

# FPN News

the FOUNDATION for  
PERIPHERAL NEUROPATHY®

DEDICATED to REVERSING the IRREVERSIBLE

SPRING/SUMMER 2015

## A MESSAGE FROM THE EXECUTIVE DIRECTOR



The vibrant colors of the budding flowers herald the arrival of spring and bring the promise of yet another new season. There's a special reassuring quality about seeing the first flowers of the year—the certain knowledge that the dreary winter weather is behind us and the excitement of another new season looms.

This spring we are encouraging you to get personally involved in making PN a thing of the past. There are countless ways to take part, whether you choose to participate in clinical research, support the Foundation's scientific and educational programs, join a support group, help us raise awareness or simply share your story with us.

Being part of a community adds meaning and value to our lives. In community, we find networks of people who share interests, concerns and maybe even vision. Sometimes a community emerges organically because of where we live, work, pray or play. Other times we deliberately seek out others with whom we share something important.

- Too many studies and clinical trials end early because there are not enough volunteers. If we want to find new therapies and a cure, research needs YOU to keep it moving forward.
- Without the financial support of the PN community our Foundation cannot exist. We are grateful for the generous support of our donors and we hope you will continue to support our work.
- The most valuable aspect of a support group, live or virtual, is the opportunity for members of the PN community to inspire, educate and come together in advocacy. Thank you to all the nearly 120 support group leaders across the U.S. and Canada that volunteer their time to help others.
- Your stories are important to share. They interest us; they inspire us; they teach us. Sharing lets others know they are not alone.
- Interested in joining our team? As part of a new set of strategic directives focused on increased public engagement, the Foundation is looking to expand our board to include members of the public who bring high-level skills and experience in Marketing/Advertising, Finance, Development, Legal and Pharmaceutical Industry to the organization, and a proven ability to help raise funds. If you are interested, please contact me directly at [pam@tffpn.org](mailto:pam@tffpn.org)

Best wishes for a pleasant spring and summer spent and shared with a caring community.

Pam Shlemon

## Featured in this issue

Guy LoPresti writes songs of hope  
Page 1, 4

Research | *News Briefs*  
Page 2

Clinical Trials  
Page 2

Integrative Pain Management | *The Arts*  
Page 4

Meditation and Chronic Pain  
Page 5

## Wheels

"It was dark out as I pulled into the driveway. My wife and I were discussing the news story being broadcast on the radio. As I turned toward the garage, I took my foot off the accelerator and moved toward the brake. But I couldn't do it! I couldn't feel where my foot was. The car kept creeping toward the garage door and I still couldn't get my foot onto the brake. And then, BANG! The car hit the garage door and came to a stop."

This frightening story is shared by Jack Miller who suffers from idiopathic peripheral neuropathy. The lack of feeling he describes in his feet is a common symptom of this often debilitating condition. Symptoms such as experiencing weakness or not being able to hold something, not knowing where your feet are and experiencing pain that feels as if it is stabbing or burning in your limbs can make driving difficult and even dangerous.

"The first thought I had was, 'What if that had been a woman pushing a baby across the street in a buggy? I'm not going to drive anymore until I get hand controls on my car.'" Jack is referring to just one of many emerging technologies that broaden opportunities for people with disabilities to drive vehicles with hand controls and adaptive automotive products and devices. In recent years, technological advances have introduced automotive adaptive devices which reduce the physical effort required to control and/or operate a vehicle or alter

(CONTINUED ON PAGE 3)



## WRITING SONGS OF HOPE

Guy LoPresti was a 24-year-old college student in 1986 when he was diagnosed with type 2 diabetes.

Eventually it brought nerve damage that made pain a regular part of his life. But now he's doing everything he can to protect his health—and stay positive.

Diagnosed while in college, Guy was ill-informed and partially in denial. Slightly overweight, Guy stayed active but basically ignored his health. Working as a telecommunications consultant after college he travelled the country constantly and pushed his body to the limit. In 1989, he began feeling tingling, numbness and pain in his extremities and was diagnosed with peripheral neuropathy.

By the mid-'90's, Guy had his blood sugar levels under control, but his neuropathy progressed. Still, Guy didn't slow down. While more aware of his health he refused to change his lifestyle. His feet went completely numb and he was in constant, burning pain—but he had a family to support.

For the next decade, Guy hid his deterioration at work. He pushed himself until the pain necessitated a 3-month leave for foot surgery; he returned to his busy schedule until the next time he needed surgery to ease the pain.

(CONTINUED ON PAGE 5)

## INSIDE

- Hope for young leukemia patients
- Partner Spotlight | U of Utah



## PHASE II HEPATOCYTE GROWTH FACTOR (HGF)

In 2013, we published a research study involving Phase II Hepatocyte Growth Factor (HGF) in Patients with Painful Diabetic Peripheral Neuropathy involving several study groups. The article below is a follow-up to this study which was recently published in *Annals of Clinical and Translational Neurology and Science Daily*.

Neuropathy: Relief for diabetics with painful condition

Walking barefoot on sand “felt like walking on glass” for Keith Wenckowski, who has lived with type-one diabetes for more than two decades.

One of the participants in the study at Northwestern, who suffered from painful diabetic neuropathy (DPN), Wenckowski finally found relief from the constant foot pain that required him to wear shoes at all times, even to the beach.

The study found that those with painful diabetic neuropathy who received two low dose rounds of a non-viral gene therapy called VM202 had significant improvement of their pain that lasted for months.

“I can now go to a beach and walk on the sand without feeling like I am walking on glass,” Wenckowski said.

“Those who received the therapy reported more than 50 percent reduction in their symptoms and virtually no side effects,” said Dr. Jack Kessler, lead author of the study. “Not only did it improve their pain, it also

improved their ability to perceive a very, very light touch.

VM202 contains human hepatocyte growth factor (HGF) gene. Growth factor is a naturally occurring protein in the body that acts on cells, in this case nerve cells – to keep them alive, healthy and functioning. Future study is needed to investigate if the therapy can actually regenerate damaged nerves, reversing the neuropathy.

Wenckowski had continuous numbness, but now, more than a year since he received the therapy, his symptoms have not returned.

Patients with painful diabetic neuropathy have abnormally high levels of glucose in their blood. These high levels of glucose can be toxic.

“We are hoping that the treatment will increase the local production of hepatocyte growth factor to help regenerate nerves and grow new blood vessels and therefore reduce the pain,” said Dr. Senda Ajroud-Driss, associate professor in neurology at Feinberg, an attending physician at Northwestern Memorial Hospital and an author of the study

“Right now there is no medication that can reverse neuropathy,” Kessler said. “Our goal is to develop a treatment. If we can show with more patients that is a very real phenomenon, then we can show we

have not only improved the symptoms of the disease, namely the pain, but we have actually improved function.”

A future, much larger phase three study will soon be underway.

Source: *Science Daily*

## AN EXERCISE REGIMEN PREVENTS DEVELOPMENT PACLITAXEL INDUCED PERIPHERAL NEUROPATHY IN A MOUSE MODEL

Peripheral neuropathy is a major, dose-limiting complication of many chemotherapeutic agents. Currently there is no effective method to prevent development of chemotherapy induced peripheral neuropathy (CIPN). Recent studies have shown that exercise can improve regeneration of peripheral nerves but its effect in preventing peripheral neuropathy is unknown. In this study we examined the effect of a rigorous treadmill exercise program that was started 1 week before administration of paclitaxel and continued throughout the study in a mouse model of CIPN. We showed that exercise can partially abrogate features of axonal degeneration induced by paclitaxel including reduction in epidermal nerve fiber density in the plantar hind paw and thermal hypoalgesia. Furthermore, detyrosinated tubulin that is elevated in nerves treated with paclitaxel was normal in exercised animals. This study points to a relatively simple and potentially effective therapeutic option to reduce the neurotoxic effects of chemotherapy.

Authors: Park JS, Kim S, Hoke A.  
Source: *Journal of the Peripheral Nervous System*

# news Briefs

## Research Could Help Risk & Severity of Peripheral Neuropathy in Young Leukemia Patients

Researchers have identified the first genetic variation that is associated with increased risk and severity of peripheral neuropathy following treatment with a widely used anti-cancer drug called vincristine. “In this study, they identified a possible reason why some people experience a serious side effect of the medication-debilitating nerve pain,” said Rochelle Long, Ph.D., Director of the National Institutes of health Pharmacogenomics Research Network. This genetic insight will help scientists devise treatment plans that ensure safety and effectiveness as well as long-term quality of life for children with acute lymphoblastic leukemia.”

Vincristine is one of the most widely used and effective agents for treatment of leukemia, lymphoma, brain and solid tumors in children and adults. But in a significant number of patients the drug causes episodes of peripheral neuropathy that can become chronic and resurface in adulthood.

Source: *Science Daily*

## Make a positive impact on the health of society

ResearchMatch is a free and secure registry developed by major academic institutions across the country to connect with people who want to participate in research (not just clinical trials). Anyone can join. Many studies are looking for healthy people of all ages, while some are looking for people with specific health conditions.



Most research studies need a certain number of people to participate in order to find the right answer. All too often important research studies end early because there are too few research participants in the study. At the same time, people are looking for research studies but are having a difficult time finding them. As a result, important questions that can affect the health of our community go unanswered.

ResearchMatch helps solve this problem by matching people who want to participate in research with researchers who need volunteers for their studies. To learn more about how you can get involved please visit our website at [www.foundationforpn.org](http://www.foundationforpn.org)

## CLINICAL TRIALS

### Scrambler Therapy in Treating Pain and Peripheral Neuropathy in Patients Previously Treated With Chemotherapy

NCT01347723

This pilot clinical trial studies scrambler therapy in treating pain and peripheral neuropathy in patients previously treated with chemotherapy. Scrambler therapy may help relieve pain from peripheral neuropathy caused by chemotherapy.

Sponsor Mayo Clinic

Location Mayo Clinic, Rochester, Minnesota, United States, 55905

Contact Mayo Clinic Clinical Trials Office 855-776-0015

### Peripheral Neuropathy Research Registry

The PNRR is actively enrolling PN patients and collecting data that will be used by researchers to: –understand the disease, –improve diagnosis of PN, –develop new effective treatments, –disseminate knowledge to researchers and clinicians, and –find a cure.

The PNRR is focused on chemotherapy-induced, diabetic, idiopathic, and HIV/AIDS neuropathies. To enroll, please contact one of these sites:

Beth Israel, Boston, MA 617-632-0899

Icahn School of Medicine at Mount Sinai, New York, NY 212-241-0784

Johns Hopkins, Baltimore, MD 443-287-0627

Northwestern University, Chicago, IL 312-695-7950

the way in which driver control initiatives are applied to the vehicle control systems. With these tools and systems people with disabilities can once again enjoy the freedom and independence associated with being able to drive.

"The next morning I got on the computer and a brief internet search of 'car hand controls' led me to a number of companies and eventually to the name of an instructor." Driver rehabilitation specialists perform comprehensive evaluations to identify the adaptive equipment most suited to a person's needs. The use of this equipment usually requires the driver to take and pass a special training class which educates on the nuances of driving with the controls. Jack felt that it was important to get a system that had a "lock out" feature so he could disable it when others drove the car in the regular manner. "I didn't want the possibility that they could accidentally hit the hand control and accelerate and cause an accident."

Unfortunately the freedom Jack found does come at a price that for some may be prohibitive. The good news is that funding assistance to purchase new adaptive vehicles or to retrofit existing vehicles is becoming increasingly available. Medicaid assistance

varies by state. Medicare may pay for adaptive equipment following a specialty evaluation performed by a qualified practitioner. There are additional programs through Social Security, state vocational agencies and non-profit organizations including local "Centers for Independent Living" that can provide additional information. A number of automobile makers are also stepping up to provide persons with disabilities a wide range of rebates and incentive programs. Check with your auto dealer for those details. Finally, sales-tax exemptions on equipment purchases and other out-of-pocket expenses can often qualify for tax deductions as medical expenses. Contact your tax adviser or review the IRS tax code for medical equipment.

Jack is enjoying his regained freedom and confidence that with these adaptations he, his passengers and those on the roads with him are all safe: "So after 2 months of having to depend on others to take me places, I once again had the freedom that my own 'wheels' gave me and without the fear that my peripheral neuropathy could cause me to have a serious accident that could cause damage or death to others. It truly was a great solution."

## CONSORTIUM PARTNER SPOTLIGHT

The Foundation for Peripheral Neuropathy is excited to announce our newest Peripheral Neuropathy Research Registry (PNRR) Consortium Partner, Dr. A. Gordon Smith at the University of Utah.



Dr. Smith is Chief of Neuromuscular Medicine and Director of the Peripheral Neuropathy Study Group and Cutaneous Innervation Laboratory at the University of Utah. His research focuses on the relationship between obesity and pre-diabetes and peripheral neuropathy, including endpoint development and validation of novel clinical trial methodology. He serves in a number of leadership positions nationally and internationally in the American Academy of Neurology, American Neurological Association and the Peripheral Nerve Society, where he served as an elected member of the Board of Directors.

Expanding our consortium partnerships creates a broader geographic platform, which allows us to increase our patient enrollment. The faster we grow enrollment, the faster we can begin research, the faster we get to a cure for this debilitating disease.

Enroll in the PNRR to become part of the solution toward advancing new treatments and finding a cure. Please visit our website at [www.foundationforpn.org](http://www.foundationforpn.org)

## Meditation and Chronic Pain

**Meditation is simply the practice of being still, paying attention to the body, and focusing on breathing. There are as many ways to meditate as there are people who practice meditation. They range from the simple action of breathing slowly and deeply, and counting the breaths, to meditations, such as Tai Chi, that use movements in addition to the meditative state and breathing techniques. Some forms of meditation are performed while seated on the floor or chair, while others are performed lying on a mat or even standing. Regardless of which form is used, breathing is very important, and slow, deep deliberate breaths are the goal in controlling exhalation. As the person becomes more experienced in the meditative arts, breathing naturally slows down and the state of meditation is reached much more quickly.**

**During meditation, one goal is to eliminate all distractions and wandering thoughts. Many people like to play calming music while meditating. Many people find that music found in nature and binaural sounds to be extremely beneficial while in a meditative state.**

**Guided visualization is often helpful during a meditation, but it is not necessary. There are many guided visualizations on the market that focus on solutions to a variety of life problems. Some visualizations focus on relieving**

**stress, while others focus on restoring energy or relieving pain. Similarly, some visualizations focus on solving a problem in which a resolution has been completely unavailable, while others focus on eliminating problems from the conscious mind.**

**In research on meditation and pain, scientists have asked two questions: "Does meditation help?" and "How does meditation help?" The first question proved much simpler to answer. A Wake Forest University study conducted by Fadel Zeidan in April 2011 took 15 healthy volunteers and performed MRI scans of their brains while inducing pain. In the four days that followed, a certified instructor taught the subjects mindfulness meditation (in which the pupil is taught to focus on a sense, often his or her breath, while accepting**

**transient thoughts). On the fifth day, the researchers scanned the volunteers again, once while not meditating, and another time while meditating, with pain induced during both sessions. The study showed an approximately 40% reduction in pain intensity ratings during meditation when compared with non-meditation.**

**The study discovered that by activating and reinforcing some areas of the brain used in pain processing, meditation has the overall effect of helping to reduce pain intensity in patients. Other theories on how meditation helps pain exist, including that it decreases stress, which in turn decreases pain.**

**A 2011 study tried to determine whether meditation affects pain and quality of life in people with multiple sclerosis (MS) and peripheral neuropathy (PN). As demonstrated in this pilot study, two months of meditation may be helpful in reducing pain and improving scores on quality of life measures in MS and PN patients as compared with controls who have these disorders. While this study had a small sample size and a nonrandomized allocation of participants, results still demonstrate a positive effect of meditation in patients with MS and PN.**

*being still, paying attention to the body, focusing on breathing*



In 2003, Guy finally embraced change, leaving the corporate world for his first love: music. Having studied music in college, he honored his passion, opening the Performing Arts Loft. Guy's business quickly became a success—and physically, things got easier.

But his symptoms reappeared and escalated, and today after a total of seven surgeries including transmetatarsal amputation of the right foot, Guy now lives with advanced diabetic PN. He has no feeling in either leg up to his knees or in his hands up to his wrists. He can't stand or walk more than five minutes or his pain flares. He can't independently move his fingers anymore, which keeps him from performing live. His entire life has been shaped by pain.

Today, at 52, Guy knows that staying active may help stave off further decline in his health. He alternates among a stationary

bike, a no-impact Total Gym and swimming. He changed his diet and uses hot and cold soaks to numb his pain. He recently tried pulsed infrared light therapy (PILT), recommended by the American Diabetes Association, which helps relieve pain and speeds healing by improving circulation. It seemed to bring greater warmth and increased mobility in both hands and feet, so he is optimistic about this treatment.

Guy urges those diagnosed with PN to act fast and never give up: "You must find the right doctors and treatments quickly to avoid further damage," he cautions. "Do your research, and move as much as you can. I know it hurts, but exercise will help; being sedentary only exacerbates the pain, disease and symptoms."

Living with intractable pain is a battle. "Don't be afraid to reach out when you need it the most," says Guy. "It took

me a long time to learn that effectively communicating with loved ones was important. Make sure those around you understand that while it may sometimes be hidden, your illness affects your life every day. You need a support system that realizes the hardships while also encouraging you to become empowered. This happens when you are honest. Pain may make you short-tempered and isolated, so it is up to you to make sure those around you understand it is the pain and not them. I learned this the hard way."

Guy's mission now is to educate others and advocate for more public awareness about—and research into—neuropathy. He has discovered his innate strength and resilience; he focuses on making a difference, in part by writing songs of hope. He wants others to know they're not alone, that their life has meaning and there is always a reason to live.

Source: *Invisible Project Magazine*, 2015

**PART 2**  
[OF A TWO-PART SERIES]

## Using the Arts as an Integrative Treatment for Pain

IN OUR FALL/WINTER 2014 NEWSLETTER WE SHARED THE BENEFITS OF MUSIC THERAPY AS AN INTEGRATIVE TREATMENT FOR PAIN. IN THE SECOND PART OF THIS SERIES WE WILL CONSIDER ART THERAPY'S ROLE IN PAIN MANAGEMENT.

STOP, LOOK AND LISTEN—  
AND EVEN TRY IT YOURSELF!

Enjoying music, visual arts, certain forms of architecture and other types of artistic expression can provide a role in pain management.

We've long known that music can soothe the savage beast, but we now know that it also helps heal the ravaged body. When people who are ill are surrounded by the healing arts—such as music, painting, architecture and theater—they feel less pain and with some illnesses patients recover more quickly.

Anecdotal evidence from doctors and patients about these benefits is nothing new, but recently the palliative effects of exposure to art during recovery have been

carefully studied. As a result, more and more medical schools and hospitals consider engagement with art to be an essential component of proper patient care. In fact, according to a survey by the Society for the Arts in Healthcare, more than 2,500 hospitals invest in arts programming. Of these, 95 percent use the arts to serve their patients, 79 percent use the arts to help create a healing environment, 79 percent employ arts coordinators, and 50 percent partner with community arts agencies.

"There's very good evidence that engaging patients in art and music is one way to make the burden of illness and periods of care more tolerable," says Harry Jacobson, M.D., a nephrologist and vice chancellor for health affairs at Nashville's Vanderbilt University Medical Center, which brings many forms of art to patients' bedsides.

The 1946 preamble of the World Health Organization defines health as "a state of complete physical, mental, and social well-being" rather than merely the absence of disease or infirmity. Implied in this definition is the tie to changes in health as a result of an action; including, the connection between artistic engagement and the psychosocial and biological manifestations of that connection. More specifically, there is evidence that engagement with artistic activities, either as an observer of the creative efforts of others or as an initiator of one's own creative

efforts, can enhance one's moods, emotions, and other psychological states as well as have a salient impact on important physiological outcomes.

Medical art therapy is "The specialized use of art expression and imagery with individuals who are physically ill, experiencing trauma to the body, or who are undergoing aggressive medical treatment such as surgery or chemotherapy."

Research suggests a number of benefits of art therapy. The first is art as a means for patients suffering a serious illness or chronic pain to open up about what they are experiencing to others. There are obvious psychological benefits from sharing and confiding in others but some researchers have verified physiological benefits as well. Art therapists often find that art expression can help patients transform, finding new meaning in life, a sense of empowerment and a feeling of mastery.

Artistic expression can also provide an escape and relief from physical pain. It seems creative activities increase the blood flow to the brain, enhancing brain functioning and the production of serotonin which decreases depression. As a treatment for chronic pain one study noted that artistic expression allows an individual to distract oneself from pain and see oneself as being able to create—although in pain. Participants noted a decrease in anxiety, and depression and reported it as a positive pain management strategy.

Medical art therapy opens many possibilities and may show to be a valuable addition to classical medicine providing a more holistic approach to treatment where medicine and surgery come short. Medical art therapy shows the importance of not reducing a patient to an illness, but rather encourage the person to stand above their illness not letting the disease take control over their life. Something that can easily be forgotten in today's "modern" medicine.

Source: ACAP—Joanne Loewy, DA, LCAT, MT-BC, Co-Editor in Chief of the *Journal Music and Medicine*





# LETTERS FROM FANS

"Thank God for your Foundation!" *Rev. Sarah*

"After searching and searching the internet for information on neuropathy, I found your Foundation to have the best information and tips on living with this nasty disease. Thank you and keep up the good work." *John*

"Thank you, thank you for the very informative resource packets that I can distribute at our next support group meeting..." *Shirley*

"Thanks so much for the information and your time spent visiting with us today. We will definitely discuss with our doctor should more chemo be required. We will also follow through with your suggestions on OT & PT. Many thanks again!" *Phil & Susan*

"Thanks for your information—found it very helpful." *Barb*

"I became a premium member of FPN recently and am very thankful there is such a foundation." *Dave*

YOU CAN SEND US QUESTIONS OR FEEDBACK AT  
**INFO@TFFPN.ORG**  
OR CALL US AT  
**847-883-9942**



The Foundation for Peripheral Neuropathy newsletter, FPN News is published two times a year, Spring and Fall.



Like us on Facebook.com/  
[TheFoundationForPeripheralNeuropathy](http://TheFoundationForPeripheralNeuropathy)  
and become a fan.

[WWW.FOUNDATIONFORPN.ORG](http://WWW.FOUNDATIONFORPN.ORG)



## the FOUNDATION for PERIPHERAL NEUROPATHY®

485 Half Day Rd., Suite 350  
Buffalo Grove, IL 60089

*Our mission is to dramatically improve the lives of people living with Peripheral Neuropathy.*

*The Foundation for Peripheral Neuropathy will be the catalyst for advancing innovative therapeutic developments and accelerating a cure for painful neuropathies by funding collaborative efforts of leading scientists and physicians. We will strive to raise awareness of peripheral neuropathy through outreach programs to patients, their families and healthcare professionals.*

MAKE A **difference** TODAY

Every contribution is significant. You can support The Foundation for Peripheral Neuropathy through:

- **Donations to the Annual Fund**  
Annual Fund gifts are used to underwrite immediate needs and to fulfill the mission and vision of the foundation.
- **Memorial/Tribute/Honor Gifts**  
Provide a special way to celebrate the memory of a loved one, a birthday, anniversary, wedding, holiday or an occasion of significance for someone you love.

- **Major Gift Contributions**  
Generous and transformational gifts to sustain and grow the Foundation for Peripheral Neuropathy
- **Grants**  
Provide support through a commitment from your personal, family or corporate foundation.

For more information about giving and sponsorship opportunities please contact Pam Shlemon at 847-883-9951 or at [pam@tffpn.org](mailto:pam@tffpn.org)

Use the enclosed donation envelope or donate online by visiting our website at [www.foundationforpn.org](http://www.foundationforpn.org), by phone: 1-847-883-9942, or by mail

PAGE 6

- Follow us on Facebook!
- Share this newsletter!
- Contact us to lend your time and talent!

**GET INVOLVED**

### BOARD OF DIRECTORS

Jack Miller <i>CHAIRMAN</i>	Goldie Wolfe Miller
David R. Cornblath, MD	Ed Tomezsko, PhD
Peggy L. Goldman	

### SCIENTIFIC ADVISORY BOARD

Roy Freeman, MD <i>PROFESSOR OF NEUROLOGY DIRECTOR, CENTER FOR AUTONOMIC AND PERIPHERAL NERVE DISORDERS BETH ISRAEL DEACONESS MEDICAL CENTER, BOSTON, MA</i>
Ahmet Höke MD, PhD, FRCPC <i>PROFESSOR OF NEUROLOGY AND NEUROSCIENCE DIRECTOR, NEUROMUSCULAR DIVISION JOHNS HOPKINS SCHOOL OF MEDICINE</i>
Deborah Lee, MD, PhD <i>MEDICAL DIRECTOR, NEUROLOGY SR. MEDICAL DIRECTOR, US CLINICAL RESEARCH LUNDBECK INC., DEERFIELD, IL</i>
David M. Simpson, MD <i>PROFESSOR OF NEUROLOGY, NEUROMUSCULAR DISEASES ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI MEDICAL CENTER, NEW YORK, NY</i>

<i>EXECUTIVE DIRECTOR</i> Pam Shlemon	<i>DESIGN</i> Richard Stadler Design, Inc. <a href="http://www.richardstadlerdesign.com">www.richardstadlerdesign.com</a>
<i>SR. PROGRAM COORDINATOR</i> Marlene Dodinval	
<i>ADMINISTRATIVE ASSISTANT</i> Angela Nevel	

The information contained in this newsletter is not intended to substitute for informed medical advice. You should not use this information to diagnose or treat a health problem or disease without consulting a qualified health care provider. You are strongly encouraged to consult a neurologist with any questions or comments you may have regarding your condition. The best care can only be given by a qualified provider who knows you personally.