



CHAPTER PRESIDENTS

June 8, 2012	CC: Programs & Services
Expanding Accessible, Affordable Housing Options for People with MS	

Many people with MS struggle to find accessible housing that they can afford. Some chapters have had success linking with reputable, motivated housing developers to expand housing options in their communities, often at little or no cost to the chapter. We have learned a lot from these experiences, and two new resources are now available to support chapters interested in engaging in similar housing initiatives.

New National Housing Development Consultant

The Society has contracted with a National Housing Development Consultant, Larry Oaks, to serve as a knowledgeable and motivational resource for chapters whose board and staff have made the decision to pursue accessible, affordable housing opportunities. Larry has years of experience in special needs housing and can be a source of information and support as chapters move out to engage in this process.

Larry Oaks is a recognized expert in the areas of non-profit management and supportive housing development with over 17 years of leadership experience in the field. Over the course of his career, Larry has overseen the development of more than a thousand units of award-winning special needs housing for the formerly homeless, low income disabled veterans, low-income seniors and youth aging from foster care.

Larry may be reached at Lawrence.Oaks@nmss.org.

Housing Handbook

A handbook entitled *Developing Housing for the MS Community: Partnering with Developers to Create Housing Opportunities*, were recently mailed to all chapters and can educate and guide staff and leadership volunteers on how to begin to identify and engage with developers to expand housing options. Developed under the guidance of Ken Regan, an active National MS Society volunteer with extensive experience in developing affordable and special needs housing, this handbook provides step-by-step guidance on how to become more visible as a stakeholder in the world of accessible, affordable housing. It addresses practical questions such as how to find reliable developers, who to contact, what to say, how to avoid bad situations, etc. There is also an extensive appendix in the handbook for those chapters who want to go beyond outreach and connection to establishing a formal housing creation partnership.



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RESEARCH/CLINICAL UPDATE

cc: Chapter President, Programs, Development

June 8, 2012

Clinical Trial Shows Teriflunomide Pill Reduces Relapses in Relapsing-Remitting MS

In a clinical trial involving 1,169 people with relapsing-remitting multiple sclerosis, oral teriflunomide (Genzyme/Sanofi-Aventis) reduced relapses compared with placebo over at least 48 weeks, according to a company press release dated June 1, 2012. Of two different doses tested during the TOWER trial, the higher dose also slowed progression of disability. This is the third completed of five phase III studies involving teriflunomide in multiple sclerosis. An application for marketing approval of teriflunomide was accepted for review by the U.S. Food and Drug Administration in October 2011.

Background: Multiple sclerosis occurs when the immune system attacks the brain and spinal cord. Teriflunomide is a novel oral compound that inhibits the function of specific immune cells. In the TEMSO study reported in 2011, teriflunomide reduced the average number of MS relapses and disease activity on MRI scans significantly more than inactive placebo in 796 people with relapsing forms of MS. Read more (<http://www.nationalmssociety.org/news/news-detail/index.aspx?nid=5577>) about this study.

In the TENERE study, compared with Rebif[®] (interferon beta-1a, EMD Serono and Pfizer), teriflunomide did not significantly reduce the primary endpoint of “risk of failure,” meaning the first occurrence of a relapse, or permanent discontinuation of the study treatment, whichever came first. Read more (<http://www.nationalmssociety.org/news/news-detail/index.aspx?nid=5801>) about this study.

Other phase III studies of teriflunomide are ongoing, including the TOPIC study in 780 people at high risk for developing MS (teriflunomide vs. placebo); and the TERACLES study in 1455 people with relapsing MS (teriflunomide vs. placebo added on to interferon beta).

The Study: For the TOWER trial, investigators worldwide recruited 1,169 people with relapsing MS, and randomly assigned them to receive teriflunomide 7 mg or 14 mg, once daily by mouth, or placebo for 48 weeks. The primary endpoint was whether the study drug reduced the average number of relapse per year significantly more than placebo. Secondary endpoints included the time to disability progression confirmed for at least 12 weeks.

According to the press release, Teriflunomide 14 mg reduced relapses by 36.3% versus placebo and 7 mg reduced relapses by 22.3% versus placebo. In the 14 mg-group, the time to disability progression was reduced by 31.5%; the lower dose did not significantly reduce progression.

Three deaths occurred in the teriflunomide groups – from sepsis, suicide, and motor vehicle accident. Participants in the teriflunomide groups experienced more headache, nausea, diarrhea, hair thinning, and low levels of white blood cells.

Comment: These and results from additional phase III studies of teriflunomide that have been completed or are now underway should help define the short-term safety and promise of teriflunomide as a potential new therapy for relapsing MS.

Rebif is a registered trademark of EMD Serono and Pfizer.