



CHAPTER PRESIDENTS

August 3, 2012	CC:
2013 Certification Standards	

The final 2013 Certification Standards including the tools and resources available to help chapters meet the standards and including the compliance determination process have been posted to Share Point under Chapter Management, Organizational Policies/Procedures.

The Chapter Relations Committee of the National Board of Directors approved a recommendation from the Certification Task Force on the fiscal year 2013 Chapter Certification Standards at its July 26, 2012 meeting.

Changes from the 2012 Standards are indicated in **BOLDFACE**. They have been aligned with the objectives in the Society’s Strategic Response 2011-2015 and the 2012 implementation strategies identified by the Goal Steering Committees. While a chapter is expected to meet or exceed each standard, a majority of the standards may be met through either a regional or multi-regional solution.

A task force comprised of volunteers and staff representatives from each region and the home office developed the 2013 standards over a series of 2 in-person and 5 conference call meetings. They reflect the Society’s expectations that each chapter and each region bears responsibility for meeting Society-wide standards.

Prior to sending the final recommendation to the Chapter Relations Committee, the Region Management Teams and Region Volunteer Leadership Councils were provided an opportunity to comment during a series of six conference calls held by members of the Certification Standards Task Force. Those comments resulted in some modifications that have been incorporated into this final report.

TASK FORCE MEMBERS

- Dan Rattner**, Certification Standards Task Force Chair, National Board of Directors & Greater New England Valley Chapter Board of Trustees
- Pat Abruzzo**, Manager, Special Projects, Field Finance

Cindy Bean, Executive Vice President, West Region

Greg Bishop, Co-Chair, East Region Volunteer Leadership Council and Chair,
Central Virginia Board of Trustees

Peter Galligan, National Board of Directors & Greater New England Board of
Trustees

Jeff Gentry, Former Executive Vice President & CFO, South Central Chapter and
current Society CFO

Craig Lynch, National Board of Directors & Mid Atlantic Chapter Board of Trustees

Phil Mazanac, Chair, Ohio Buckeye Board of Trustees

Stephanie Mincer, Chapter President, Upstate NY

Dean Munger, Co-Chair, Midwest Region Volunteer Leadership Council & Chair,
Michigan Board of Trustees

Craig Robertson, Associate VP, Organizational Development & Interim
Management

Phyllis Robsham, Chapter President, Gateway Area

John Scott, Chief Field Service Officer

Corrina Steiger, Chapter President, North Florida

Craig Weber, Vice President, Chapter Operations

John Paul, Facilitator

Craig Weber

Chapter Operations Vice President

303-570-7932

Craig.weber@nmss.org



DEVELOPMENT

August 3, 2012	CC: Chapter Presidents
2012 Mission Possible Award Now Available	

The Mission Possible award provides chapters the opportunity for participants and donors to receive local recognition for their outstanding fundraising efforts. Most chapters market Mission Possible to event participants and position it as a mission-focused award that can be attained by raising \$1 for every person living with MS served locally. For chapters with smaller censuses, e.g., under 3,000, the Home Office recommends that the suggested minimum be \$4,000 or \$.01 for every client served nationally (400,000).

The 2012 version of the **Mission Possible award plaque** featuring artwork from one of the many talented artists connected to the Society is now available through Marketplace Promotions. Go to: www.marketplacems.com/awards for a glimpse.

You can order directly off this website or send an email to proforma.marketplace@proforma.com (attn: Sally or Tony), or call 1-800-446-2215. Price for the plaque is \$46.50 and includes the Society's logo along with the phrase "In recognition of moving us closer to a world free of multiple sclerosis". Chapters can customize the plate on the front of the plaque for an additional charge of 10 cents per character. **Please be sure to include your customization requirements when ordering.**

Here are some ideas for delivery of this recognition vehicle:

- Personal delivery of Mission Possible award to donor recipient
- Reception to honor Mission Possible members including an awards presentation or special presentation during your event.
- Chapter newsletter article and photo of Mission Possible members
- Website posting of photo and names of Mission Possible members
- Inclusion of Mission Possible members in Annual Report
- Invitation to Annual Meeting

If you have questions regarding this valuable donor recognition strategy, contact Sarah Klein at 303.698.6100 x15170 or sarah.klein@nmss.org.



National Multiple Sclerosis Society
733 Third Avenue
New York, New York 10017-3288
Tel +1 212.986.3240
Fax +1 212.986.7981
E-mail nat@nmss.org
Nationalmssociety.org

RESEARCH/CLINICAL UPDATE

cc: Chapter President, Programs, Development

August 3, 2012

New Information Posted on Website Related to Clinical Trials in MS

We are pleased to present updated information about ongoing clinical trials for MS, updated for 2012. This information is now posted on the Web site at the following link:

<http://www.nationalmssociety.org/research/clinical-trials/clinical-trials-in-ms/index.aspx>

The following tables on specific types of clinical trials are available for download:

Trials Funded by National MS Society

Large Phase III Trials in Relapsing-Remitting MS

Trials in Progressive Forms of MS

Trials of Symptomatic Treatments

As of this writing, clinicaltrials.gov -- the clinical trials registry created by the National Institutes of Health -- lists more than 300 ongoing or planned studies. The lists posted on our Web site are just a sample of what appears on clinicaltrials.gov, to give people affected by MS an idea of the latest clinical research in MS. Where possible, we link to further information from our Web site, clinicaltrials.gov, or study information elsewhere.

Clinical Trial Participation Resources on Our Web Site

Visit the Clinical Trials section of our Web site for information on studies recruiting participants and on clinical trial participation. There is a database of recruiting studies that is searchable by state, type of MS, or keyword, and MS Trial Alerts about specific studies. This section also includes a brochure and an online course to guide people through the process of deciding whether to enroll in a clinical trial. Read more at

<http://www.nationalmssociety.org/clinicaltrials>.

Reminder: If you are approached about recruiting for a clinical study in your area and you are not sure what steps to take, please refer to this news sheet posted on SharePoint

(http://intranet.nmss.org/Topics/cr/Lists/Critical%20Info/Attachments/7/Recruitment_Requests.pdf) or contact Sara Bernstein, Manager of Research Information

(sara.bernstein@nmss.org; 212-476-0419).



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733 Third Avenue
New York, New York 10017-3288
Tel +1 212.986.3240
Fax +1 212.986.7981
E-mail nat@nmss.org
Nationalmssociety.org

RESEARCH/CLINICAL UPDATE

cc: Chapter President, Programs, Development

August 3, 2012

New Studies Focus on Vitamin D and MS

The results of three independent studies published in the journal *Neurology* suggest that higher levels of vitamin D may reduce disease activity in people with MS. Two of these studies showed conflicting results on a possible interaction between vitamin D levels and treatment with interferon beta. These studies add to the rapidly increasing evidence that vitamin D may play a beneficial role in MS. An accompanying editorial suggests that, although there is not enough evidence to recommend high doses of vitamin D for people with MS, ensuring that people with MS have sufficient year-round levels of vitamin D should be part of routine care.

Background: A number of [genetic and environmental factors](http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/what-causes-ms/index.aspx) (<http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/what-causes-ms/index.aspx>) influence whether a person will get MS. These factors may also impact the severity of the disease. Research is increasingly pointing to a reduced level of vitamin D in the blood as a risk factor for developing MS. In lab mice, vitamin D can reduce the effects of EAE, an MS-like disease, and growing evidence suggests it is time to test whether vitamin D can provide benefits to people who have MS.

The studies:

- Tessel Runia, MD (Erasmus MC, Rotterdam, the Netherlands) and colleagues asked if vitamin D is beneficial during the clinical course of MS. They followed 73 people with relapsing-remitting MS by measuring vitamin D in blood samples every 8 weeks for an average of 1.7 years. The risk of disease worsening decreased when blood vitamin D levels were high. People whose vitamin D levels were considered “low” (less than 50 nmol/L) were twice as likely to experience a relapse as those whose vitamin D level was considered “high” (greater than 100 nmol/L), an association that persisted during all seasons. The effect of vitamin D on exacerbations was not affected by interferon beta use in this group of participants. (*Neurology* 2012 79:261-266, <http://www.neurology.org/content/79/3/261.abstract>)

- Kristin Løken-Amsrud, MD (Innlander Hospital Trust, Lillehammer, Norway) and colleagues studied a group of 88 untreated people with relapsing-remitting MS by collecting 12 MRI scans and nine vitamin D measurements per person over 24 months. People with higher vitamin D levels had a reduced chance of developing new MRI-detected brain lesions. After beginning interferon beta treatment, there was no association between vitamin D levels and disease activity. (*Neurology* 2012;79:267-273, <http://www.neurology.org/content/79/3/267.abstract>)
- Niall Stewart, PhD (University of Tasmania) and colleagues examined vitamin D levels in blood twice a year for at least 2 years in 178 people with MS. People with MS on interferon therapy had higher levels of vitamin D than people with MS who were not on interferon. People on interferon synthesized more vitamin D per unit of sun exposure time than those not on interferon. High vitamin D levels were associated with reduced relapse rates only in persons taking interferon. In people with low vitamin D levels, interferon appeared to increase the risk of relapse. (*Neurology* 2012;79:254-260, <http://www.neurology.org/content/79/3/254.abstract>)

Comment: In an accompanying editorial, Alberto Ascherio, MD, DrPH (Harvard Medical School) and Ruth Ann Marrie, MD, PhD, FRCPC (University of Manitoba, Winnipeg) note that the discrepancy between the latter two studies could be explained by differences in latitude (and thus differences in sun exposure) or differences in the timing of vitamin D administration. “In any case, these preliminary findings should be interpreted cautiously,” they write.

The authors comment that while it is “too soon to recommend the use of high-dose vitamin D in clinical practice,” ensuring that people with MS have adequate levels of vitamin D should be part of routine care. “...considering the high prevalence of vitamin D insufficiency and deficiency in persons with MS, the high risk of osteoporosis, and the safety of vitamin D at modest doses, the evidence is sufficient to recommend monitoring of vitamin D levels and supplementation as needed to achieve at least a year-round level of vitamin D sufficiency in persons with MS.”

The National MS Society is funding several projects in this area, including a new clinical trial (<http://www.nationalmssociety.org/news/news-detail/index.aspx?nid=6264>) getting underway to test whether vitamin D can reduce disease activity in people who have MS. In 2011, the Society convened a summit to explore vitamin D trials farther (<http://www.nationalmssociety.org/news/news-detail/index.aspx?nid=5860>).

Chronic excess vitamin D is associated with side effects, and some people cannot take supplements, so their use should be administered and monitored in consultation with a physician. Read more (.PDF) <http://www.nationalmssociety.org/living-with-multiple-sclerosis/healthy-living/nutrition-and-diet/download.aspx?id=133>



Read more (<http://www.nationalmssociety.org/research/stop/index.aspx>) about efforts to stop MS in its tracks.