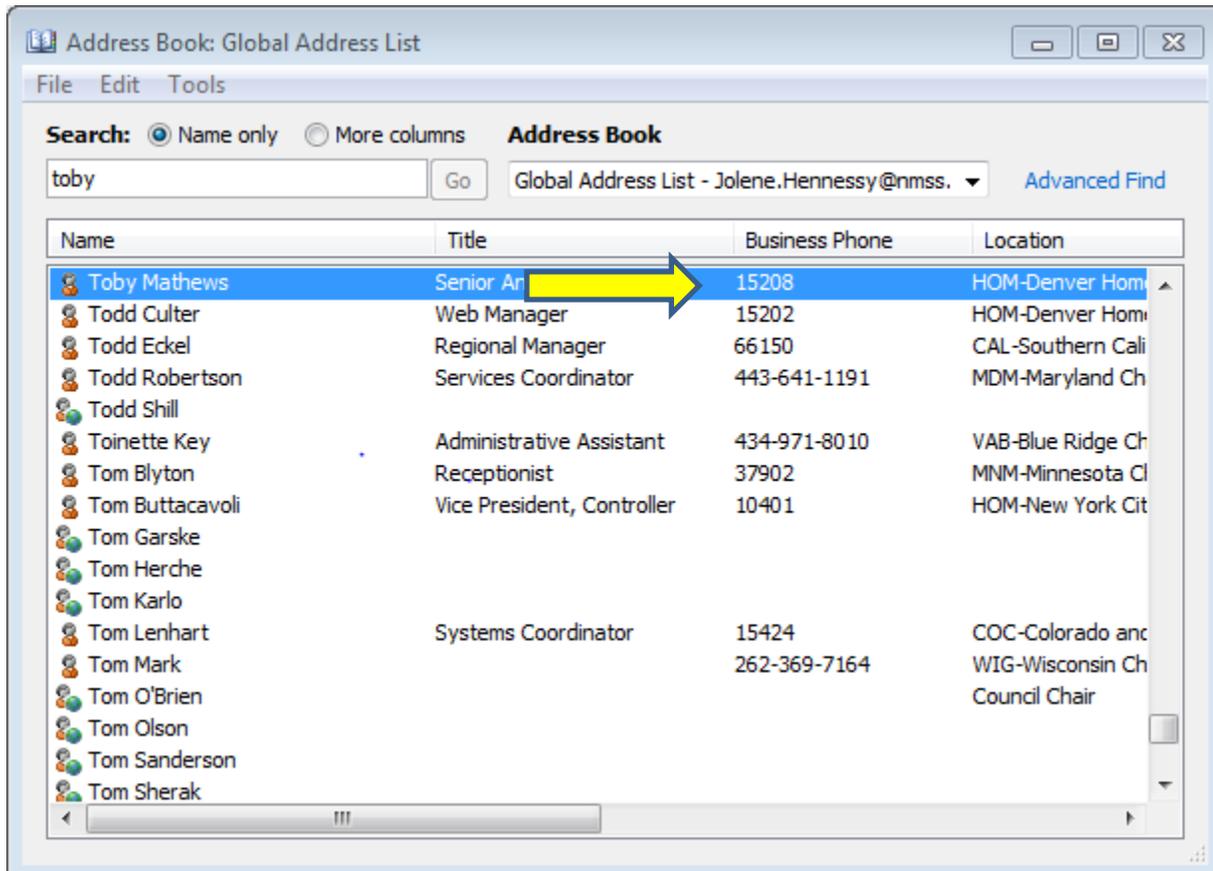
The biggest benefit of a shared telephone network is that all Society staff can call each other using five digit dialing. Five digit dialing is free since the call travels on the Society’s network. Other long distance call charges are significantly reduced from an average of 7 cents per minute to just 3 cents per minute on the Society’s phone system.

The 3 home office locations in New York, Denver and Washington DC and 16 chapters are now using the Society’s phone network.

Colorado	New Jersey Metro
Connecticut	New York City/Southern New York
Greater Delaware Valley	North Florida
Greater Washington	Northern California
Michigan	Rhode Island
Mid America	South Central
Mid South	Southern California
Minnesota	Utah & Southern Idaho

5 digit dialing information is easily accessible in the Microsoft Outlook address book. The Information Technology team recently completed a project to update the information in the Outlook address book to be as current as possible.

To access a team member’s five digit phone number, click on address book in Outlook, type in the first few letters of the person’s first name in the search box. The number will be located in the business phone column.



SO REMEMBER!!! Give me 5!!! If you're in an office with five digit dialing capability and you're calling another office with five digit dialing please remember to look up and use their 5 digit phone number!

Using 5 digit dialing will result in significant cost savings to the Society and more money funneled to our mission!



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RESEARCH/CLINICAL UPDATE

cc: Chapter President, Programs

September 2, 2011

FDA Approves Botox[®] for Treating Urinary Incontinence in MS and other Neurologic Conditions

A new use for Botox[®] (onabotulinumtoxin A, Allergan, Inc.) was approved by the U.S. Food and Drug Administration, providing an additional treatment option for people with MS or other neurologic disorders who experience urinary incontinence. In clinical trials involving 691 with MS or spinal cord injury, targeted injections of Botox into the bladder muscle were found to be beneficial and safe.

Background: Bladder dysfunction occurs when MS lesions block or delay transmission of nerve signals in areas of the central nervous system that control the bladder and urinary sphincter. The result in MS can be a “spastic” bladder that is unable to hold the normal amount of urine, or by a bladder that does not empty properly and retains some urine in it. Retaining urine can lead to complications such as repeated infections or kidney damage. Left untreated, bladder dysfunction also could cause emotional and personal hygiene problems that can interfere with normal activities of living and socialization.

Botox is a powerful neurotoxin that temporarily blocks connections between the nerves and muscles, resulting in short-term relaxation of the targeted muscle. Injections have been shown in clinical trials to relieve spasticity in individual muscles for three to nine months. In March 2010 the FDA approved Botox for treating upper limb spasticity in people with MS and other disorders.

Injection of the bladder muscle with Botox is performed using cystoscopy, a procedure that allows a doctor to visualize the interior of the bladder. Cystoscopy may require general anesthesia.

FDA Approval: The FDA approval for treating bladder spasticity was based on results of two double-blind, placebo-controlled studies, one of which was presented at the 2011 Annual Meeting of the American Urological Association (Abstract # 1104026). The two clinical studies involved 691 people with urinary incontinence resulting from MS or spinal cord injury. In both studies, the weekly frequency of incontinence episodes showed statistically significant decreases in the Botox group compared with placebo.

According to the approved label, Botox is approved as a 200U dose for patients with urinary incontinence due to detrusor (the primary bladder muscle) overactivity associated with a neurologic condition. Patients should be considered for retreatment when the clinical effect of the previous treatment wears off.

The most common adverse events included urinary tract infection and urinary retention. According to the label, it is not known whether Botox is safe or effective in treating spasticity in children younger than 18. The medication carries a boxed warning that Botox injections may cause serious side effects that can be life threatening. These include problems swallowing, speaking or breathing, and the possibility that the toxin may spread to other areas of the body away from the injection site.

Read the FDA's announcement here

(<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm269509.htm>). If you have questions about the use of Botox for the treatment of spasticity, please consult your healthcare provider.

-- Research Programs and Clinical Programs departments

Botox is a registered trademark of Allergan, Inc.