Accelerated Cure project for multiple sclerosis

MULTIPLE SCLEROSIS update

(VOL. 9 : FALL 2010)

INSIDE

All-Star Volunteer

By Kristin O'Donnell

Accelerated Cure Project has benefited from the kindness of countless volunteers since it was started in 2001. However, only some can say they were responsible for a significant part of our existence. Michael Gonnerman is one of those volunteers. A financial guru with 42 years of experience under his belt, Mike has helped many companies with their financial needs. At Accelerated Cure Project, Mike lent his expertise to setting up our finances – and played an instrumental role as the creator of our financial model, budgets and financial policies and procedures.

Mike has been a valuable asset from our earliest beginnings but also contributed significantly during our later stages as well, making sure our financials were always correct as the organization grew, and training our staff on the finer points of bookkeeping.

Aside from Accelerated Cure Project, Mike has consulted with over 80 organizations. He offers a full range of CFO services that range from financing to negotiating sales. A member of the American Institute of CPAs, he was educated at Dartmouth College and Northwestern University where he received an AB in Economics and an MBA in accounting. He is also an avid runner and is a Director and the Treasurer of the Boston affiliate of the Susan G. Komen Breast Cancer Foundation, which organizes Boston's annual "Race for the Cure."

Michael Gonnerman

The amount of volunteer hours that Mike has given to Accelerated Cure Project is unknown; however, the value of his work is priceless. "I can safely say I couldn't have done it without him," ACP founder Art Mellor says of Mike Gonnerman. We know that our organization would not have made it this far if it wasn't for him. Thanks for all your support, Mike!

Mary J. Szczepanski "Never Give Up" MS Scholarship Foundation

By Rick Szczepanski

The Mary J. Szczepanski "Never Give Up" MS Scholarship Foundation has finished its 10th year of raising funds and awareness for Multiple Sclerosis in high schools and colleges across the USA. Thirty high school seniors and eight college students from around the country have pursued our 10 college scholarships. Our program is a very proud partner with Accelerated Cure Project, a remarkable 501 (c) 3 nonprofit organization working on a cure for MS. We are extremely pleased to announce that Joya Nunn, senior vocal major at Detroit School of Arts, is our Michigan and national recipient. Joya, a volunteer at her church, a library aide in school, honor student, and concert choir member, will be attending the University of Detroit Mercy pursuing a career in Computer Science. As our state and national winner, she will receive two engraved plaques and $2,000 for college tuition. For information on our national program please visit our website www.msscholarship.org or contact Rick Szczepanski, director at 1-616-791-2069.

A Message from Carolyn Cronin, Chief Executive Officer

Greetings! At Accelerated Cure Project, we are always looking for new approaches to accelerate research in MS. I'd like to give you a preview of one of these new initiatives that we plan to implement over the coming months.

Earlier this year, we engaged in a strategic planning process to determine what more we could be doing to address the critical needs of people with MS. With input from our advisors as well as people affected by MS, we decided to create two extensions of our repository aimed at helping people with early-stage MS and progressive MS. People in the earliest, most active stages of MS need information about what treatment is best for them, what their immediate and long-term future holds, and whether their diagnosis is even correct. People with progressive MS need safe, effective therapies that can hold back the unrelenting progress of their disease. (See our article on progression in MS in this newsletter to learn more about this aspect of MS.)

Many research teams are interested in working on these issues, but they need access to samples and data collected at different time points from people in these stages. In response to this need, we are implementing two "cohorts" (groups) of people with early-stage or progressive MS who will enroll in our repository. Each cohort will consist of several hundred people who will be asked to provide data and samples on a regular schedule. We'll also be looking for research collaborators who can use these samples and data to produce breakthroughs that meet the needs listed above.

Of course, what all people with MS most need is for their disease to be cured, which requires researchers to keep investigating the factors that trigger the disease and the mechanisms that drive disease activity. We'll continue to strongly support those efforts through our repository, because curing MS is and will always be our most important goal.

Best regards,
Carolyn Cronin

Repository Update

You can contribute to a cure

Have you been diagnosed with Multiple Sclerosis (MS), Clinically Isolated Syndrome (CIS), Transverse Myelitis (TM), Neuromyelitis Optica (NMO) or Devic's, Acute Disseminated Encephalomyelitis (ADEM), or Optic Neuritis (ON)? Are you looking for a way to get directly involved in accelerating research? One of the best ways to have a tangible impact on the diagnosis, treatment, and curing of these diseases is to participate in the Accelerated Cure Project Repository. In doing so you will join the 2218 people who have provided blood samples and data to the Repository. These samples and data are distributed to scientists working to develop diagnostic tests, improve treatment options and/or determine the causes of these diseases. Each person who participates makes a difference and contributes to improvements, advancements, and ultimately, a cure.

If you are interested in enrolling at one of our collection sites, or for general questions, please contact Accelerated Cure Project's repository director, Sara Loud, via email at acp-studydirector0807@acceleratedcure.org or at 781-487-0032.

Recent Events

Detailed information about all of our recent and upcoming events can be found on our web site at www.acceleratedcure.org/events

May 8, Cincinnati, OH: Our energetic Cincinnati community once again met at Lunken Playfield for their annual Walk to Cure MS. The event brought in over $5,000 to support Accelerated Cure Project. Special thanks to Jack Ankenbauer, Linda Como and our Greater Cincinnati volunteers for their tireless efforts in organizing the event!

August 6, Atlanta, GA: Our friends in the South donned their most fashionable footwear to celebrate their love of shoes and Accelerated Cure Project at the first Atlanta Shoe Ball. Attendees of this glamorous gala at the W Hotel enjoyed dancing, cocktails and of course, the patented Shoe Ball walk-off contest! Dr. Ben Thrower, our principal investigator at the Shepherd Center, and his wife, Dr. Karen Thrower, served as our Honorary Chairs. Special thanks to the Hello Stiletto Shoe Club, Amanda Viciana, and the rest of our Atlanta Shoe Ball committee for all their work to make this night happen!

Site Spotlight: Johns Hopkins

This is the fourth in an occasional series highlighting each of Accelerated Cure Project's collection sites. In this issue we turn our attention toward the team at the Multiple Sclerosis Center located at Johns Hopkins University (JHU) in Baltimore, Maryland (www.hopkinsmedicine.org/neurology_neurosurgery/specialty_areas/multiple_sclerosis/index.html). The Accelerated Cure Project repository collection site at JHU is led by Principal Investigator Dr. Arun Venkatesan, departing senior research coordinator Jana Goins, and newly arrived research coordinator Gita Byraiah.

As the month of April 2010 drew to a close, Jana Goins, the Accelerated Cure Project study coordinator at Johns Hopkins University (JHU), was busy packing up her office as she prepared for a new adventure. She's leaving for Guatemala, working with the Center for Disease Control on an HIV and Tuberculosis surveillance program. As excited as she is for the new position, it's clearly hard for her to leave her role at JHU. "If you understand research, you understand the tremendous importance of the repository," she says. "One of the best parts of this job was interacting with the patients in our clinic and seeing them get excited about being part of this repository community. Speaking with them always refueled my own passion for the project."

Jana took on the role as study coordinator in July 2006 and in fewer than 4 years has enrolled more than 600 subjects. While it's clear that her amazing enrollment record is a product of her commitment and hard work, she is quick to share the credit with the JHU team. "A supportive and engaged principal investigator is so important. It's very hard to do the job without their passion and involvement. The doctors and nurses were always looking out for me, letting me know about a patient who might be interested in participating. That level of support makes things a lot easier."

Working closely with Jana on the repository at JHU is Principal Investigator Dr. Arun Venkatesan, Dr. Daniel Harrison, and nurse practitioner Kathy Costello. These are but a few of the staff members at the MS Center at JHU, one of the largest clinical and research MS centers in the world. At the MS Center, the ten neurologists, nursing staff, four research coordinators and support staff focus on all aspects of the disease, from the first days of diagnosis, through ongoing clinical care, to cutting edge clinical trials. The MS Center provides world class care to over 2,000 patients, providing an integrated approach that addresses all of the patient's needs.

Being at JHU in such an integral role provided Jana with a wealth of experiences she will always remember. "I was given responsibility and independence which means so much to me. I've had the opportunity to learn so much about the disease from experts. But most of all, it has been fun. Building the relationships with the subjects has been the best part."

From the control who threw up on Jana during the blood draw, to the subject who had to have his blood taken in a closet due to a shortage of rooms, to the subject who was blind in one eye but still took the train, a bus, and a shuttle to participate and who arrived at her appointment in "the highest spirits" according to Jana, she will miss them all. "I am leaving behind these people, these friends."

All of us at Accelerated Cure Project will miss Jana's persistence, passion, and enthusiasm for the repository. We thank her for her hard work and wish her the best of luck!

Though Jana is clearly one of a kind, a new study coordinator, Gita Byraiah, started at JHU on June 1st. Please contact Accelerated Cure Project's repository director, Sara Loud, at 781-487-0032 or via email at acp-study-director0807@acceleratedcure.org to learn more about participating at JHU or at any of our collection sites.

VOLUNTEERS

Our volunteers are a precious resource! These generous folks have been giving their time to Accelerated Cure Project in recent months:

ADMINISTRATION
Ann Assarsson
Ann Grenier
Becky Kahn
Janice O'Donnell
Joyce Ananian
Kelly Tchorz
Sara Groenewegen
Shaul Kushinsky
William Senne

CALENDAR FOR A CAUSE 2010
Billie Mendoza
Christina Urbanowicz
Debbie Mann
Jane Harter
Jodi Koehler

COMMUNITY BUILDING
Nancy Medeiros

HELLO STILETTO SHOE BALL 2010 ATLANTA
Amanda Viciana
Ben Thrower
Karen Thrower
Kathy Ramsey
Krissy Hoadley
Melissa O'Shea
Quise Grimes
Rossana Carrillo

HELLO STILETTO SHOE BALL 2010 BOSTON
Marie Rudzinsky
Max Rudzinsky

HELLO STILLETTO SHOE BALL 2010 CHICAGO
Aisha Murff
Debbie Revenaugh
Janelle Wade
Jill Hinrichs
Julece Crawford Glaum
Melissa O'Shea
Rashida Jones
Sandra Aussem

MS GLOBAL 2010
Bill Hamilton
Jill Landman Alfond
Lin Wade

MS SCHOLARSHIPS 2010
Rick Szczepanski

MUSIC TO CURE MS 2010
Marion Leeds Carroll
Willemien Insinger

SYSTEM ADMINISTRATION
Dave Baker
Dave Kaffine
Gerry Sussman
Peter Schmidt

WALK TO ACCELERATE THE CURE 2010
Jack Ankenbauer
Linda Como

YOUNG PROFESSIONALS GROUP
Carson Lappetito
Chad Muller
Corwin Parker
Jaclyn Mosher
Maggie Phelan
Matt McCarthy
Parul Arora
Vassar Pierce

GOODS & SERVICES

CONTRIBUTED GOODS & SERVICES
Clockwork Design Group, inc
Leonard, Mulherin & Greene, P.C.

Research on Disability Progression in MS

By Hollie Schmidt

It's often said that there are two sides to every issue. Similarly, there are two sides to MS: relapses and progression of disability. Relapses are difficult to deal with because of their suddenness and unpredictability, but they are followed by periods of remission and recovery. Progression, on the other hand, is defined as a lasting loss of neurological function. Progression of disability is therefore arguably the most important topic of research in MS because of its impact on the lives of people with MS.

People with MS can progress (lose function) in two ways. First, people with relapsing forms of MS may lose some function from relapses that don't completely resolve. Second, people with primary or secondary progressive MS (PPMS or SPMS) accumulate disability through a gradual worsening of symptoms with little or no subsequent improvement.

Compared with relapses, progression is poorly understood. Relapses are associated with inflammatory activity involving circulating immune cells that infiltrate the blood-brain barrier. The disease activities involved in progressive MS, on the other hand, appear to be more localized to the central nervous system (CNS). This makes research more challenging because brain and spinal cord tissue can't be sampled and studied easily the way blood can. Developing drugs to combat progression is also more complicated. For one thing, drugs designed to affect conditions inside the CNS must be capable of getting past the blood-brain barrier.

Fortunately, many scientists and companies are responding to the challenges and needs presented by this aspect of MS. Following is an overview of what is currently known about disability progression, the outlook for treatments, and future needs for research in this area.

The underlying basis of progression: Although damage to myelin is the characteristic most often associated with MS, scientists believe that progression in MS actually results from damage to axons, which are the myelin-wrapped nerves that carry signals between different parts of the brain and spinal cord. Once an axon dies or is severed, it can no longer transmit a signal. The signal may be carried by other nearby axons or rerouted through other pathways, but if these back-up methods aren't available, lasting impairment will result.

What causes axons to die in MS? Scientists are still working on this question, but have offered a few hypotheses. Possible mechanisms include direct injury to axons caused by immune factors, deprivation of needed support due to loss of myelin, or degeneration as a result of the cellular changes that demyelinated axons make in order to continue sending signals. Whatever the cause(s), research indicates that the key to preventing disability lies in protecting and preserving axons.

Individual differences in progression: Another important area of research in MS has to do with finding the factors responsible for disability-related differences among people with MS. Results of this research may be helpful in developing therapies or strategies to reduce progression. Note that the factors that have been identified are only general risk factors and can't be used to predict the course of an individual person with MS.

Several studies have looked for genes that may play a role in determining severity. The gene most strongly associated with developing MS, an immune system gene called HLA DRB1*1501, has also been associated with severity in some (but not all) studies. Other genes have been investigated as possible contributors to severity, as have interactions between genes and environmental factors such as sunlight exposure. A recent study analyzing over half a million gene variants found connections between genes involved in neural processes and tissue damage indicators such as lesion load and brain atrophy. This study also connected genes involved in cellular functioning to disability and age of MS onset. However, more study is needed to better understand exactly which genes influence MS progression and how these genes contribute to axonal loss.

Gender and race also appear to be involved: African-Americans and males who get MS have faster progression on average. This is interesting because both of these groups have a lower risk of getting MS in the first place.

One behavioral factor – smoking – has been repeatedly associated with severity. Several studies have correlated smoking with greater MS disability, as well as with risk of conversion to SPMS. Smoking has also been linked with higher lesion load and brain atrophy. Why smoking hastens progression is not yet known, although cigarette smoke contains several components that are neurotoxic or can weaken the blood-brain barrier.

The structure and "wiring" of the brain itself may also affect rate of

(continued on page 5)

Research on Disability Progression in MS

(continued from page 4)

progression. A few studies have found that people with higher intelligence and/or more education are better able to maintain cognitive functioning over time. Also, results from a recent imaging study of people with "benign" MS suggest that the better a person's brain can reorganize its signal processing to compensate for damaged areas, the longer that person's functional abilities may be preserved.

Can people with MS change their inherent risk of progression? Quitting smoking may help – one study found better outcomes in subjects who had quit smoking compared with current smokers. Physical exercise may also be beneficial because it boosts the production of proteins known to protect neurons. And preliminary evidence suggests that cognitive training – using computerized brain training exercises, for example – may strengthen functions like memory and attention.

MS-related features that correlate with progression: In addition to the personal characteristics described above, relapses and other aspects of MS may also correlate with disability. For instance, studies indicate that people who are older when diagnosed with MS reach disability milestones more quickly on average than people who were diagnosed when younger (although those diagnosed later have the advantage of reaching these milestones at a later age). For those who start off with a relapsing-remitting course, a greater number of relapses within the first 2 years has also been associated with greater severity.

Interestingly, a few studies have suggested that factors that affect progression early in the disease may not be relevant later on. For instance, one recent study examined the records of patients at a French MS clinic that used a disability scale called EDSS (Expanded Disability Status Scale). The researchers analyzed how long it took subjects to reach EDSS 3 (moderate disability), and from there, how long it took before they reached EDSS 6 (needing assistance to walk 100 meters). The study found that Phase 1 (time to EDSS 3) lasted anywhere from under three years to over 15 years, and the duration was influenced by many factors (relapsing vs. progressive onset, gender, age at onset, and relapse history). However, the duration of Phase 2 (time from EDSS 3 to 6) varied less from person to person, lasting on average 6 to 9 years. Also, the duration of Phase 2 didn't seem to be affected by whether the duration of Phase 1 was long or short. Based on these results and similar findings from other studies, it has been proposed that disability progression in MS occurs in two stages, suggesting that treatments should be targeted accordingly.

Current treatment strategies for MS disability: If immune activity and demyelination represent potential causes of axonal loss, do the available MS treatments that suppress inflammation represent a possible strategy for limiting progression? The answer may depend on the timeframe. Clinical trials for the currently available first-line treatments (the beta-interferon drugs plus Copaxone) have reported lower progression rates in the treated subjects compared with those given placebo. Similar delays in progression have been reported for Tysabri and for the two new oral drugs under consideration by the FDA (Gilenya and oral cladribine). And Phase 2 trial results for another experimental drug, Campath, even showed an average improvement in neurological function over three years in people with early-stage MS.

However, clinical trials have a short duration (typically 1 to 3 years), so their results can't demonstrate whether extended treatment courses will have a continued effect on progression. Some follow-up studies that have followed clinical trial participants for many years have reported that people who remained on the original treatment tend to have lower progression than those who discontinued the treatment. That could mean that the treatment continued to ward off progression – or it could simply reflect the fact that people with a milder course tended to stay on the treatment whereas those with more aggressive disease were more likely to switch.

People with rapidly worsening disease due to frequent severe relapses require help beyond that offered by the standard MS drugs. Options include very potent immunosuppressant drugs like cyclophosphamide and mitoxantrone, and experimental procedures like hematopoietic stem cell transplantation, which wipes out and then restores a person's immune system. These options each have significant risks. However, they have also demonstrated the potential to at least temporarily stabilize or even improve neurological function in these very severe cases.

Looking ahead: While current treatments may help at least temporarily reduce the rate of progression, more needs to be done to understand what drives axonal loss in MS so that targeted treatments can be developed. One approach may involve stimulating the production of "neurotrophic" factors – substances produced by the body that protect nerves. Some of the current treatments (including Copaxone, beta-interferon, and Campath) have been found to stimulate the production of these factors. Perhaps this approach could be taken even further with specifically targeted drugs.

Another approach is to strengthen nerve function to compensate for

(continued on page 6)

Accelerated Cure Project T-Shirt Picture By Michael Yashko

A women's group in the The Villages community in Florida has supported Accelerated Cure Project by making and selling "Scrubbies to Accelerate a Cure". Sandee Yashko started knitting "scrubbies", pot and pan cleaners, as a hobby a few years back and soon realized that she had happened upon a terrific fundraiser. Joined by a great group of friends, Sandee has knit and sold thousands of scrubbies over the past few years with all the proceeds going to the Accelerated Cure Project. Sandee's husband, Nick, has managed the business and sought out matching donations from corporations such as Prudential Financial. We thank Sandee, Nick and the whole group pictured for their hard work and all their contributions to the Accelerated Cure Project.

Research on Disability Progression in MS

(continued from page 5)

damage. Amypra, a new drug available for people with MS, appears to work in this manner. It improves signal conduction in damaged nerves and has been shown to improve walking speed. Other drugs that are in development have additional potentially neuroprotective effects or were designed to remove obstacles to remyelination.

One breakthrough that is greatly needed in this field is a validated method for determining quickly whether a therapy actually helps to reduce axonal loss. Current measures of progression typically change too slowly to be useful in controlled clinical trials. Developing methods to reliably measure axonal loss over a short timeframe would be very helpful for assessing progression-fighting drugs or strategies. These methods could be based on imaging, for example, or analysis of blood, cerebrospinal fluid, or other types of samples.

Through our MS Repository, which provides biological samples and data to researchers studying MS, we want to enable much more research into what causes progression and how to measure it. Findings in these areas could potentially lead to breakthroughs into stopping and even reversing progression. Our hope is that someday soon, people with MS will have effective options for controlling progression of disability, just as they have options for preventing relapses today.

Articles of interest:

"Clinico-pathological evidence that axonal loss underlies disability in progressive multiple sclerosis." Tallantyre EC, et al. *Mult Scler.* 16(4):406-11.

"Genome-wide association analysis of susceptibility and clinical phenotype in multiple sclerosis." Baranzini SE, et al. *Hum Mol Genet.* 18(4):767-78.

"Evidence for a two-stage disability progression in multiple sclerosis." Leray E, et al. *Brain.* 133(Pt 7):1900-13.

Upcoming Events

More information can be found at www.acceleratedcure.org/events/calendar.php

October 23, Boston, MA: SAVE THE DATE for our 2nd Annual 'Opening Doors' Symposium and Recognition Dinner. Along with a dazzling gala including a VIP reception, dinner, auctions and live entertainment, this event will highlight the accomplishments of our key supporters. This year's honorees are Linda Kanner, Dr. Amit Bar-Or, and Colin Hill. Last year's inaugural event was the most successful event in our history, as 200 attendees helped us raise over $200,000! We hope you'll join us this year to make an even bigger impact.

October 24, Arlington, MA: If you're a music lover, then be sure to mark your calendar for our 8th Annual Music to Cure MS fall concert! Our longest-running volunteer event will showcase a number of local singers and artists as they raise money for Accelerated Cure Project. Email kristin@acceleratedcure.org to get involved.

October 31, Washington, DC: We have six runners taking part in the 35th Marine Corps Marathon. See our Event Pages on the website to read their stories.

November 19, Chicago, IL: Join us for the 2nd Annual Hello Stiletto "Shoe Ball" at the Holiday Inn Chicago Mart Plaza, a fabulous evening for women and men, of footwear, fashion, and fun to benefit Accelerated Cure Project!

Additionally, our 2011 Canine Calendar is hot off the press! Make sure to reserve your copy today by going to www.acpcalendardogs.org/2011_calendar

Campaign Donor Recognition

Legacy Leadership Circle $3M+

Water Cove Charitable Foundation

Ambassador's Circle $250+

Anonymous Donor
Charles & Marilyn Stuckey
Return Path

Director's Circle $100K+

Biogen Idec
Guthy-Jackson Charitable Foundation
The Kaufer Family
Mike & Lori Yashko
Paul & Joanne Egerman Family Charitable Foundation

Patron's Circle $50K+

EMD Serono
John Alam & Sylvie Gregorie

Benefactor's Circle $25K+

Andrew & Karen Hirschberg
Clockwork Design Group, inc
The Kanner/Baker Family
Michael & Roxanne Zak

Opening Doors to cure MS

Diamond Circle $10K+

Brian and Sarah Feloney
Craig & Debbie Mann
David & Sharyn Pulsifer
The Deepika & Rajiv Laroia Fund
DioGenix
Genentech
Izhar Armony & Noamit Armony-Erel
The Leighton Family
Novartis
Peter & Deborah Wexler
Simon & Eve Colin Foundation
Transverse Myelitis Association
Tyler Hamilton

Emerald Circle $7.5K+

Montagu Newhall Associates
Parametric Technology Corporation

Sapphire Circle $5K+

Al & Alma Brosio Family Fund at the San Diego Foundation
Arlene J. Harris
Brad & Jennifer Parker
The Brock Family
Carolyn Cronin
Clif Bar Family Foundation
Deutsche Bank
Elizabeth Riley
Frederic J. Marx
Goodman-Lipman Family Foundation
Interactive Data Corporation
Joel & Phyllis Baron
Mike Westphal & Michele Sequeira
Piper McNealy
Raymond & Virginia Dolan
Rick & Cindy Cummings
Skelmir, LLC

Includes gifts pledged as of 7/31/2010

Campaign Update

By Kelly Tchorz

"Opening Doors to Cure MS," Accelerated Cure Project's comprehensive fundraising campaign, keeps making strides toward its goal of raising a minimum of $10 million. To date, our campaign has raised over $5.1 million through 2,223 donations. These funds will support the expansion of our Repository, provide funding for research projects, and promote our collaborative approach to curing MS.

We are hoping that every single one of our friends and supporters will help us in some way to reach our goal.

Good news — there are many ways to help depending on what you like to do! Perhaps you can help us open doors to more opportunities by hosting a cultivation event. These are informal, informative events held at a home, club, or place of business that allow us to inspire, refresh, and update current supporters. These events also introduce new friends to the mission of ACP as well as the work we do through our programs. Explaining the impact we have within the MS community and sharing our vision for the future, our attendees learn how ACP is different in its forward-thinking approach to curing MS.

One such event was graciously hosted by Michael Brodnik in the Washington D.C area in July. Over hors d'oeuvres and drinks, we shared our mission and our progress toward curing MS with the invited guests. Larry Tiffany, CEO of DioGenix, explained how the partnership between ACP and DioGenix is leading to many interesting biological discoveries in MS research. Relationships such as this, between industry and non-profit innovators, are vital to move ahead in the race to cure MS.

Another way to help us reach our goal is by responding with a donation to the "Opening Doors to Cure MS" campaign. While large gifts are greatly appreciated and needed to support Accelerated Cure Project's efforts, support is welcome in all forms. Attending one of our signature events, writing letters to your friends, hosting an event, or making a personal contribution of any size, all help support us in raising our minimum goal of $10 million. No single individual or group working alone can cure MS. It requires a combined effort of ideas and resources.

To learn more about how you can support the campaign, please contact Carolyn Cronin at carolyn@acceleratedcure.org or 781-487-0012.

Accelerated Cure project for multiple sclerosis

300 Fifth Ave.
Waltham, MA 02451

Tel: 781-487-0008
Fax: 781-487-0009
www.acceleratedcure.org
newsletter10@acceleratedcure.org

Nonprofit Org
US Postage
PAID
Permit #54601
Boston, MA
Prsrt Std

Have you moved? Changed your email address? Let us know! Send changes in contact information to newsletter10@acceleratedcure.org or give us a call at 781-487-0008.

Change Service Requested

ABOUT MULTIPLE SCLEROSIS

Multiple Sclerosis is a chronic demyelinating disorder of the central nervous system that often results in severe disability including the inability to walk, blindness, cognitive dysfunction, extreme fatigue and other serious effects. MS affects over 400,000 people in the US and 2 million individuals worldwide. The disorder occurs twice as often in women as in men. The cause is not known and there is no known cure.

Subscribe to This Newsletter: Call 781-487-0008, email newsletter10@acceleratedcure.org or go to www.acceleratedcure.org and click on "Sign Up." You may also **unsubscribe** using this contact information.

Subscribe to Our Electronic Mailing Lists:
Go to www.acceleratedcure.org and click the "Sign Up" box at the top of the page.

Have you moved? Changed your email address?
Let us know! Send changes in contact information to newsletter10@acceleratedcure.org or call 781-487-0008.

ACCELERATED CURE PROJECT UPDATE VOL. 9 – FALL 2010

Newsletter Design & Layout contributed by:
Clockwork Design Group, inc (www.cdgi.com)

Printing Services contributed by:
Red Spot Printing (www.redspotprinting.com)

Mailing House Services contributed by:
Compu-Mail [www.compu-mail.com]

Editor-in-Chief: Kristin O'Donnell

Contributing Writers: Rick Szczepanski and Michael Yashko

This newsletter is available online at www.acceleratedcure.org in the "Downloads" section.