Thank you to those who came out to National MS Society Night at Great American Ball Park! Despite the final score, it was a great night to come together and celebrate the Movement.

This year, Mike Rathsack earned the honors of throwing out the ceremonial first pitch for his hard work and dedication. Over the past 28 years, Mike has raised over $250,000 towards the Movement. Thank you for all that you do, Mike!

National MS Society Night also raised awareness in front of over 25,000 Reds fans. If you weren’t able to make it, please join us next year! It’s another way to create connections!
I would like to share two things with you. Feel free to share them, too.

Share them with your family. Share them at work. Share them on Facebook.

Here they are:

1. **The National MS Society is the best investment in driving solutions and changing the world for people with MS.**

2. **People with MS have access to more life-changing services than ever before.**

Unlike many items shared on social media, you can feel safe sharing these statements – because they are 100% factual!

**Why is the National MS Society the best investment in driving solutions for people living with MS?**

This year, the National MS Society committed another $29 million to support an expected 83 new MS research projects and training awards in 2014. These are part of a comprehensive research strategy aimed at stopping MS, restoring function that has been lost, and ending the disease forever – for every single person living with MS. This financial commitment is the latest in the Society’s relentless research efforts to move us closer to a world free of MS, investing more than $50 million in 2014 alone to support over 380 new and ongoing studies around the world.

**How is it that people living with MS have access to more life-changing services than ever before?**

More potential MS therapies are in the pipeline than any other time in history. Our approach is comprehensive and focused, and we collaborate worldwide. The Society pursues all promising paths to uncover solutions for everyone with MS, while focusing on three priority areas:

- Progressive MS
- Wellness and lifestyle
- Nervous system repair, including myelin repair

The Society established the MS field of nerve and myelin repair. Results from two phase I human safety trials of an exploratory treatment aimed at repairing myelin damaged by MS have now been published. One to two treatments with Biogen Idec’s anti-LINGO monoclonal antibody were given to healthy volunteers and people with relapsing-remitting or secondary-progressive MS. No serious adverse safety events were reported, and although these studies were not designed to evaluate effectiveness, the results were considered positive and have led to a phase II trial, now underway in relapsing MS.

As Faster Cures (www.fastercures.org) states, “the Society is the single organization serving as a catalyst for new research in MS.” The National MS Society paved the way for all existing therapies – none of which existed just 20 years ago.

I urge you to celebrate the progress we’ve made and show the power of our connections. Please help us keep this momentum with an end-of-fiscal year gift. Feel free to phone me with your questions and donations (513-657-7002), or give online (http://www.nationalmssociety.org/Chapters/OHG/Donate).

**Thanks for all you do to change the world for people living with multiple sclerosis!**

Eddie Rauen has been with the National MS Society for over 7 years. Reach him at eddie.rauen@nmss.org.
Since my diagnosis of multiple sclerosis in 1997, I have been mostly uninsured. This can be extremely expensive. Thankfully, I have been able to receive my disease-modifying therapy (DMT) at a reduced cost through a patient assistance program.

For me, the Affordable Care Act (ACA) means a chance to finally be able to afford insurance. Before the law was passed in 2010, my MS was considered a pre-existing condition, making insurance completely unaffordable or unavailable. The ACA now prohibits insurers from discriminating against people with pre-existing conditions. Because of these changes, I can now afford insurance for the first time in 17 years.

When the Health Insurance Marketplace launched on www.healthcare.gov, like many others, I had a pretty frustrating experience. So I decided to broaden my search to individual insurance company websites, where I found one with a policy that covered my doctors.

The same day, I received a letter from my patient assistance program, advising me that they had people who could help me with the application process and that I could call them directly for support. So the information is out there — you may just have to do a little digging. While I am still facing issues about getting my DMT covered (visit www.MSconnection.org/blog to read my updates on my progress in that area), the best news is that once I had the right information, I could return to www.healthcare.gov and enroll in the plan I wanted. Despite the challenges, I’m beyond excited to finally have health coverage.

John R. O’Neal II lives in Nebraska where he is a member of the National MS Society’s Government Relations Committee.

Originally published on www.MSconnection.org/blog.

Call 1-800-344-4867 for more information about the ACA and how to enroll. Share your own experiences with enrolling in health insurance at www.MSconnection.org.
EVENTS

BIKE MS

This past August, we celebrated Bike MS: Venture the Valley! More than 800 riders, volunteers, and committee members worked with donors and clients to make this a wonderful event and raise nearly $500,000.

Thanks to the families, friends, corporations, community groups, and sponsors who came together to change the world for people living with MS!!!
Thank you to Kim Morris for the beautiful team and route photos he took that weekend. Kim has been a long time supporter of Bike MS.

Please visit his website, [www.KimMorris.com](http://www.KimMorris.com), to find and purchase photos from Venture the Valley 2014.
The Annual Meeting of the American Academy of Neurology (AAN), held April 2014 in Philadelphia, featured thousands of presentations on neurological diseases. I was increasingly impressed with how many of these addressed wellness and lifestyle in people with multiple sclerosis. Entire sessions were dedicated to topics such as “Diet and Hormonal Influences in MS” and “Cognition and Fatigue in MS.” We are becoming more aware of the diverse paths toward finding solutions for everyone with MS.

And even salsa dancing! Mandelbaum, Lo and colleagues (Providence, R.I.) reported on a study in which they enrolled eight people with MS in a four-week salsa program. Individuals participated in dance sessions twice a week. Dancing resulted in significant improvements in gait and balance both right after the program and in a three-month follow-up. The National MS Society is now funding Dr. Lo of this team to conduct a larger study that may lead to more widespread use of dance as physical therapy for people with MS.

Fatigue is a significant problem that affects many people with MS— and one for which we don’t yet have enough solutions. I heard a report from Dr. Barak and a team from Israel on MS-related fatigue. Based on the increasing evidence that too-low levels of vitamin D may be a risk factor for MS, they administered a compound similar to vitamin D (alfacalcidol) or an inactive placebo to 158 people with MS once daily for six months. The group treated with alfacalcidol had significantly less fatigue, improved quality of life, and even reductions in relapses. I think this study presents a promising lead for reducing fatigue that certainly warrants further study.

SALSA DANCING MAY HELP MS-RELATED GAIT AND BALANCE ISSUES.
Another group of researchers reported on other factors that might contribute to fatigue in people with MS. They used polysomnography – advanced technology used to diagnose sleep disorders – to examine 206 people with MS who reported that they had fatigue, but who had not reported sleep problems. This test revealed that 68% actually had obstructive sleep apnea. It was great to hear that there might be a way to reduce fatigue in MS by diagnosing and addressing sleep problems.

GOING WITH YOUR GUT

One of the most interesting factors in the complex picture of MS, to my mind, is the growing body of research on the role of the “gut microbiome.” Each of us has millions of bacteria living in our guts. Most of these bacteria are harmless as long as they remain within the inner wall of the intestine. But in MS, these bacteria may be contributing to the MS immune attack. Dr. Jhangi and colleagues at Harvard examined microorganisms in people with MS who were not on any disease-modifying treatment, those who were on treatment, and healthy controls. Certain bacteria that are known to promote inflammation were found to be increased in those with MS. Another type of bacteria known to block inflammation was lower in people with MS versus controls, but higher in those who were receiving one of the MS disease-modifying treatments.

Inflammation occurs in MS when the body’s own immune cells attack the nervous system, damaging the myelin that insulates nerve fibers. Researchers are hopeful that by finding ways to reduce inflammation they may be able to limit the damaging effects of the disease. From this preliminary study, it’s too early yet to say how emerging information on the gut microbiome might impact future treatment of MS, but it’s fascinating to think that, down the road, we might affect MS by altering our internal bacteria.

IT’S FASCINATING TO THINK THAT, DOWN THE ROAD, WE MIGHT AFFECT MS BY ALTERING OUR INTERNAL BACTERIA.

This is one small part of the AAN reports on wellness and lifestyle in MS. I am excited about the growing prospects for improving the daily life of people with MS. You can read more by browsing through the abstracts at www.abstracts2view.com/aan.

Nicholas LaRocca is the vice president of Health Care Delivery and Policy Research at the National MS Society.

To follow the latest research news on wellness in MS, visit www.nationalMSsociety.org/research, or sign up to receive MS eNews monthly via email at www.nationalMSsociety.org/signup. Talk about your own wellness strategies at www.MSconnection.org.
Don’t just **ride**, Bike MS

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What is the difference between relapsing remitting MS and secondary progressive MS?
- With MS, the protective covering of the nerves (myelin) becomes inflamed and damaged, leading to scar tissue
- Scar tissue damages nerve cells, which leads to signaling problems and the symptoms of MS
- Many people have a form of MS with symptoms that come and go. This is called relapsing remitting MS (RRMS)
- Symptoms may include muscle and joint weakness, vision problems, numbness or tingling sensations, difficulty walking, speech problems, and other symptoms
- Over time, people with RRMS may experience more steady symptoms from nerve damage or loss. This next phase of the disease is called secondary progressive MS (SPMS)

What is the EXPAND Clinical Trial?
The EXPAND Clinical Trial is enrolling volunteers worldwide to learn if an investigational oral drug can help delay the progression of disability in people with SPMS. Volunteers will participate for a maximum of 60 months.
- Clinical trials are research studies that help doctors and scientists look at new ways to prevent, diagnose, and treat diseases

You may be eligible to participate if you:
- Are a male or female 18 to 60 years of age
- Have SPMS with a progressive increase of disability over a period of at least 6 months
- Have an Expanded Disability Status Scale rating of 3.0 to 6.5

You are not eligible to participate if you:
- Have an active chronic disease of the immune system
- Have a diagnosis of macular degeneration
- Are unable to undergo testing in a magnetic resonance imaging device

Other exclusion/inclusion criteria may apply. Other eligibility criteria may apply.

More than 1,500 people from about 30 countries may volunteer for the EXPAND Clinical Trial.

Please contact Neurology Specialist, INC
1 Elizabeth Place, Suite 210
Dayton, OH 45417
937-495-0000
about your nearest EXPAND Clinical Trial site.
As MS activists take advantage of the last few days of the Congressional August Recess with visits to legislators back home, reports are showing their great impact advancing policy to improve the lives of people with MS.

In Ohio, MS activists from the Ohio Valley Chapter met with House Speaker John Boehner’s (OH-8) Field Representative, Erin Clemons, and learned that she is an avid cyclist. Not only is she interested in participating in Bike MS but has already connected with the chapter. Great work MS activists and keep sharing your photos with us @MSactivist!

For information on how you can become an MS activist, visit www.nationalMSsociety.org/advocacy.
WAYS TO GIVE

ROUNDING UP MS

For Jim Riley, 47, raising cattle was how his family made a living when he was a child. But raising cattle was also a way of life—and one that helped teach him how to navigate the challenges brought by MS.

“We learned a lot about responsibility, hard work and weather. Illness or anything else couldn’t keep us from getting our chores done,” says the Richardson, Texas, resident, who was diagnosed in 2006. “I use that mentality today to get through each day with MS. It helps me get things done.”

THE NEXT STEP

One of those things he gets done is organizing an annual benefit cattle show called Riley Round Up for MS. Family members, Texas A&M University-Commerce students and the Texas Junior Shorthorn Association all pitch in to help run the one-day event, which raises funds for the National MS Society.

Riley first had the idea for the show after he was asked to be on a television program and the host “called me a spokesperson for MS.” Up to that point, he remembers, “I had just been a guy with MS struggling to do something for himself and establish a life post-MS.”

So, some months later, in December 2012, the first Riley Round Up for MS took place in

A YOUNG EXHIBITOR AT RILEY ROUND UP FOR MS.

Denison, Texas, raising more than $8,500. Riley had already participated in three Walk MS events in Dallas, and the cattle show seemed the perfect next step, joining his lifelong interest in showing livestock to supporting for the MS movement.

DEFINING SUCCESS

Since then, the Riley Round Up for MS, whose stated mission is to raise awareness of MS and raise money for the MS movement, while promoting youth in the livestock industry, has only continued to grow.

No matter how many people attend, Riley makes sure one thing stays constant. “How I measure the event’s success is by all the comments I get from all individuals and families affected by MS,” he says. “We can raise funds, have a big turnout at our shows, but if I’m able to help just one person, then it is a success.”

To learn more about Riley Round Up for MS, visit www.roundup4MS.weebly.com. For information on how to organize your own Do It Yourself MS event, visit www.diyMS.org.
READY TO TELL MS WHAT YOU REALLY THINK?

Go to gilenya.com to learn more. And join thousands of people taking a stance against their relapsing MS with GILENYA.

Not actual patients.

Please see additional Important Safety Information on next page and Brief Summary of Important Product Information on the following pages.

Only GILENYA® combines proven efficacy to cut MS relapses in half versus a leading injectable in a once-daily* pill.

GILENYA reduced the frequency of relapses by 52% in a 1-year study vs interferon beta-1a IM, and 54% in a 2-year study vs placebo.

Indication

GILENYA is a prescription medicine used to treat relapsing forms of multiple sclerosis (MS) in adults. GILENYA can decrease the number of MS flare-ups (relapses). GILENYA does not cure MS, but it can help slow down the physical problems that MS causes.

Important Safety Information

You should not take GILENYA if in the last 6 months you experienced heart attack, unstable angina, stroke or warning stroke, or certain types of heart failure. Do not take GILENYA if you have certain types of an irregular or abnormal heartbeat (arrhythmia), including a heart finding called prolonged QT, as seen on a test to check the electrical activity of your heart (ECG) before starting GILENYA. You should not take GILENYA if you take certain medicines that change your heart rhythm.

*GILENYA can result in a slow heart rate when first taken. Your first dose will be given in a medical facility where you will be watched for at least 6 hours. If you stop taking GILENYA for more than 14 days after your first month of treatment, you will need to repeat this observation.

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Please see additional Important Safety Information on next page and Brief Summary of Important Product Information on the following pages.
Important Safety Information

GILENYA may cause serious side effects such as:

- Slow heart rate, especially after your first dose. An ECG will be performed before and 6 hours after your first dose. Your pulse and blood pressure should be checked every hour while you stay in a medical facility during this time. If your heart rate slows down too much, you might feel dizzy or tired, or feel like your heart is beating slowly or skipping beats. Symptoms can happen up to 24 hours after your first dose. After 6 hours, if your ECG shows any heart problems or if your heart rate is still too low or continues to decrease, you will continue to be watched by a health care professional. If you have any serious side effects after your first dose, especially those that require treatment with other medicines, you will stay in a medical facility to be watched overnight and for at least 6 hours after your second dose of GILENYA the next day. If you have certain types of heart problems, or if you are taking certain types of medicines that can affect your heart, you will be watched overnight after you take your first dose. If you experience slow heart rate, it will usually return to normal within 1 month. Call your doctor or go to the nearest emergency room right away if you have any symptoms of a slow heart rate. If you stop taking GILENYA for more than 14 days after your first month of treatment, you will need to repeat this observation.

- Increased risk of serious infections. GILENYA lowers the number of white blood cells (lymphocytes) in your blood. This will usually go back to normal within 2 months of stopping GILENYA. Your doctor may do a blood test before you start GILENYA. Increased risk of infection was seen with doses higher than the approved dose (0.5 mg). Two patients died who took higher-dose GILENYA (1.25 mg) combined with high-dose steroids. Call your doctor right away if you have fever, tiredness, body aches, chills, nausea, or vomiting.

- Macular edema, a vision problem that can cause some of the same vision symptoms as an MS attack (optic neuritis), or no symptoms. Macular edema usually starts in the first 3 to 4 months after starting GILENYA. Your doctor should test your vision before you start GILENYA; 3 to 4 months after you start GILENYA; and any time you notice vision changes. Vision problems may continue after macular edema has gone away. Your risk of macular edema may be higher if you have diabetes or have had an inflammation of your eye (uveitis). Call your doctor right away if you have blurriness, shadows, or a blind spot in the center of your vision; sensitivity to light; or unusually colored vision.

- Breathing problems. Some patients have shortness of breath. Call your doctor right away if you have trouble breathing.

- Liver problems. Your doctor should do blood tests to check your liver before you start GILENYA. Call your doctor right away if you have nausea, vomiting, stomach pain, loss of appetite, tiredness, dark urine, or if your skin or the whites of your eyes turn yellow.

- Increases in blood pressure (BP). BP should be monitored during treatment.

GILENYA may harm your unborn baby. Talk to your doctor if you are pregnant or planning to become pregnant. Women who can become pregnant should use effective birth control while on GILENYA, and for at least 2 months after stopping. If you become pregnant while taking GILENYA, or within 2 months after stopping, tell your doctor right away. Women who take GILENYA should not breastfeed, as it is not known if GILENYA passes into breast milk. A pregnancy registry is available for women who become pregnant during GILENYA treatment. Call 1-877-598-7237 or visit www.gilenyapregnancyregistry.com for more information.

Tell your doctor about all your medical conditions, including:

- If you had or now have an irregular or abnormal heartbeat; history of stroke or warning stroke; heart problems; a history of repeated fainting; a fever or infection, or if you are unable to fight infections; eye problems; diabetes; breathing or liver problems; or high blood pressure. Also tell your doctor if you have had chicken pox or have received the vaccine for chicken pox. Your doctor may do a test for the chicken pox virus, and you may need to get the vaccine for chicken pox and wait 1 month before starting GILENYA.

- You have certain types of infections, such as those caused by a virus and you may need to get a vaccine.

Tell your doctor about all the medicines you take, including:

- prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see additional Important Safety Information on previous page.
1. Slow heart rate (bradycardia or bradyarrhythmia) when you start taking GILENYA. GILENYA can cause your heart rate to slow down, especially after you take your first dose. You will have a test to check the electrical activity of your heart (ECG) before you take your first dose of GILENYA.

You should stay in a medical facility for at least 6 hours after you take your first dose of GILENYA.
- Your pulse and blood pressure should be checked every hour.
- You should be watched by a healthcare professional to see if you have any serious side effects. If your heart rate slows down too much, you may have symptoms such as:
  - dizziness
  - tiredness
  - feeling like your heart is beating slowly or skipping beats
- If you have any of the symptoms of slow heart rate, they will usually happen during the first 6 hours after your first dose of GILENYA. Symptoms can happen up to 24 hours after you take your first GILENYA dose.
- 6 hours after you take your first dose of GILENYA you will have another ECG. If your ECG shows any heart problems or if your heart rate is still too low or continues to decrease, you will continue to be watched.
- If you have any serious side effects after your first dose of GILENYA, especially those that require treatment with other medicines, you will stay in the medical facility to be watched overnight. You will also be watched for any serious side effects for at least 6 hours after you take your second dose of GILENYA the next day.
- If you have certain types of heart problems, or if you are taking certain medicines that can affect your heart, you will be watched overnight after you take your first dose of GILENYA.

Your slow heart rate will usually return to normal within 1 month after you start taking GILENYA.

Call your doctor or go to the nearest emergency room right away if you have any symptoms of slow heart rate.

2. Infections. GILENYA can increase your risk of serious infections. GILENYA lowers the number of white blood cells (lymphocytes) in your blood. This will usually go back to normal within 2 months of stopping treatment. Your doctor may do a blood test before you start taking GILENYA. Call your doctor right away if you have any of these symptoms of an infection:
- fever
- tiredness
- body aches
- chills
- nausea
- vomiting

3. A problem with your vision called macular edema. Macular edema can cause some of the same vision symptoms as an MS attack (optic neuritis). You may not notice any symptoms with macular edema. Macular edema usually starts in the first 3 to 4 months after you start taking GILENYA. Your doctor should test your vision before you start taking GILENYA and 3 to 4 months after you start taking GILENYA, or any time you notice vision changes during treatment with GILENYA. Your risk of macular edema may be higher if you have diabetes or have had an inflammation of your eye called uveitis.

Call your doctor right away if you have any of the following:
- blurriness or shadows in the center of your vision
- a blind spot in the center of your vision
- sensitivity to light
- unusually colored (tinted) vision

What is GILENYA?
GILENYA is a prescription medicine used to treat relapsing forms of multiple sclerosis (MS) in adults. GILENYA can decrease the number of MS flare-ups (relapses). GILENYA does not cure MS, but it can help slow down the physical problems that MS causes.

It is not known if GILENYA is safe and effective in children under age 18.

Who should not take GILENYA?
Do not take GILENYA if you:
- have had a heart attack, unstable angina, stroke or warning stroke or certain types of heart failure in the last 6 months
- have certain types of irregular or abnormal heartbeat (arrhythmia), including patients in whom a heart finding called prolonged QT is seen on ECG before starting GILENYA
- are taking certain medicines that change your heart rhythm

If any of the above situations apply to you, tell your doctor.

What should I tell my doctor before taking GILENYA?
Before you take GILENYA, tell your doctor about all your medical conditions, including if you had or now have:
- an irregular or abnormal heartbeat (arrhythmia)
- a history of stroke or warning stroke
- heart problems, including heart attack or angina
- a history of repeated fainting (syncope)
- a fever or infection, or you are unable to fight infections. Tell your doctor if you have had chicken pox or have received the vaccine for chicken pox. Your doctor may do a blood test for chicken pox virus. You may need to get the vaccine for chicken pox and then wait 1 month before you start taking GILENYA
- eye problems, especially an inflammation of the eye called uveitis.
- diabetes
- breathing problems, including during your sleep
- liver problems
- high blood pressure
- Are pregnant or plan to become pregnant. GILENYA may harm your unborn baby. Talk to your doctor if you are pregnant or are planning to become pregnant.
- Tell your doctor right away if you become pregnant while taking GILENYA or if you become pregnant within 2 months after you stop taking GILENYA.
- If you are a female who can become pregnant, you should use effective birth control during your treatment with GILENYA and for at least 2 months after you stop taking GILENYA.

Pregnancy Registry: There is a registry for women who become pregnant during treatment with GILENYA. If you become pregnant while taking GILENYA, talk to your doctor about registering with the GILENYA Pregnancy Registry. The purpose of this registry is to collect information about your health and your baby’s health.
SPONSORSHIP

For more information, you can call the GILENYA Pregnancy Registry at 1-877-598-7237 or visit www.gilenyapregnancyregistry.com.

- Are breastfeeding or plan to breastfeed. It is not known if GILENYA passes into your breast milk. You and your doctor should decide if you will take GILENYA or breastfeed. You should not do both.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

Know the medicines you take. Keep a list of your medicines with you to show your doctor and pharmacist when you get a new medicine.

Using GILENYA and other medicines together may affect each other causing serious side effects. Especially tell your doctor if you take:

- Medicines for:
  - heart problems or
  - high blood pressure or
  - other medicines that may lower your heart rate or change your heart rhythm

- Vaccines. Tell your doctor if you have been vaccinated within 1 month before you start taking GILENYA. You should not get certain vaccines while you take GILENYA and for at least 2 months after you stop taking GILENYA. If you take certain vaccines, you may get the infection the vaccine should have prevented. Vaccines may not work as well when given during GILENYA treatment.

- Medicines that could raise your chance of getting infections, such as medicines to treat cancer or to control your immune system.
- Ketoconazole (an antifungal drug) by mouth

Ask your doctor or pharmacist for a list of these medicines if you are not sure.

How should I take GILENYA?

- Your first dose of GILENYA will be given in a medical facility where you will be watched for at least 6 hours after your first dose of GILENYA. See “What is the most important information I should know about GILENYA?”
- Take GILENYA exactly as your doctor tells you to take it.
- Take GILENYA 1 time each day.
- Take GILENYA with or without food.
- Do not stop taking GILENYA without talking with your doctor first.
- If you start taking GILENYA again after stopping for 2 weeks or more, you will start taking GILENYA again in your doctor’s office or clinic.

What are possible side effects of GILENYA?

GILENYA can cause serious side effects.

See “What is the most important information I should know about GILENYA?”

Serious side effects include:

- Breathing Problems. Some people who take GILENYA have shortness of breath. Call your doctor right away if you have trouble breathing.
- Liver problems. GILENYA may cause liver problems. Your doctor should do blood tests to check your liver before you start taking GILENYA. Call your doctor right away if you have any of the following symptoms of liver problems:
  - nausea
  - vomiting
  - stomach pain
  - loss of appetite

The most common side effects of GILENYA include:

- headache
- flu
- diarrhea
- back pain
- abnormal liver tests
- cough

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all of the possible side effects of GILENYA. For more information, ask your doctor or pharmacist. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How do I store GILENYA?

- Store GILENYA in the original blister pack in a dry place.
- Store GILENYA at room temperature between 59°F to 86°F (15°C to 30°C).
- Keep GILENYA and all medicines out of the reach of children.

General information about GILENYA

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use GILENYA for a condition for which it was not prescribed. Do not give GILENYA to other people, even if they have the same symptoms you have. It may harm them.

This Medication Guide summarizes the most important information about GILENYA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about GILENYA that is written for healthcare professionals.

For more information, go to www.pharma.US.Novartis.com or call 1-888-669-6682.

What are the ingredients in GILENYA?

Active ingredient: fingolimod

Inactive ingredients: gelatin, magnesium stearate, mannitol, titanium dioxide, yellow iron oxide.

This Medication Guide has been approved by the U.S. Food and Drug Administration.

GILENYA is a trademark of Novartis AG.

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Stein, Switzerland

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East Hanover, New Jersey 07936
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May 2012
FIFTY STATES AND A WHEELCHAIR

BY GLORIA LEPIK CORRIGAN

About 25 years ago, I realized that I needed a meaningful plan to make the most of family recreation. At that time, there were hints that I “might have MS” and that it “might affect my future options.” Fortunately, this didn’t weigh on my plan, which was to get to all 50 states by age 50. When my adventure began, I was in my early 30s, working full-time and had two young children. And I thought I could handle it all.

ON TRACK

In fairness, my starting point was already nicely up the curve. I was born in Ohio, along the Michigan border. And living in the Northeast made it easy to knock off New York, Pennsylvania, New Jersey, Delaware, Maryland, Connecticut, Massachusetts, Rhode Island, New Hampshire, Vermont, and even Maine, without anyone having to invest too much time or money.

Virginia, West Virginia, North Carolina, South Carolina, Georgia and Florida were all part of a spring break drive. Then I visited Tennessee, Arkansas and Texas during a visit to relatives in San Antonio. I had already taken college trips to California and later, Indiana.

Business travel took me to Minnesota, Illinois, Wisconsin, Kentucky, Missouri, Nebraska, Kansas, Alabama, Louisiana, Arizona, Colorado and Washington. I added Wyoming, Idaho and Montana during a family trip to Yellowstone. By age 40, I had reached about 39 states. I was on track!

ENTER FOOT DRAG

Who hasn’t tried to ignore the impact of MS symptoms? But a few face-forward falls, nearly missed flights (who can run for a connection when their legs feel like lead weights?) and badly twisted ankles took me to the neurologist and a definitive diagnosis of MS.

The next few years, I went from using a cane, to a rollator and then a scooter. But I continued to work, travel and rack up states. I made a side trip to Utah when visiting a friend in Las Vegas, Nevada. Then another friend got married in New Mexico. Frequent flyer points allowed
me to travel to Alaska with my mother and sister. Then I added a side trip to Oklahoma during a business trip to Dallas, and another to Iowa during a trip to St. Louis.

I began traveling with my scooter, breaking it down to fit in rental car trunks. As my legs grew weaker, I started using portable hand controls to drive. But by 2000, MS affected me enough that working full-time was no longer possible. Three years and five states short of my goal, MS appeared to have pulled the plug.

**ADJUSTING THE DREAM**

Over the next five years, my symptoms steadily worsened. I needed my power chair all the time. And with six hospitalizations in eight months, my future looked anything but bright.

However, in 2007, I tried a new medication that worked better for me. I started doing more around the house. I started using paratransit to go out. Everyone saw the difference. Gloria was back!

Traveling away from home still looked impossible. But my husband Kevin said, “Sure you can! Sure we can!” He picked up my dream and helped me to dust it off. However, we did adjust it a little. If I couldn’t hit 50 states by 50, I could still try for 50 by 60.

**THE FINAL FIVE**

In 2009, we pulled together an amazing trip to Colorado, Nebraska, South Dakota, North Dakota and Wyoming. We put 1,200 miles on a rented wheelchair-accessible van and discovered that national parks are free for people with disabilities. All of the airlines and hotels we used went out of their way to help us. The trip was flawless. Now I needed to hit only three more states!

The following year, a dear friend offered me a great opportunity. If I could fly to Atlanta, she would take me on a road trip. So I flew alone for the first time since using a wheelchair and we drove to Mississippi. Only two more states to go!

In May 2013, after taking a quick tour of Portland, Oregon, my husband and I boarded a flight to Maui, Hawaii, where we met up with our daughters. Together, in my 50th state, we celebrated the achievement of my goal, plus our 30th wedding anniversary and (1 month early) my 60th birthday.

Would I rather not have MS? You bet! Would I rather walk than ride? Absolutely! But my life has been colorful and fulfilling, and I am very grateful. MS almost robbed me of my dream. But with the loving support of my family and friends, I won this round.

To learn more about traveling with MS, visit [www.nationalMSsociety.org/travel](http://www.nationalMSsociety.org/travel).

Gloria Lepik Corrigan has lived with MS for over 30 years.
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