



INTERNATIONAL MULTIPLE SCLEROSIS
Management Practice

Fall 2015
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Healing MS

THE IMSMP NEWSLETTER ADDRESSING THE NEEDS OF OUR PATIENTS
AND KEEPING YOU INFORMED OF THE LATEST RESEARCH TREATMENT
AND WAYS TO HEAL

The 18th Annual Tisch MS Patient Symposium in Review



"I am overwhelmed and humbled by the attendance, participation and generosity at this year's symposium." - Dr. Saud A. Sadiq

The 2015 Tisch MS Patient Symposium proved to be one of the best education programs available to people with MS, their families, friends and caregivers. Its success can be directly attributed to one key factor, **you**. Almost 1,000 guests attended this year's event and made it a spectacular day. Topics included ways to battle cognitive decline, how to deal with depression and fatigue, a review of novel treatments for MS such as Autologous Hematopoietic Stem Cell Transplant (AHSCT) and Lemtrada, as well as an update on our FDA-approved Phase I clinical stem cell trial. Dr. Violaine Harris listened to your feedback from last year and presented stem cell research happening in other parts of the world and Dr. Saud A. Sadiq introduced us to some additional new therapies such as biotin and plasma exchange. Highlights included Dr. Sadiq's conversation with stem cell trial participant, Robert Krivitsky and Dr. Deneb Bates' inspiring patient profile with Chris Kaklamanakis. Audience participation was outstanding with thoughtful questions about MS treatments, side effects and what the future holds. The IMSMP and Tisch MSRCNY would like to thank all of the attendees for their spirit and motivation that drives us to create an even better event next year!

A more in-depth review is available in this issue as well as on our website:

www.imsmp.org



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Guests check in and are ready
for the 2015 Tisch MS Patient
Symposium to begin



INSIDE THIS ISSUE

- A Review of the 2015 Tisch MS Patient Symposium
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- Thank you to our Donors

SYMPOSIUM 2015 - A REVIEW OF THE RESEARCH



Violaine Harris, PhD presenting



Questions from our guests



Saud A. Sadiq, MD, FAAN



Guests reviewing a research poster

An interim review of our center's ongoing FDA-approved Phase I clinical trial was featured in both a presentation and a poster. In this study, Dr. Violaine Harris is investigating the safety of mesenchymal stem cell-neural progenitors (MSC-NPs) in humans, following a preclinical study in mice that supported a role for 3 intrathecal treatments resulting in improved neurological function, suppression of inflammatory response and support of damaged cells at lesion sites. So far, 13 patients have been treated and 10 of the 13 have completed the study—all with no major adverse events or safety concerns. Trends in efficacy are encouraging so far with improvements in ambulation, dexterity, and bladder function. On November 20th, Dr. Sadiq presented further results from this trial at the International Conference on Cell-Based Therapies for Multiple Sclerosis in Lisbon, Portugal.

The research team is currently in the process of applying for an extension of our Phase I trial, and hopes in 2016 to apply for a Phase II trial. Both of these next steps will require substantial funding and further FDA approval.

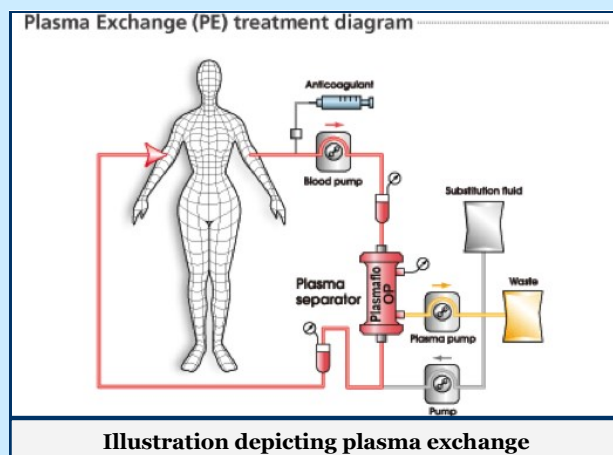
For any clinical research questions, please contact
Leslie Blackshear at lblackshear@tischms.org or (646) 557-3852
or Gloria Joo at gjoo@tischms.org or (646) 557-3873

Many of you took time to visit the 7 posters presented at the symposium by Tisch MSRCNY with research completed during the past year. The lab is also looking ahead, and has submitted an impressive 8 abstracts to the American Academy of Neurology (AAN) conference, to be held in Vancouver in the spring of 2016. A summary of these abstracts will be featured in our newsletter following the meeting.

Trending Research & Treatments: A Presentation by Dr. Saud A. Sadiq

In Dr. Sadiq's presentation, "Research and Treatment Advances 2015," he guided the audience through several of today's innovative treatment strategies in multiple sclerosis.

Dr. Sadiq first addressed research carried out at Tisch MS since 2001 on the development of progressive disease biomarkers from patient CSF analysis. These biomarkers include Fetuin-A, which indicates disease activity, and Osteopontin, which indicates disease severity and progression. Additionally, Tisch MS researchers hope to examine underlying mechanisms of disease activity in distinct MS subtypes through their study of oxidative stress biomarkers. **Continued on page 3**



Trending Research & Treatments cont'd

Dr. Sadiq hopes that these biomarkers of interest will ultimately help clinicians in creating targeted, personalized therapy.

Next, Dr. Sadiq explained serial plasma exchange, a treatment used at the IMSMP for progressive MS. Here, a patient's plasma, which contains antibodies that may play a role in their disease activity, is extracted and replaced in hopes of eliminating the harmful antibodies. This treatment is unique because it is safe and does not suppress the immune system. It is however, time-intensive; patients must be connected to the machine for 2-4 hours weekly (cases may vary) for 10 weeks.

Dr. Sadiq then discussed the continued use of intrathecal methotrexate in the management of progressive MS at the IMSMP—one of few MS centers in the country to utilize this treatment. Methotrexate has been seen to stabilize approximately 60% of all MS patients when given at 2 month intervals. Notably, it is very inexpensive.

Dr. Sadiq also spoke about biotin which has gained much attention in the treatment of progressive MS based on a pilot study that showed improvement in 91% of progressive MS patients. However, a larger Phase II study showed improvement in only 13% of patients with MRI data that was inconsistent with these results. Further research is required to rectify these discrepancies. Drawbacks of biotin include cost (\$300 a month) and potential effects on thyroid function.

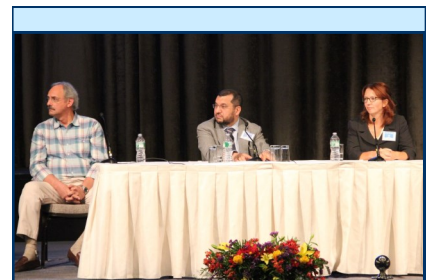
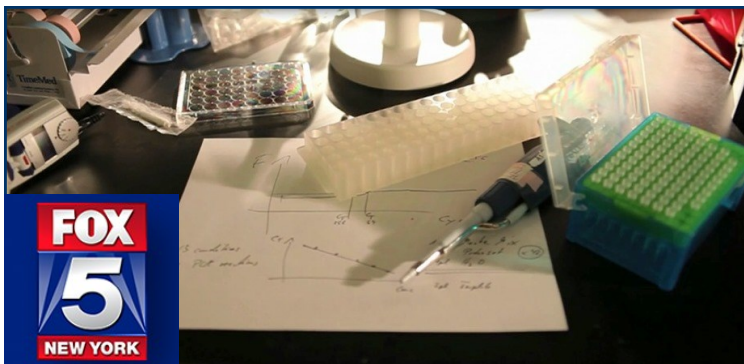
Finally, Dr. Sadiq addressed IV Ocrelizumab, a humanized version of the anti-B cell antibody in Rituximab. As B cells have been shown to play a role in MS disease activity, Ocrelizumab aims to decrease this unwanted immune response. In 2016, the FDA is expected to approve Ocrelizumab, for MS. This is important because it has also been shown to have some benefit in primary progressive MS and getting FDA approval will allow its use more easily than Rituximab. However, it is important to note that clinical testing has shown that Ocrelizumab has a higher incidence of side effects and issues not seen in Rituximab.

STEM CELL TRIAL PARTICIPANTS DISCUSS THEIR IMPROVEMENT AT THE 2015 SYMPOSIUM & ON FOX5 NEWS

Symposium attendees received a first-hand look at the improvement stem cell trial participants are experiencing. Robert Krivitsky, diagnosed with primary progressive MS was heading down a path of limited mobility. After 3 stem cell treatments as part of the FDA-approved trial, Robert is now able to walk longer distances.

Alicja Tyszka was called upon by Dr. Sadiq during a Q&A session to share the changes she has seen in her quality of life since completing 3 treatments.

Tisch MSRCNY also appeared on FOX5 News (New York/tri-state area affiliate) on October 15th and 16th in a special segment called: The Big Idea - Multiple Sclerosis Clinical Trial Shows Promise. The story presented trial patient, Vicky Gill and the steps she is now taking without the use of her walker. To watch the video visit: www.tischms.org and click on **View Tisch MS Stem Cell Trial On FOX5.**



Stem cell trial participant, Robert Krivitsky, Dr. Saud A. Sadiq & Dr. Violaine Harris take questions from the audience



Stem cell trial participant, Alicja Tyszka, shares the positive changes she is experiencing



There are on-line brain fitness programs from Posit Science like Brainhq.com that have shown promise in improving cognitive functioning.

There are many other techniques, accommodations, and tools that can be used to improve cognitive functioning in everyday life. For some, adopting a single technique can make the difference. Medications to address fatigue or attention may be appropriate for some people. The IMSMP has a team of healthcare providers that can address the different aspects of cognitive issues.



Dr. Andrew Sylvester

Fatigue Medications

Fatigue in MS is usually manageable. Once the underlying causes are addressed, medications such as Provigil, Nuvigil, stimulants, 4-aminopyridine, amantadine, acetyl-L-carnitine, or caffeine can be considered. Certain lifestyle modifications can also be helpful.

MY COGNITION IS DECLINING . . . WHAT CAN I DO TO IMPROVE?

When patients or their loved ones notice a change in cognitive functioning, a number of important possible causes need to be evaluated, such as a mood disorder, sleep disorder, medication effects, infection or other medical problems. Once these are evaluated and treated, any remaining cognitive issues can be addressed.

The first step is to identify the problem: is it with memory, attention, speed or language? The next step is to tailor a solution to the specific issue using your strengths to compensate for your weaknesses.

Memory problems: Take the burden off your memory by using tools like a calendar for appointments, making lists for shopping and chores, and having consistent systems. Develop and keep habits for storing items, like your keys and your cellphone. There are tools for learning and remembering things called mnemonics. These are memory strategies such as using an acronym, or coming up with a vivid visual image.

Word-finding problems: To cope with these problems it is important to maintain composure and permit yourself to

use another word that would convey a similar meaning. Allow for pauses in the conversation as these are natural. To improve word finding, practice with word games such as scrabble and other word puzzles.

Remembering people's names: This can be achieved with the same mnemonics previously mentioned including vivid visual imagery as well as using word associations, either link their name with a thing or a specific facial feature. Meet and repeat - when you meet someone, find a way to immediately repeat their name.

Speed of processing: When it seems the world is moving at 55 miles per hour and you are doing 25, you may need to find ways to accommodate your current pace. Know if fatigue is a factor and do your most challenging tasks when you know you are feeling your best.

Attention problems: Make sure you reduce or remove distracters from your environment. Don't read your email while on a conference call. Minimize multi-tasking as this divides and reduces your attention to all tasks.

BATTLING DEPRESSION & FATIGUE PRESENTED BY DR. ANDREW SYLVESTER

Some of the most troubling and frequent symptoms in MS are the invisible ones: most notably fatigue and depression. Fatigue is the most common symptom in MS, and can be caused by the disease (primary fatigue) or by factors other than MS (secondary fatigue) such as sleep disturbances, infections, medications or a multitude of other conditions.

Primary fatigue typically presents with an onset in the afternoon, whereas secondary fatigue is usually present all day long, even upon awakening. It is not uncommon for patients to suffer from both types of fatigue.

One of the most important factors in

determining quality of life for people with MS is not disability or fatigue or one's ability to work, but the presence or absence of depression. Depression is, not surprisingly, much more common in patients with MS than in the general population. Depression is distressing and disabling and affects not just the patient, but also one's family members, work and social life. It also undermines the drive to improve and optimize your health and life. It may make MS symptoms feel worse and less tolerable.

Depression often occurs as a reaction to the diagnosis of MS, to relapses or

Continued on page 5

Depression & Fatigue cont'd

growing disability, or to chronic stress and/or anxiety. It may even be caused by the disease itself. While many people are quite familiar with classic symptoms of depression (ie. sadness, hopelessness, and apathy), sometimes depression is the underlying issue when patients have less obvious features. These include fatigue, sleeping disturbances, difficulty concentrating and impaired memory and cognition. Many patients who struggle with these less classic features do not realize that they are actually depressed. In these circumstances, family members or friends may more easily recognize the patient's depression.

Depression can be successfully managed,

but it requires daily diligence, a multi-faceted approach, and patience. A comprehensive treatment plan typically includes therapy or counseling, an exercise program, optimizing diet and sleeping patterns, and, when necessary, anti-depressant medication. With many choices for anti-depressant medications, almost every patient can eventually find one that is well-tolerated and beneficial. For MS patients who suffer from depression, just as it vital to take MS-specific therapy to prevent worsening of your disease and maintain your health, it is also vital to treat depression to optimize and maintain your quality of life.

WHAT IS AHSCT?

PRESENTED BY DR. ARMISTEAD WILLIAMS

Autologous Hematopoietic Stem Cell Transplantation

Two publications this year brought renewed attention to a 15 year old radical chemotherapy regimen with a confusing and misleading name. The treatment is not a stem cell therapy at all. In the procedure, a person has bone marrow stem cells set aside in a freezer while they receives multiple chemotherapies to annihilate the immune system, and then receives his/her blood forming stem cells back intravenously. These stem cells will not treat the nervous system.

The treatment carries multiple risks including a 1% mortality risk from infection, as well as risks of heart disease (5-10%), autoimmune disease, cancer, and the risks of having permanently altered the immune system. Some people might accept these risks in trade for a "cure." AHSCT has not been shown to cure MS in long term studies. In fact, study after study show that the CSF immune process (oligoclonal bands) persist after AHSCT.

A study from Moscow claimed that only 17 % of patients, many with progressive MS, were worse after 8 years. The larger truth is that the researchers chose to "study" the patients who were stable for the first three years to see if they were stable until year 8. Overall, 45% progressed, many in the first three years.

Dr. Richard Burt from Northwestern reported that over 80% of relapsing remitting MS patients were relapse and progression free four years after AHSCT. Impressive, but only a quarter of patients had tried Tysabri and only a quarter of patients had completed the four year trial. This is a potentially hazardous therapy and there are very important gaps between the headlines and the truth on the ground that are being missed in the MS newspapers and forums.

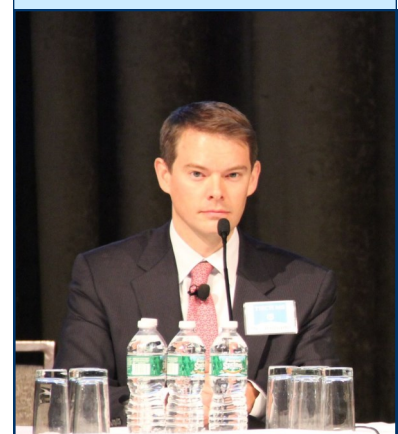
Great claims necessitate the great responsibility to prove them. AHSCT significantly suppresses relapses and MRI changes. It has higher risks than any other therapy available and it leaves a person with a refurbished, not new, immune system for the remainder of their lives. It has not been shown to be a cure for MS nor a treatment for progressive MS. It has not been studied head-to-head with any of our best medications such as Tysabri, Rituxan or Lemtrada and we would generally reserve its use for people who have failed at least two of these three.



Dr. James Stark

At the 2015 symposium, Dr. James Stark reviewed a recently approved medication for MS, called alemtuzumab or Lemtrada. Alemtuzumab is a potent anti-inflammatory drug for patients with aggressive forms of relapsing MS, characterized by frequent relapses and MRI changes, despite having tried multiple other MS medications. A number of safety issues and frequent monitoring will severely limit this drug's use to the most aggressive forms of relapsing MS.

Dr. Sylvester also recently reviewed alemtuzumab on the IMSMP website: <http://imsmp.org/library/lemtrada-alemtuzumab>.



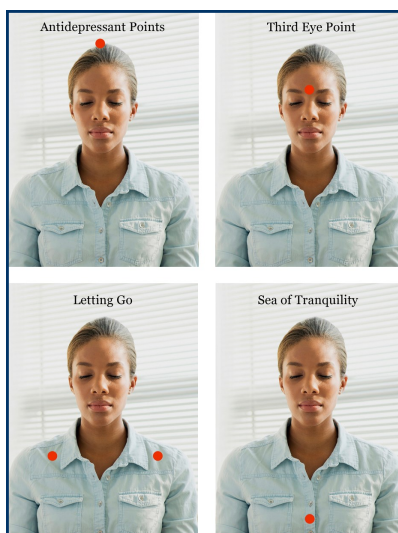
Dr. Armistead Williams

ACUPRESSURE - STRESS RELIEF AT YOUR FINGERTIPS

Dr. Bates taught a mini-coping strategy at this year's symposium using mood-lifting acupressure points.

* The first points are on the top of the head. Find these 3 antidepressant points by feeling for a dip on the curve of your head. Placing your middle finger in the dip, you can find the other two points by placing your index and ring fingers 1 inch in front and 1 inch behind your middle finger. If you have a hard time reaching the top of your own head, it works just as well to have someone else do this for you. Using your fingertips, rub these points in gentle circles for a few minutes to help relieve low mood and improve memory.

* The next point is the 3rd Eye Point. Located directly between your eyebrows, this point is calming and centering. It helps to reduce anxiety and balance emotions. Try closing your eyes while you massage this



point in gentle circles with your fingertip.

* “Letting Go” is the name of the points at the peaks of your lungs. According to Chinese medicine, our lungs are the organs that hold grief, and stimulating these points can help us to let go of grief and

repressed emotions. You can find these points on either side of your chest, just below your collarbone. Hold or massage these points while you take a few deep breaths, allowing yourself to release grief or negative emotions with each breath.

* The last point that Dr. Bates demonstrated is a heart point called the “Sea of Tranquility.” It’s located right in the middle of your breastbone. This point quiets agitation and promotes relaxation. Stimulating it by rubbing gently with your fingertips helps with heartache and sadness.

This mini-coping strategy is free, easy and literally at your fingertips. The reality is that most people struggle with coping at some point while dealing with MS. Different coping strategies work for different people. The IMSMP can help you connect with strategies that resonate with you.



Chris Kaklamanakis with Dr. Deneb Bates and his neurologist, Dr. Andrew Sylvester

IMSMP patient Chris Kaklamanakis participated in a patient profile to talk about his experiences coping with MS. Chris talked about how hard MS hit him when it first started. The first medications he tried did not get the disease under control, and his disability progressed quickly to the point that he needed a wheelchair to get around. Although he may not have taken MS as seriously at first, at some point he realized he needed to use all tools available to help himself get through what had been a devastating time. Chris found the inner strength to work hard and access many resources, even before he found a medication that finally stopped the progression

COURAGE & COPING A PATIENT PROFILE

of his disease. He started physical therapy with Dr. Kanter. He changed his diet dramatically by working with Dr. Bates, and although he doesn't worry about being “perfect” he notices that avoiding gluten and sugar make the biggest differences in how he feels and functions. He stopped smoking after 30 years in order to avoid aggravating MS. Chris acknowledges that motivation has to come from within and that you have to do something every day to get yourself to a better place. He said that living in the moment and not dwelling on worries about the future help him cope. In addition, hope has played a huge role in helping him get through hard times, and while he's very optimistic about the potential of stem cells, he's going to do everything in his power to stay strong and be healthy until they are readily available. Chris feels much healthier and happier now than he did a few years ago. A former union carpenter, he was feeling so much better that he recently got a job working at Home Depot and is looking forward to the possibilities of the future. He also started driving again after 6 years, and is enjoying his new accessible van.

SOCIAL WORK NEWS

Transition in Social Work Department

The department has some new changes to report as Beth DiBiase, LCSW, Director of Social Services, has left the IMSMP as of October 30th. Yadira LaMazza, MSW, who has been a social worker at IMSMP for over 10 years, will be stepping into the role of Supervisor of Social Services. Shelly White, LMSW, who has been with the IMSMP for over five years, will continue on part time as a social worker. The department also hired a new full time social worker who began working in early November. She will be introduced in a future newsletter.

The social work department will continue to provide all of the services that it has built over the years, including assessment and connection to resources, support groups, individual counseling, insurance and entitlements counseling and much more. We are sure that this transition will be smooth and that your social work needs will be met with the utmost of care and attention that you have come to expect.

A NOTE FROM THE NURSES

Flu season is upon us.

Vaccinations may activate the immune system, causing a potential exacerbation in MS symptoms and activity. However, if you are over 65 years old, then it is okay to have the annual flu vaccine. Decisions about the potential risks and benefits of the flu vaccine for patients under 65 should be made with your physician. For patients of all ages, decisions about other vaccines should be discussed with your doctor as well. Please call our office to discuss whether the flu or other vaccines are appropriate for you.

Here are a few tips to help diminish your risk of infection:

- * Wash your hands with soap and water. If soap and water are not available, use an alcohol based hand sanitizer.
- * Avoid close contact with people who are sick.
- * Avoid touching your mouth, nose and eyes to prevent spreading of germs.
- * Disinfect surfaces that may be contaminated with germs.
- * Rest and stay home if you are experiencing flu like symptoms. Contact your doctor to discuss your symptoms and possible treatment.

Attention Patients with Medtronic Pumps

Masterpharm is a compounding pharmacy that we use for intrathecal Medtronic pump medication distribution. Their new policy states that all intrathecal medication must be instilled within three days of compounding. It is very important for patients to adhere to their scheduled refill appointments, as these medications must be discarded after a three day period. We order medications once each patient's appointment is confirmed. This allows ample time for Masterpharm to receive prescriptions and compound the medications for the appropriate delivery date. Due to this new policy, patients will be charged \$500 for any intrathecal medication that is ordered but not instilled within this three day period. Please make sure to call us in advance if you believe there may be a conflict with your scheduled refill appointment!



Goodbye from Beth DiBiase, LCSW

To all of the patients and families that I have gotten to know over the years, I would like to take this opportunity to say a heartfelt goodbye. Thirteen years after founding the social work department, I have made the decision to leave to be with my family full time. While I know that this is the right decision for me, it is a very difficult one because it means saying goodbye to all of you who have touched my life so profoundly over all of these years.

As I have said goodbye to the patients, families and staff, I have been overwhelmed by how many people have thanked me. But I have learned so much from all of you about how to live in adversity, how to go on, and how to maintain meaning in life in the face of struggle. So many of you have shown such grace in how you lead your lives. So, I want to thank you all for this incredible journey that I have been privileged to take with you. It has truly been an honor for me to be with you in your dark times as well as your triumphs.

I will miss the patients, the families and the staff at the IMSMP who have become like family to me and I wish you all the best.

Sincerely,

Beth DiBiase



FROM YOUR IMSMP PHYSICAL THERAPISTS

your MS is stable. Fall risk and balance deconditioning can occur slowly and typically patients only think they should see a fall-prevention specialist like the physical or occupational therapist, once a fall has occurred.

“Near falls” can be defined as losing one’s balance but managing to stay upright, for example by grabbing onto something when losing balance. In many cases, patients cause their own “near falls” by plopping down or twisting when sitting down or reaching for objects in their house to hold onto while walking.

In September, Dr. Kanter traveled to Portland, Oregon to attend the 5th International Symposium on Gait and Balance in Multiple Sclerosis where the focus was specifically on fall detection and prevention for people with MS. Recent research presented at this symposium included some remarkable statistics such as: patients with MS are 2 to 3 times

more likely to fall than age-matched control subjects with over 71% of patients falling at least once in the last 6 months.

So, for those who do not know Dr. Kanter’s definition of a fall, here it is, “If you are on the floor (or lower surface) and you did not choose to be there, that is a fall. Regardless of whether you tripped, slipped, went down nicely, and regardless of whether it hurt or not. If you did not choose to be on the floor, that is a fall.”

Falls are preventable through a good evaluation and implementation of a program that improves movement behaviors, balance and awareness of the environment. For a full fall risk screening and individualized balance and fall prevention training, schedule an appointment today with either Dr. Kanter or Dr. Elizabeth Woods, the Physical Therapists at the IMSMP.

“A FALL IS _____”

What is the definition of a fall? Patients of Dr. Stephen Kanter, the Supervisor of Rehabilitation Services at the IMSMP, should already know the answer. There are actually many definitions of a fall that are used in healthcare and even definitions of “near-falls.” Both are very significant in assessing the health of a person with multiple sclerosis. It is probably the most important reason to see a physical therapist every year; even if you believe or you have been told that

TEAM TISCH MS NYC MARATHON RESULTS ARE IN!

On November 1st, 2015 Team Tisch MS (TTMS) raced to repair MS and participated in the TCS NYC Marathon. Our amazing team of runners, volunteers, sponsors and staff made this experience a truly remarkable one from start to finish. TTMS ran, jogged and walked 26.2 miles and took 46,112 steps in an average of 4:30 hours. The Team has collectively raised \$92,000 and more than doubled their own fundraising goal. An incredible feat by one amazing team! This milestone is the first of many Team Tisch MS will achieve and we would like to thank everyone for your support and encouragement. GO TTMS!!!

Interested in joining Team Tisch MS?
For more information please contact us
at: development@tischms.org.

Runners Completion times:

Christopher Tamashunas: 04:10:13; Whitney Mallis: 04:14:48; Ethan Kent: 04:16:57; Samantha McKillip: 04:20:23; Megan Brennan: 04:28:15; Gregg Reisman: 04:35:42; Melissa Kanter: 04:41:35; Allan Zapanta: 05:00:12



TEAM TISCH MS T-SHIRTS - MORE ORDERED!

Team Tisch MS T-shirts Back by Popular Demand!

Did you miss your chance to receive a TTMS T-shirt at the 2015 Symposium? Due to continuous requests, we have ordered more! All sizes are currently available at the Center or by calling (646) 557-3900. A member of our Development staff will be happy to process your \$100 contribution and send you your t-shirt.

Team Tisch MS tees make a great gift for the holidays and what's better than a gift that gives back and supports the mission of Tisch MSRCNY?

Get your t-shirt today!



Support MS research and get a T-shirt!

TISCH MSRCNY DEVELOPMENT DEPARTMENT NEWS

2015 Future Without MS Gala

On Thursday, October 22nd, Tisch MS Research Center of New York hosted the 2015 Future without MS Gala at The Plaza Hotel. Approximately 300 guests were in attendance to support the Center's mission to find the cause of, and one day, the cure for MS. The evening included cocktails, dinner, musical performances and a live auction which raised over **\$1.8 million** for the Center's research.

The dinner opened with an energetic performance by the Simi Stone Orchestra, an ensemble of musicians who have worked with renowned artists from all over the globe. After a brief introduction, Neil Cavuto, emcee for the evening and SVP, managing editor and anchor for both FOX News Channel and FOX Business Network, kicked-off the program with a few words, followed by Chairman of the Board, David Greenstein, who welcomed guests and acknowledged the critical support given by the Gala Benefit Committee and Tisch MSRCNY's Board of Directors.

George McNeely, led a live auction and paddle raise that reached over \$1 million including a \$500,000 matching gift by a generous anonymous donor. Cavuto later returned to the podium to deliver a heartfelt speech sharing his story, initial experience meeting Dr. Sadiq and what the research at the Center means to those with MS — HOPE! The Simi Stone Orchestra closed out the evening with a rousing final set.

The outstanding generosity of all of the event's contributors inspires the Center's staff to continue our work to find the cause of the disease so that a future without MS may one day be realized.

To learn more about the annual Future Without MS Gala, contact Kimberly Woodward at kwoodward@tischms.org



Neil Cavuto & Dr. Saud A. Sadiq



Noel Foley & Family



**Chairman of the Board,
David Greenstein**



Deven & Monika Parekh with guests

Thank you to our Future without MS Gala Donors!

\$100,000+

David Greenstein
& Hillary Mandel
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INSPIRING EVENTS BY PATIENTS & FRIENDS

May

5/6 - Keller Williams Valley Realty
Comedy Night at The Estate at Florentine Gardens (River Vale, NJ) \$3,000

10/4 - Jane Youdelman's 50 Mile Bike Ride – In Memory of Taran Youdelman (NY State) \$6,350

September

Labor Day Weekend - Lap-A-Thon (NY, NY) \$17,420

10/14 - Melissa Kanter's TTMS Fundraiser at Kettle of Fish (NY, NY) \$900

9/12 - Megan Brennan's TTMS Fundraiser at Mad River Bar & Grille (NY, NY) \$700

10/24 - Lori Michael's Fundraiser at Bean Post Pub (Brooklyn, NY) \$6,300

10/28 - MSquared in benefit of TTMS at Session 73 (NY, NY) \$11,000

October

10/1 - Whitney Mallis' TTMS Fundraiser at Boulton and Watt (NY, NY) \$300

November

11/1 - 2015 TCS New York City Marathon TTMS Runners \$92,000 (total raised)

10/1 - Ethan Kent's TTMS Fundraiser, Bingo Warriors (NY, NY) \$335



L to R: Greg Cartin, Stephanie Abrams Cartin, Dr. James Stark, Dr. Elizabeth Woods and Zamaly Diaz Lebron at the MSquared event in NYC

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