Dear Friends,

2018 has already proven to be an exciting and productive year for ACP and its partners. In January, the MS Minority Research Engagement Partnership Network released their survey results. Our first article summarizes this new information that sheds light on the barriers that prevent minorities from participating in MS research. In February, the ACTRIMS Forum took place in San Diego, at which some of the leading minds in MS research discussed exciting new data. The iConquerMS network and data that Dr. Robert McBurney presented at this meeting were trending topics on the web. Other highlights from ACTRIMS 2018 can be found in our second article. Also in the news this month, ACP Launches Collaborative Research Program with Regeneron Genetics Center to sequence DNA of multiple sclerosis patients.

With this positive momentum driving us forward, we continue to strive for new advancements in MS research this year. As we look ahead, we’d love to learn more about you and your interests so we can incorporate your input into our planning. What areas of research are you most interested in? Are their topics that you’d like to see covered in future newsletters? If you haven’t already done so, please complete our quick survey and share your thoughts. Thank you to those who have already sent us their input. We appreciate your time and suggestions.

The main focus of our February newsletter is Care Partnerships. In a broad sense, a partnership is a relationship in which two or more parties work together toward a common goal. A Care Partnership is one in which a person with disabilities and the person providing their care, or assistance, work together toward living the fullest, most independent life possible. Learn more about MS Care Partnerships and some valuable resources that are available for both members of
this important relationship. For some, care and assistance are provided in part by a four-legged partner. Click here for information on how assistance dogs can help with the completion of daily tasks and emotional support.

Our Repository Spotlight features the work of Dr. Hervé Perron at GeNeuro (a Swiss biotech company) whose work has identified a completely novel therapeutic target in MS.

Our iConquerMS Spotlight highlights a research study on the topic of health insurance, led by Dr. Deborah Miller of the Cleveland Clinic.

March is Multiple Sclerosis Awareness month. The National MS Society organizes events all over the country to raise awareness about MS and help those struggling with it. Do you have activities planned for MS Awareness month to support the cause? Are there activities that you’d like to see ACP undertake? Feel free to email us your ideas or plans (and include a picture from your event!). We’d love to hear from you.

We hope you enjoy our newsletter and encourage you to share it with anyone you think may be interested in learning more about ACP. As winter draws to a close and we look toward the hope and new life of spring, we look forward to continuing our partnership with you to bring new advances in MS research.

The Accelerated Cure Project Team

P.S. Missing Farren Briggs’s monthly article? No worries! He’ll be back next month with new insights into current research. Check out some of Farren’s prior articles here and here.

**Diversity is Lacking in Clinical Trials – and it’s a Problem**

Clinical trials are studies that test whether drugs work, and provide information for doctors regarding how to treat their patients. Fewer than 10 percent of patients enrolled in clinical trials today are minorities. As discussed in the September 2017 newsletter, this could partly be due to past injustices that have led people in minority communities to have less trust in clinical research than they otherwise might have. However, it’s important for participants in clinical trials to “look like” the patients who
could end up taking the treatments. People of all genders, ages, races and ethnicities require medical treatment. When research involves a group of people who are too much alike, the findings may not apply to or benefit everyone.

The **MS Minority Research Engagement Partnership Network** is a team led by ACP that is dedicated to understanding the barriers that prevent minorities from participating in MS research, with the ultimate goal of overcoming them. The team consists of advocacy partners, clinicians and researchers, industry representatives, as well as people with MS belonging to minority communities (both African American and Hispanic American). Anita Williams is an African American woman participating as an advisor in the Network. Anita was diagnosed with MS when she was 44 years old. In her words, “It’s a cross section of people who care. Everything the committee does is fueled by passion, commitment and caring. When I was first diagnosed with MS I had so many treatment choices because people before me participated in research. Everyone on the committee cares about getting more People of Color into studies. As a Black woman I feel an obligation to my community to let them know that we welcome you, we want your voice and participation. We need you.”

Much work has already been done to investigate ways to increase diversity in clinical research. The Minority Research Engagement Partnership Network’s program is specifically focused on MS research. Historically, MS was believed to be a disease of young white women, with the incidence of MS being less common in African Americans than Caucasian Americans. However, results of recent studies show the incidence of MS is higher in African Americans than in Caucasian, Hispanic, or Asian Americans, and their disease course tends to be more progressive and less responsive to certain disease-modifying therapies. In addition, study results indicate that Hispanic Americans may have an earlier age of onset and, as a result, develop increased disability at an earlier age than other populations. Yet these groups are consistently underrepresented in MS clinical trials. This makes it difficult to learn how MS affects people in minority groups, and to determine which treatments are most effective for them. While talking about these new data, Anita Williams said, “This turns everything upside down in terms of assumptions. The research information for minority groups isn’t there, not at rates that would be comparable to the studies that have been done with white subjects. We must bring in the voice of People of Color with MS. This will give us a chance to compare answers.”
In an effort to understand why this disparity exists, members of the Network designed a survey asking about people’s attitudes and concerns about research, and other research related topics. English and Spanish versions of the survey were offered online to people with MS over a period of 2 months. In all, more than 2,600 people with MS responded to the survey. Information from people in different racial and ethnic groups that had more than 150 responses (African Americans, Caucasians, Hispanics and non-Hispanics) was compared.

An overview of the survey results can be found in the report *Opinions and Experiences about Research*, which was released in January. In summary, people with MS across all groups generally agreed that medical research has led to better MS treatments (and, therefore, needs to continue). Forty percent of respondents had participated in a research study. Most of them thought it was a good experience and would participate again. They also want to be kept up to date on the results of studies they participate in. The sources that most people would consult for information about research studies were MS organizations and MS websites or blogs. The most trusted sources of this information were MS organizations, doctors, and nurses.

Across all groups, the biggest concern about participating in research was not being fully informed about the study. African Americans were more concerned about being taken advantage of by the research team, or about having their personal information released without approval. From Anita Williams’ perspective, “Considering what happened with *Henrietta Lacks*, I think it’s a trust issue and I believe this is also true for other People of Color. It’s a cultural feeling. As time goes on more and more atrocities are dug up. But this is not something that can’t be overcome.”

Inclusion of minorities in clinical trials is key to ensuring that discoveries, treatments, and prevention strategies are relevant to those populations. The MS Minority Research Engagement Partnership Network will make recommendations based on survey results to researchers on their study procedures and recruitment methods in hopes of helping them include more minority participants in their studies. These
recommendations will be shared with scientists at meetings and on the Network web site. The team plans to continue learning about how people with MS feel about research, and striving to ensure that MS research helps all people.

In Anita Williams’ words, “What we’re doing is bigger than MS, we can extrapolate the information. Other diseases can use this as a model. We must dive deeply into how to make systemic changes that will bring people in. We must work with both researchers and clinicians. Our efforts have to be targeted, and they have to be sensitive. This is new and groundbreaking, and can be mined for so many different things. This is the beginning of a great journey and I am excited to be involved.”

ACTRIMS 2018 – Immune Response, Remyelination and Repair

Two significant presentations at ACTRIMS 2018 in San Diego this month were the Kenneth P. Johnson Memorial Lecture (delivered by Dr. Suhayl Dhib-Jalbut of Rutgers University) and the NMSS Barancik Award Presentation (delivered by Dr. Robin Franklin of Cambridge University). Both presentations focused on disease mechanisms that are age-related.

Dr. Suhayl Dhib-Jalbut’s presentation was entitled “Gut dysbiosis breaks immunological tolerance and contributes to multiple sclerosis”. Diet and its effect on the gut microbiome are recognized as playing a significant role in health and disease, including MS. Dr. Dhib-Jalbut focused on the role that the gut microbiome may play in combination with genetic and environmental factors that trigger the immune system and elicit disease. He emphasized how gut bacteria can affect the mechanisms of immune tolerance, the “normal” condition where the immune system does not attack myelin.
Fundamental to the disease process of MS is the immune response to myelin. Fragments of myelin generated by the tissue damage associated with the early phase of the immune response, cause specific myelin antibody-bearing cells (called T-cells) to elicit a later, specific immune response to myelin.

Dr. Dhib-Jalbut’s work involved the creation of a new mouse MS disease model with a partially “humanized” immune system that was created by the transfer of specific sequences obtained from MS patient DNA and transferred to the mouse genome. These sequences were derived from several disease-associated human genes that were identified by large-scale genetic studies performed several years ago by the International MS Genetics Consortium (IMSGC). The resulting “hybrid” mouse showed disease symptoms similar to those of MS.

MS is age dependent, with disease onset occurring in young to middle-aged adults. This new mouse disease model shows spontaneous disease (muscle paralysis) at a frequency of 25%. The symptomatic mice also show an age distribution of disease that is similar to MS in the sense that disease symptoms occur more frequently in young adult and middle-aged mice, and not in very young or old animals. Further analyses showed that young and aged mice were more “tolerant” to myelin basic protein (their “humanized” immune systems did not react as frequently to myelin). Myelin-reactive immune cell populations were also shown to be lower in young and aged mice than in “middle aged” mice.

The next step in the research examined the role of the gut microbiome in these disease susceptible mice. The mice can be made myelin-tolerant and disease free in the complete absence of gut bacteria (created by transplanting germ–free embryos to a germ-free surrogate mother). As an additional confirmation, antibiotic treated mice also did not develop disease. Further work showed that, because the gut is inflamed and leaky in the mouse disease model (as in MS patients) this condition allows specific microbe-derived molecules in the gut to access the immune system and to regulate mechanisms that increase myelin reactive immune cell populations. Additional experiments, where human feces containing gut bacteria were transplanted to germ-free mice, demonstrated that only MS feces, and not feces from a healthy human donor, induced symptomatic disease in mice. Gut bacteria were screened for their effect on the mouse immune system and predominantly one species was shown to most efficiently induce disease symptoms in the mouse model.
In summary:

- Gut dysbiosis triggers disease in a humanized mouse model of MS
- This is more likely to occur in young adulthood/middle age
- The mechanism involves the transfer of molecules from the gut which trigger an “autoreactive” immune response
- Gut dysbiosis may play a role in the initiation and progression of MS

Dr. Robin Franklin’s presentation focused on remyelination and repair. He has investigated the role that the progenitor cells of oligodendrocytes (OPCs, the cells that produce myelin in the brain and spinal cord) and specialized immune cells that clean up myelin debris, play in remyelination. He has investigated these mechanisms in the context of the decreased myelin regeneration capacity that is associated with aging. This work has led to the “repurposing” of existing cancer and diabetes drugs for the treatment of MS.

Dr. Franklin’s research focuses on the interaction between myelin producing cells, their precursor cells and the cells that remove myelin debris (macrophages and microglia) in the brain and spinal cord. Central nervous system remyelination efficiency declines with age. This was previously discovered by Dr. Franklin’s lab to be caused by a reduction in the effectiveness of removal of myelin debris, in both mouse disease models and in MS patients. When the circulatory systems of young and old mice are connected, efficient remyelination can be restored in the old mice suggesting that “young” cells can restore remyelination. When the capacity of individual cell types from young mice to restore regeneration efficiency in old mice was tested, it was found that macrophages, not oligodendrocytes (nor oligodendrocyte precursors) stimulated this effect. This “young mouse regeneration” effect was discovered to occur via the removal of myelin debris by macrophages. The investigators went on to identify the mechanism that underpins the myelin debris removal in young mice and discovered that drugs that activate a specific molecule (the retinoid X receptor or RXR) could restore myelin debris removal in ageing mice. One of these RXR specific drugs was bexarotene, a cancer drug, which is now being tested in a MS clinical study. The RXR often functions in combination with the vitamin D receptor. In mice, vitamin D can also replicate the remyelination effect described above. This result is significant because a reduced level of vitamin D in the blood is a known risk factor for developing MS.
Dr. Franklin also presented some recent research focused on the regenerative capacity of oligodendrocyte precursor cells (OPCs) in aging mice and has opened the possibility of using type 2 diabetes drugs to treat MS.

OPCs from old mice fail to respond to drugs that normally induce remyelination. Gene expression analysis of young vs. old OPCs revealed that nutrient signaling pathways in OPC mitochondria (the energy producing “power packs” in cells) were involved in the drug-stimulated remyelination. If aging mice are calorie restricted (which affects mitochondrial function), OPCs can be “reprogrammed” to be remyelination capable. The research team went on to test known drugs that target mitochondria and are known to affect the calorie-restriction mechanism. Metformin, a commonly used type II diabetes drug that acts on mitochondria, was shown to “recalibrate” OPCs to be myelination capable. This opens up the possibility for metformin and other diabetes medications to be tested in MS remyelination.

In Summary:

- The ability to remyelinate axons declines with age due to decreased efficiency of myelin debris clearance by cells (macrophages) that clear myelin debris as well as the decreased capacity of OPCs to produce myelin
- Retinoid X receptor pathway activators such as the drug bexarotene, mediate the age-related decline in myelin debris clearance and promote remyelination
- Metformin, a type 2 diabetes drug which can mimic the effects of calorie restriction, can recalibrate OPCs to remyelinate axons

Care Partnerships - Living with MS as a Team

Living with MS requires a team effort by the caregiver and the person with MS, frequently referred to as care partners. While sounding very similar, the terms “care partners” and “caregiver” refer to different entities. In this article, the term “care partners” refers to both the person with MS and the person or people providing assistance and support, while “caregiver” refers only to the person giving support. There is a wide range of caregiving activities, just as there is a wide range of abilities and disabilities among people with MS. Someone giving care to a person who is newly diagnosed, or who has relatively few functional difficulties may be helping with injections of a disease-modifying medication or offering
support in dealing with the medical team. Someone caring for a person with a more severe level of disability may be helping with daily activities like toileting, dressing, transferring, and feeding, as well as medical treatments. The personal and sometimes intimate nature of these activities requires mutual trust and respect between the person providing care and the person with MS.

Due to the unpredictable and progressive nature of MS, care partnerships must grow and evolve over time. Evaluating care needs must be an ongoing process, undertaken jointly by the person with MS, their medical team and their caregiver. Management of MS and its symptoms is easier if everyone involved learns as much about the disease as possible. The National MS Society is a good source of general information. For the best information about an individual, caregivers should rely on the person with MS and their medical team.

In general, healthy relationships are a two-way street in which both parties care for and support one another. The relationship between the caregiver and the person with MS is no exception to this rule. The person with MS needs a healthy caregiver, and an effective care partnership depends on the physical and emotional wellbeing of both partners. Often family members and friends willingly provide significant care and support over the course of many years after someone they care about is diagnosed with MS. This can be a positive and rewarding experience for some. However, caregiving can also be physically and emotionally exhausting, especially for the person who is the primary caregiver. Often caregivers tend to neglect their own health while caring for the other person. It’s important to pay attention to the caregiver’s physical and emotional needs, and keep up on preventive health measures like exercise, diet, and regular medical examinations. It is also important for both the person with MS and the caregiver to stay involved in activities that they enjoy. Communication is vital in order to establish and maintain a balanced partnership.

According to Forbes, one of the biggest mistakes caregivers make is trying to fulfill their role alone. When, in fact, the most successful care partners receive help from other people. There are many organizations that offer support and information to caregivers, several of which can be found on the National MS Society’s list of Carepartner Support Resources. The caregiver section of the National MS Society website contains links to helpful caregiver guides, support groups, and other valuable resources. Doctors may also refer to specific healthcare
providers. The person with MS should always be part of the decision to solicit additional assistance and the selection of individuals or groups to provide that assistance.

All caregivers should consider taking a break, when necessary. **Respite services** are available to allow caregivers downtime from their daily responsibilities. Some families use respite on a regular basis so caregivers can go out and do something for themselves (i.e. go out to lunch, or for a doctor’s appointment). Others use it periodically when caregivers must be away for several days (i.e. take a vacation, or attend a wedding).

Respite services are provided both inside and outside the home. In-home respite includes help from family and friends, as well as the paid assistance of home care workers or companions. Out-of-home respite involves occasional, planned short stays in adult foster care homes, nursing homes or hospitals.

Survey results from a recent study show that only 45 percent of caregivers are in contact with their partner’s health providers. Less than half of them said those providers involved them in health decisions or suggested ways they could help. About a third said providers were not willing to share information with them, perhaps missing opportunities for providers to hear about side effects and symptoms that caregivers noticed. This clearly demonstrates a need for healthcare teams to involve caregivers more in their partner’s care, if the partner is willing. The federal health privacy law, called HIPAA, allows patients to designate individuals allowed to receive information about their condition and care. Once a person with MS has given permission for the healthcare team to talk with his or her caregiver, healthcare teams can provide training and support to help caregivers have the most positive impact on their partner. It’s important for care partners to talk about the side effects of medications, pain or bothersome symptoms and communicate this information to the healthcare team. If the person with MS is unable, caregivers can convey this information during their partner’s health appointments, by email, or speak to health care provider on the phone.

As mentioned in the **August 2017 newsletter**, Can Do MS is a lifestyle empowerment program for people with MS and their caregivers. In-person programs and online resources, provided by a multidisciplinary team of MS professionals, help people with MS and their caregivers develop a true care partnership. These programs offer information about MS, as well as opportunities to share experiences with others living with MS. They are designed to
help care partners figure out how to communicate and problem-solve more effectively with one another, and live full and healthy lives in spite of MS.

A Helping Hand, or a Helping Paw?

There are many reasons why a dog is called “man’s best friend”. Dogs not only offer steadfast, unconditional love and companionship, they also encourage us to be more active, help us to feel less stressed (most of the time) and help us to be more social. In addition, a dog can be a care partner for a person with disabilities. Assistance dogs are specifically trained to perform tasks to assist individuals living with physical challenges, including people with multiple sclerosis. An assistance dog can improve the independence and well being of their partner, as well as relieve any feelings of isolation and depression, which often accompany disabilities.

There are many different types of assistance dogs. To name a few, guide dogs assist visually impaired people by leading them around obstacles, stopping at curbs and steps, and negotiating traffic. Hearing dogs help people who are deaf or hearing impaired. Hearing dogs can alert their partner to noises such as alarms, doorbells or a baby crying. Upon hearing the sound, hearing dogs will touch their partner and lead them toward the noise. Service dogs assist people with a physical disability by performing tasks that their partner cannot do or has trouble doing (for example, picking up or retrieving objects, turning light switches on and off, pushing automatic door buttons, tugging doors and cabinets open, etc.). Mobility assistance dogs help people with mobility or balance issues walk safely or regain their footing after a fall. These are usually larger dogs. They are frequently also trained to help their partner with everyday duties they have difficulty performing because of their disability. Assistance dogs accompany their partner wherever they go, including the work place, shopping and traveling. They are trained to concentrate amid many distractions, such as lively children, meat counters, squirrels and many other daily encounters.
Assistance Dogs International (ADI) is a nonprofit organization that sets and promotes standards and ethics for assistance dog training organizations around the world. Their comprehensive accreditation program ensures that dogs are treated humanely, clients are treated with respect and training is delivered in a professional manner at all times. On-site inspections are performed, during which an assessor interviews staff, clients and volunteers, in addition to reviewing paperwork and files to verify that all of ADI’s standards are being met. Assistance dog organizations that pass this accreditation become ADI member programs. Member programs are regularly assessed to ensure they continue to meet these high standards. Members of ADI meet regularly to share ideas and discuss ways to educate the public about assistance dogs, advocate for the legal rights of people with disabilities partnered with assistance dogs, and set standards and establish guidelines and ethics for the training of these dogs. Two ADI members in Massachusetts are the National Education for Assistance Dog Services (NEADS) and the Service Dog Project, Inc. (SDP)

NEADS (also known as Dogs for Deaf and Disabled Americans) is a non-profit organization, located in Princeton, MA, that has trained over 1,700 service dog teams since its inception in 1976. The NEADS program strives to raise and train the perfect working partner for each of their clients.

NEADS offers a wide spectrum of assistance dog services, including hearing dogs and service dogs. NEADS trains service dogs for partnership with individuals struggling with disabilities, and also for partnership with teachers, therapists, those who perform religious ministry and those who work in courthouse settings. NEADS places service dogs with children age 12 and up with the partnership of a parent or guardian (also known as a facilitator). This facilitator must live with the child and accompany him or her in all public places whenever the dog is present. Ultimately, the facilitator’s responsibility is to make sure that the dog's needs are being met and that all training criteria are followed. After the age of 15, children may be retested and recertified to use their dog without the use of a facilitator.

NEADS does not have a breeding program of its own. Almost all of the dogs that NEADS trains to be hearing dogs are acquired from animal shelters and rescue groups throughout New England. NEADS trainers routinely visit area shelters to find
dogs that are not only alert to noises, but also have a keen ability to localize sounds. They specifically look for smaller (usually under 50 pounds), high-energy dogs that are alert, attentive and engaged. In 1998, NEADS began the first partnership with a prison solely dedicated to the training of hearing dogs. Today, inmates at 7 New England prisons help to train the majority of NEADS hearing dogs through their Prison PUP Program. There are usually six to eight puppies in every facility. Most facilities designate a section of housing for the program where inmates are given single rooms to accommodate them and the puppy. The influence of the Prison PUP partnership on the men and women in prison is tremendous. Even the officers and inmates who do not participate in the program report that the presence of NEADS dogs changes the atmosphere for everyone.

In contrast to hearing dogs, service dogs are laid back, eager to please and wait until they receive a command before they perform a skill. Because much of the work of a service dog involves retrieving or a retrieving-related skill, most are Labrador or Golden Retrievers. Most NEADS service dogs are obtained from purebred breeders. NEADS provides a detailed educational program for breeders, which helps to ensure that their puppies are well socialized and accustomed to different environments and stimuli at a very young age. Service puppies are brought to NEADS to officially begin their training at about 8 weeks of age. NEADS service dogs are taught a list of core commands and they follow a basic training schedule throughout puppyhood. Once a dog is nearing completion of the program and is matched with a specific partner, the dog’s training is tailored to the partner’s unique needs. People who receive a NEADS service dog are fully immersed in the training program. For the first 5-10 days, they live on the NEADS campus with their new canine partner. Their training, which includes classes, hands-on exercises and off campus trips to local restaurants and malls, teaches clients how to live and work with a service dog. Each client must successfully complete the training and also pass a public access test to graduate and leave campus with the service dog.
The Service Dog Project (SDP) is a nonprofit organization, located on a 12-acre farm in Ipswich, MA, whose mission is to breed, raise, train and donate Great Danes as mobility assistance dogs. Founded in 2003 by Carlene White, SDP has trained and donated 120 fully certified Great Dane mobility assistance dogs to veterans, children and other individuals who have balance and mobility issues due to multiple sclerosis, Parkinson's disease, cerebral palsy, and other conditions. Great Danes’ height and weight enable them to provide stability and assistance to those who have difficulty walking. As balance or walker dogs, they are trained to be steady while wearing a harness, and match their gait to their human partner’s gait (which can vary). The dogs are taught to halt and brace if the handler should fall. By standing still and bracing, they are available for their handler to use the harness to pull themselves up. The dogs are also trained to turn right and left and to ease themselves through doorways, into elevators, and around various obstacles (aisles, checkout counters, restaurant tables, etc.). This allows them to assist their human partner easily at home and in public.

SDP has its own breeding program. All of their breeding dogs are obedience trained and many are used in therapy work. All SDP Great Danes are born, raised and trained on the farm. Interestingly, puppies are spoon fed in order to learn their names and manners. Adults are fed at tables, which allows evaluation of their body structure for their future service as mobility assistance dogs. This also helps with training manners around food and other dogs. Once the dogs are fully trained (usually around age one) they are matched with a partner and are then trained to meet the individual’s exact needs.

If you’re interested in getting a service dog, there are a number of important things to consider. Adopting a dog is a commitment that will last for many years, and you must be ready and willing to take on that responsibility. Discuss your needs and limitations with your doctor and ask him or her to help you assess how you can care for and benefit from a service dog. Planning is required for the cost of a service dog. In addition to food and veterinary care, some organizations require significant fundraising or payment for service dogs. ADI offers a worldwide programs search feature on their website for those looking for accredited member programs that provide assistance dogs in their area. When exploring different
service dog provider organizations, ask what the timeline looks like for receiving your dog and whether they have a waitlist. While dogs are not for everyone, individuals that partner and click with an assistance dog are often richly rewarded with one of the most satisfying, loving, and active relationships they will ever experience.

Repository Spotlight – Dr. Hervé Perron, GeNeuro

GeNeuro is an emerging Swiss biotech company that has identified a completely novel therapeutic target in MS. This target is expressed by inactive, ancestral retroviral insertions in the human genome called HERVs (human endogenous retroviral sequences), and acts to exacerbate the inflammatory process. An antibody-based drug against the novel target is currently being studied in clinical trials. ACP Repository samples are being used to develop a test to be used on clinical samples obtained in these trials with the intention of bringing a new drug to market. This study is just one of more than one hundred studies using ACP Repository samples to advance and accelerate research into MS.
iConquerMS Spotlight – Dr. Deborah Miller

iConquerMS members were recently invited to be part of a research study on the topic of health insurance, led by Dr. Deborah Miller of the Cleveland Clinic. In May, Dr. Miller and her colleagues presented two posters at the Consortium of Multiple Sclerosis Centers meeting in New Orleans, LA. Data from this study showed that most of the study participants reported having health insurance, but over half of them were concerned about losing this insurance if their employment situation changed. Also, fewer than half of the participants had disability or long-term care insurance that would provide support if they became disabled. The study team is now working on additional analyses and publications, and the National MS Society will be using their results in its public policy and educational efforts. This study is just one of the many ways iConquerMS is facilitating and accelerating research on topics of importance to people affected by MS.

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