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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

Highlights from the 2014 Tisch MS Patient Symposium

"This was my first symposium. I walked away feeling grateful knowing there is a center with the types of treatments and environment I'm looking for."

- Anonymous response to symposium survey

The 17th annual Tisch MS Research Center Patient Symposium welcomed hundreds of MS patients, their family members and caregivers on Sunday, October 19th, 2014. Upon check-in, attendees were given a program detailing the research being presented and speaker's biographies.

The first session was, "Alternative Approaches," with talks on Naturopathy by Dr. Deneb Bates and Physical Therapy, by Dr. Elizabeth Woods. A major highlight at the event this year was the presentation entitled, "A Caregiver's Approach." For the first time at a symposium, we heard a caregiver's perspective on how MS has affected her marriage and life with husband, Anthony Siriani. Laura Siriani shared touching stories, memories and coping strategies that have helped Anthony and her.

This year also featured a Neurology Roundtable Discussion with three of our MS specialists presenting therapies on the horizon. Our last session of the day included Dr. Violaine Harris discussing preliminary results from our FDA-approved Phase I clinical stem cell trial currently underway. The final presentation at the 2014 symposium was by Dr. Saud A. Sadiq who gave a brief history of the groundbreaking research that has happened in the Tisch MS laboratory followed by what we are discovering today. The IMSMP and Tisch MSRCNY would like to thank all of the attendees who truly made this event a remarkable day. More in-depth reviews of all symposium presentations can be found in this issue!



Beth DiBiase, LCSW with Laura Siriani during "A Caregiver's Approach"



Guests stop to chat during the break at the 2014 MS patient symposium

International Multiple Sclerosis Management Practice

Saud A. Sadiq, MD, FAAN
Director

CLINICAL

Raheela Asifuddin, BS, R.T.
(N)(CT)(MR)(AART)
Deneb Bates, ND
Douglas Cohen, MD
Lisa Dabney, MD
Merry Davidson, RN
Beth DiBiase, LCSW
Joanne Festa, PhD
Mary Gleason, RN, OCN
Dawn Jones, RN
Stephen Kanter, PT, DPT
Mary Klein, RN, CNS
Dorothy Kurdyla, RN, MSN
Yadira LaMazza, MSW
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Samantha McKillip, BSN
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(ARMRIT)
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Elizabeth Woods, PT,
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Sherly Sylvia
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Theresa Waddy
Kimberly Woodward, MS

RESEARCH

Marwan Alahiri, MD
Pak Ho Au, BS
Leslie Blackshear, BA
Danielle Blemur, BA
Michael Boatwright

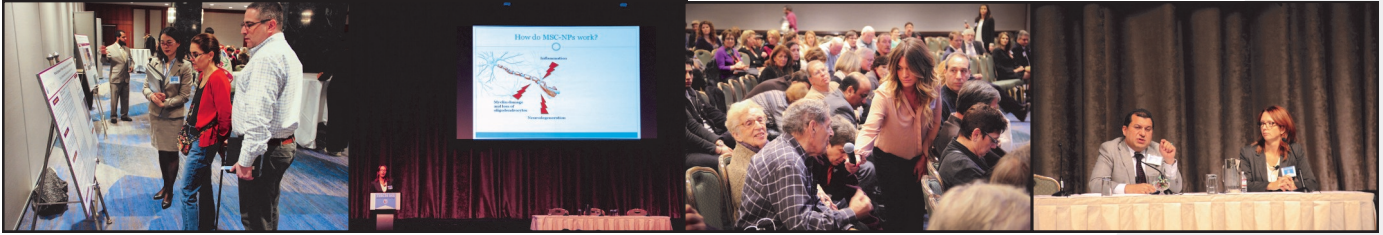
Sydney Chirls, BA
Massimiliano
Cristofanilli, PhD
Daniel E. Gratch, BA
Violaine Harris, PhD
Mark Landy, BS
Ruth-Anne Langan, BA
Jerry Lin, BS
Xinhe Liu, MEd
Ying Liu, PhD
Kelsey McDermott, BA
Fozia Mir, PhD
Jaclyn Murphy, MS
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Research Review from Symposium 2014



The Tisch MSRCNY FDA-approved Phase I clinical stem cell trial is one of only two stem cell trials in the USA for MS. Dr. Violaine Harris explained that the experimental treatment is a regenerative strategy for MS involving mesenchymal stem cell-neural progenitors (MSC-NPs) taken from the patient's own bone marrow. The bone marrow cells are grown in the laboratory into a brain-like stem cell and then injected into the patient's cerebrospinal fluid (CSF). Dr. Harris showed some of the experimental evidence supporting the regenerative properties of these cells. Four patients enrolled in the study have now received treatments with no side effects.

In addition, Dr. Harris described the safety results from a pilot study that involved 6 MS patients that received a variation of this treatment, and have been followed now for up to 9 years with no side effects. A subset of the 6 patients also showed some neurological improvement, which was considered encouraging anecdotal evidence that the treatment may be beneficial for disabled patients with MS.

In Dr. Sadiq's presentation, he first described the advantages of Tisch MSRCNY as a Center, which include its greater flexibility in research compared to traditional academic institutions. The Center holds a fortunate position in its ability to seamlessly

make use of the IMSMP in a way that is mutually beneficial for research and clinical care.

Dr. Sadiq then addressed the research carried out in the laboratory at Tisch MSRCNY. He feels strongly that the Center is close to finding the cause of MS. He highlighted in particular the work of Jerry Lin and his team, who have been meticulously testing potential molecular triggers for numerous years. Dr. Sadiq is both optimistic and persistent about this process and the Center's proximity to a breakthrough.

Dr. Sadiq spoke with excitement about the multiple biomarkers being studied in the lab, including fetuin-A and markers of oxidative stress. These markers serve as indicators of disease activity and treatment response. The biomarkers of interest to Dr. Harris and Dr. Fozia Mir were studied in mice and can now be measured in patients at our center in a manner that informs both research and clinical care. Dr. Sadiq also discussed the groundbreaking work of Dr. Massimiliano Cristofanilli's model of progressive MS featured on the cover of your last issue of *Healing MS*. Though visibly pleased by the work and progress of Tisch MSRCNY, Dr. Sadiq remains relentless and hopeful in his pursuit of bringing about change for MS with research.

New Lab Personnel Clinical Research

Tisch MS Research Center of New York is delighted to welcome a new Laboratory Manager and a new Research Assistant.



Jaclyn Murphy recently graduated from Tufts University with her M.S. in Biomedical Sciences. She previously completed a B.S. in Biology from George Washington University. She began working as Lab Manager at Tisch MSRCNY in November.

Bianca Ulloa recently graduated from Williams College with a B.A. in Chemistry. She began working as a Research Assistant under Dr. Ying Liu this August.

Clinical research studies currently underway:

A multicenter, retrospective, observational study evaluating real-world clinical outcomes in relapsing-remitting multiple sclerosis patients who transition from Tysabri® (natalizumab) to Tecfidera® (dimethyl fumarate):

This study hopes to establish the optimal length of the washout period between stopping Tysabri and starting Tecfidera - a switch found in routine clinical practice since the release of Tecfidera in March 2013. Research will be conducted through a confidential chart review of existing clinical records of eligible RRMS patients.

Long Term Use of Intrathecal Methotrexate in Progressive Multiple Sclerosis: Intrathecal Methotrexate (ITMTX) is of particular interest at our Center as it was discovered at Tisch MSRCNY and is one of the few treatments shown to have an effect in patients with progressive forms of MS. This project

focuses on patients who have received treatments of ITMTX for at least three years and will elucidate the safety and effectiveness of these treatments. Participants will complete a questionnaire indicating their medication satisfaction and the perceived efficacy of ITMTX.

Characterizing Benign Multiple Sclerosis: This retrospective chart review examines existing patients of the IMSMP seen for over 10 years to determine the prevalence and characteristics of benign MS (BMS). For the purposes of this study, BMS is an MS subtype in which 10 years have passed since the onset of MS symptoms without significant disease progression or relapse, in patients who are either untreated or have been treated with monotherapy.

If you are interested in any of our clinical research studies, please contact our Clinical Research Assistants Leslie Blackshear and/or Sydney Chirls at (646) 557-3852 and (646) 557-3860 respectively.



An Important Announcement from Healing MS



E-Newsletters are Coming!

In an effort to support a greener environment and save money on the expense of printing and postage of more than 3,000 copies of the IMSMP newsletter, Healing MS will now be an e-newsletter.

All future issues will be sent via e-mail.

We hope you agree, the money saved will be better spent in our efforts to discover the cause of and cure for MS.

If you do not use e-mail or would like to continue receiving a printed version in the mail, please call: (646) 557-3919.
Printed copies will continue to be available at the Center.

Thank you!

More Symposium 2014 Reviews

Neurology Roundtable Discussion

IMSMP MS specialists, Drs. Stark, Sylvester and Williams reviewed three new MS therapies in the pipeline. Siponimod is an oral medication in development that is in the same class of drugs as Fingolimod, but may have fewer associated adverse events. Ocrelizumab is very similar to Rituximab, but will be much easier to obtain approval for from insurance companies once it is indicated as an MS drug and FDA-approved. Daclizumab is a once a month injection for the treatment of MS and may be approved next year. For more information about these potential new treatments, speak to your neurologist at your next office visit.



**Dr. Elizabeth Woods leads symposium attendees
in a core strengthening exercise**

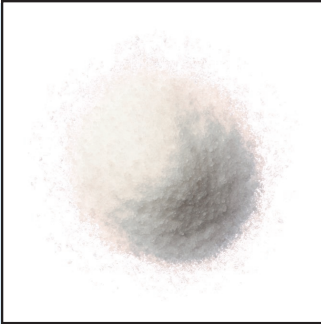
Getting Down to THE CORE of the Matter

"The Core" encompasses all of the muscles located in and around the torso and is referred to as our powerhouse because all movement is generated there. The balance between the strength and flexibility of these muscles is what allows us to have good posture and efficient movement. With a strong core and flexible muscles, activities like getting out of bed, rising up from a chair, walking, climbing stairs and even breathing can be made tremendously easier. Our core muscles are working constantly against gravity to hold us up in space, so attention to these muscles can also help us have better balance. Achieving and maintaining a neutral spine for good posture and better balance can be most effective with a strong core or proper seating system, along with plenty of education from your physical therapist or health care

professional. Challenge those around you to regularly remind you to "sit up straight!" Poor posture can lead to multiple detriments including aches and pains, impingements, limited joint and overall movement, decreased lung capacity, impaired balance reactions, and insufficient use of extremities; therefore it should be avoided at all costs. Knowing where to start to correct your posture, however, can be the biggest challenge. Often, attention should first be brought to the pelvis and activating your deep core muscle that provides stability to your lumbar spine, called the transverse abdominis. Working with a professional in the areas of physical therapy, personal training, pilates, yoga and tai chi are all great ways of learning to activate your core and improving your strength, flexibility, posture and movement.

Salt, Pepper, Sugar

The Science Behind Their Impact on Multiple Sclerosis



A Review of the 2014 Symposium Presentation by IMSMP Naturopathic Doctor, Dr. Deneb Bates

SALT:

The conversation about the impact of salt on MS started with a paper published in the journal *Nature* in 2013 entitled "Sodium chloride drives autoimmune disease by the induction of pathogenic Th17 cells." This study showed that in the animal model of MS, called experimental autoimmune encephalomyelitis (EAE), sodium increased the production of harmful Th17 immune cells, and disease scores increased in animals fed a high sodium diet. In August of 2014, another paper was published on this topic, "Sodium intake is associated with increased disease activity in Multiple Sclerosis," this time looking at sodium intake in humans with MS. This study showed that the people with Relapsing Remitting MS, who consumed the lowest sodium diets, had fewer relapses and less evidence of disease activity on MRI, about 1/3 of what the high sodium group experienced. The lowest sodium group consumed less than 2 grams (2,000 mg) of sodium per day. The Center for Disease Control considers the recommended daily intake for sodium to be 1.5 grams per day. The tolerable upper intake for sodium is 2.3 grams per day, meaning that sodium consumption above this amount may not be safe for humans. Dr. Bates recommends that people with MS try to follow the CDC's guidelines for sodium consumption, as the amount considered healthy for humans is the same as the low-sodium group in the MS study. However, this amount is FAR lower than what the average American eats, so it may take some effort. 75% of the sodium in our diets comes from processed foods, so this is NOT just about the salt shaker, it is about a different way of eating, and about lifestyle choices that include more fresh fruits and vegetables (naturally low sodium foods) and less packaged and processed foods.

PEPPER:

In the process of testing different phytonutrients (medicinal plant molecules) on EAE, researchers at the Tisch MSRCNY discovered that piperine, from black pepper, strongly reduced disease scores. We believe the beneficial effect of piperine on EAE is through piperine's activation of a regulatory factor called the Aryl Hydrocarbon Receptor (AHR). This is important because the Aryl Hydrocarbon Receptor helps to control differentiation of T-cells in the immune system, which can affect the immune response. Pepper is only one example of an immunomodulatory food. Other AHR stimulating molecules that have shown benefit in the animal model of MS include curcumin from turmeric, quercetin found in apples, onions and tea, luteolin which is in celery seed, rosemary and sage, and diindolylmethane (DIM) and Indole-3-carbinol which are found in the cruciferous vegetable family (foods like broccoli, kale, cauliflower and cabbage). This is exciting progress in understanding the impact of diet on the immune response, and more research is needed to determine the impact that these food choices have upon people with MS.

There is no one-size-fits-all approach for diet and MS. People with a perfect diet can still get sick, and plenty of people eat too much sugar and salt and never go on to develop a chronic disease. Not every piece of advice is most important for every person with MS, just like not every drug is a perfect fit. The best strategy is to individualize the approach for you, depending on your personal situation and health, to help you to do your best.

SUGAR:

Sugar has been linked to neurodegeneration by increasing oxidative stress and inflammation in the Central Nervous System (CNS). Dr. Fozia Mir from the Tisch MS Research Center recently published a paper "CSF isoprostane levels are a biomarker for oxidative stress in MS" on her work showing that people with MS, especially those with progressive disease, have evidence of increased levels of oxidative stress in their CNS. Sugar contributes to oxidative stress through several different pathways. In the CNS, one especially important pathway is through Advanced Glycation End-Products (AGEs) and the Receptor for Advanced Glycation End-Products (RAGE). AGEs are formed when sugars react with proteins and other molecules. When AGEs bind with RAGE, this leads to high levels of oxidative stress. "AGE-RAGE in Multiple Sclerosis Brain" by Sternberg, Ostrow, Vaughan, Chichelli and Munchauer is a study that identified high levels of AGE and RAGE in the brains of people with MS, particularly in and surrounding MS lesions. Dr. Bates' recommendations for sugar intake include early evaluation and management for blood sugar issues, like diabetes, pre-diabetes, and metabolic syndrome, as these increase the risk of inflammation and oxidative stress in the body. General advice for everyone is to follow the World Health Organization's recommendation for sugar intake, which is to eat less than 25 grams of sugar per day. At the Tisch MS Research Center, we are measuring markers for AGE and RAGE to be able to personalize treatments and find the right individual strategies to reduce oxidative stress in the CNS.



A Note from the Nurses:

Here are some helpful tips from our nursing team:

Please alert the nursing team if you have been put on a blood thinner by another physician. This information is very important for us to know if you are scheduled for an upcoming procedure at our center. Blood thinners, such as Coumadin, aspirin, Xarelto, Heparin and Lovenox, can be very important in preventing blood clots from forming and reducing the risk of heart attack and stroke. However, these drugs can increase the risk of bleeding and therefore should be discontinued before any scheduled procedure. Always check with the physician who prescribed your blood thinner before discontinuing.

Many patients called us in the fall to ask about whether or not the flu vaccine is a smart choice for them. Here are some helpful facts about vaccinations: Vaccines are designed to stimulate the immune system. Vaccines can contain either an activated germ, weakened form of the germ or inactivated germ.

When introduced to the body, the harmless germ stimulates the immune system, which then produces antibodies that will effectively attack or kill an intruding germ if exposed to it in the



future. Since vaccines produce an immune response, which can potentially cause MS activity, our general advice is to steer clear of vaccinations unless you have a definite indication for one. Clear indications for the flu vaccine are as follows: a person over the age of 65, a person with a significant disability, respiratory or cardiovascular disease, or a person living or working in a medical facility, among others.

In addition, our physicians encourage patients not to get multiple vaccinations at the same time. If you would like to know if getting a vaccination is a safe choice for you, please call the nursing line at (212) 265-8070 so we can discuss this with your physician.

Since flu season is upon us, here are some easy and helpful hints to help decrease your risk:

- ◆ Washing your hands is the most effective ways to protect yourself from germs.
- ◆ Avoid close contact with those who are sick.
- ◆ Avoid touching your mouth, nose or eyes.
- ◆ Practice good health habits such as making sure to eat a well balanced diet, staying hydrated, decreasing stress and getting enough sleep.

When preparing for your upcoming office visit, it is very helpful to write down specific questions that you would like to address with your physician. It is also helpful to come with an updated medication list so we have the most up-to-date, accurate information for our records. This will help your physician better address your concerns and improve overall efficiency and care.

The nursing team is here to make your lives easier, so please let us know how we can help!

It's a Boy!

The Center would like to congratulate employee Brooke Racho on the birth of her baby boy, Nicholas, who was born on October 15th, 2014 weighing 8 pounds, 9 ounces!

From the Front Desk

We've received feedback from some of our patients, that their insurance was changed to a different plan under the Affordable Care Act without their knowledge. Please bear in mind that it is the patient's responsibility to verify your coverage prior to IMSMP conducting any sort of medical testing (e.g. blood work, urinalysis). IMSMP cannot be held responsible for charges from a commercial lab such as Quest Diagnostics or LabCorp.

IMSMP of course does not want any of our patients to incur avoidable medical costs. As such, we kindly ask that you check with your insurance provider to confirm your coverage. If the test is covered, IMSMP will gladly take the specimen and bring it to the lab on behalf of our patients, however, if it is not, then we are unable to do so.

Social Work News

Financial Check Up

As 2014 draws to a close, give yourself a financial check-up so that you can start the new year on the best fiscal footing for your MS. The following tips can help people with MS make some prudent financial moves now to ensure that their future is as comfortable as possible:

Health Insurance – Make a new year's resolution to look at your health insurance options and find out whether you can save any money by choosing a different plan with lower premiums, deductibles or out of pocket maximums. If you need help from the social work department to evaluate your options, be sure to call long before you have to make a decision, as our expert counseling requires us to study your options carefully and thoroughly.

Long Term Care (LTC) Insurance –

As Americans live longer, more people will require some type of care as they age, be it at home, or in assisted living or other residential care facilities. Long term care insurance pays a majority of the bills for this type of care, but premiums can be expensive. People with a preexisting condition like MS are unlikely to be approved for a policy unless they elect LTC as part of their benefits package through their employers. If your employer offers LTC insurance, take it!

Social Security Disability – If your MS prevents you from working, apply for Social Security Disability (SSD) benefits. You paid into the system while you were working, but can only get your disability payments if you apply within five years of the last day you worked. Call the social work department with any questions.

Medicaid Planning – If it is medically necessary that you have an aide to help you at home, consider applying for Medicaid. In New York State, people above the poverty line can qualify for this insurance that pays for home care, medical transportation, medications and other benefits. New York gives this benefit to people above the poverty line to ensure that they do not use their savings on home care. The social work department can refer you to legal assistance or a Medicaid planner who can help you apply.

Financial Planner – Schedule a meeting with a financial planner if you have never done so. This is a smart move for anyone, but especially for people with MS who should consider the cost of medical care in their future.

Support Groups

Guests at our annual symposium were treated to a talk by Laura Siriani. One of Laura's keys for coping is finding support.

Laura is a member of our Spouses'/Partners' Support Group which meets at the IMSMP twice per month. People who attend support groups echo Laura's statement that simply being with people who understand what you are going through is therapeutic. Hearing Laura, you may have been surprised to learn that our groups involve as much laughter as they do sharing of challenges.

The following groups are available at the center to our patients or their partners:

- Women's Coping Group (weekly, for women who have mobility impairment)
- Women's Networking Group (monthly, for newly diagnosed and without mobility impairment)
- Men's Group (meets twice per month for men with mobility impairment)
- Spouses'/Partners' Group (meets twice per month)

Our groups are comprised of people who have been selected by our social workers, so you can be assured that the other group members will be like you in many ways. If you are interested in joining a group, please call the social work department at (212) 265-8070.

Rehabilitation News

Physical Therapy Services:

Maximize Benefits/Minimize Injury

For patients who are not able to easily stand, including those who may temporarily be affected by an exacerbation of their multiple sclerosis, getting in and out of bed may be a monumental task. Getting on and off a toilet, in and out of the shower, or even just moving in bed can be an issue for patients with MS and their caregivers.

In September, Dr. Stephen Kanter, the Supervisor of Rehabilitation Services at the IMSMP attended the 5th Annual Healthcare Ergonomic Conference in Portland, Oregon. Dr. Kanter had the opportunity to meet healthcare professionals, researchers, engineers, and medical equipment companies from around the world who have one goal in common, minimizing injury when someone needs help moving (often referred to as 'Patient Handling'). The theme presented by the experts at this conference was that manual lifting should not be considered a first choice for transferring when other methods are possible.

The risk to caregivers is significant both physically and emotionally. There is more equipment than ever to help improve safety and efficiency in moving patients in bed or from one sitting surface to another. Although many are not covered through insurance,

understanding the options for safe "patient handling" is essential for all people who cannot stand at will for at least 10 seconds. When there is a time limit to standing, transferring has a potential to be rushed and unnerving, which can lead to falls. These falls are preventable by knowing more than one strategy for transfers. Dr. Kanter and Dr. Woods are available to provide skilled instruction to your family and you to review transfer strategies and options regarding equipment, or home modifications that can improve the safety for all.

Important information for patients who will need any durable medical equipment (DME) including new wheelchair or scooter in 2015

For any patient who will need equipment such as walkers, scooters, wheelchairs, hoist lifts and/or hospital beds, it is essential that this need be discussed with your physician during your office visit and procedure visits. Insurance companies are now demanding that there be information documented by your physician during standard office visits. With that in mind, included on your list of questions for your doctor, you should be sure to inform your physician of the equipment you need and why you need it.

[Rehabilitation News continued next page](#)

Rehabilitation News cont'd

In some cases, it may be recommended that you see an IMSMP physical therapist in order to expedite the process of getting the correct equipment. Unfortunately, a letter of medical necessity or a prescription from your physician is usually not enough for insurance companies to approve medical equipment. This is especially true with Medicare beneficiaries. As always, it is recommended that you find out from your insurance company the vendors who are "in-network" to provide DME. The vendor should be able to provide you with information on the process to get DME. If you have any additional questions about the process, feel free to contact Dr. Kanter or Dr. Woods.

Planning your Physical Wellness Program for 2015

While rehabilitation services (e.g. physical therapy, occupational therapy, and speech language pathology) are thought to be for true rehabilitation, patients with MS must consider the "PRE-habilitation" component. Pre-habilitation is the process of preventing injury or worsening of a condition. Pre-habilitation for people with MS is essential when managing many of the symptoms related to MS.

Pre-habilitation can be done by a licensed rehabilitation professional and/or a qualified wellness professional whom you feel comfortable working with. The key is to identify your functional goals and to determine the main obstacles in reaching them. Seeing a physical therapist at the IMSMP at least once per year can provide you with the opportunity to develop a true plan. Patients who are Medicare beneficiaries should again, be cognizant of the therapy cap. Although the rules related to this cap have recently been clarified, the cap still exists and all Medicare beneficiaries (not only people with MS) need to understand that overutilization of physical therapy services at the start of the year could truly limit availability of them towards the end of the year.

A successful physical wellness program includes a combination of skilled therapy services, supplemental physical wellness activities (e.g. exercise classes, recreational activities, going to the gym) and, most importantly, a daily home regimen that includes focused stretches and exercises that are customized to your needs. While most people resolve to start a new year with the best intentions, the key to success in physical wellness is keeping a consistent program that is doable and continuously updating your goals to maximize your full physical potential.

The Greatest Gift

An Article by Robin Crickmore

In ancient times dogs were used in heroic ways to serve man in wartime. This practice continues today recognizing dogs' capacity for stillness, bravery, intelligence and endurance. The visually impaired began using dogs in the 18th century. Service dogs for the disabled did not become generally accepted until the 1970's. It is estimated that now over 20,000 individuals in the United States have service dogs.

In 1990 the Americans with Disabilities Act (ADA) was passed and the disabled population was given the greatest gift: the legal right to be accompanied by a service animal. In 2011 this right was amended and limited only to dogs of any type who have received a couple of hours training to perform a few tasks to help their owners with their specific disability. The amended law failed to require visible ID of the service dog, or set universal standards and accountability. Abuse of the law in order to take a person's pet dog onto an airplane or into a restaurant mocks and degrades the whole system. In people's minds this questions the fairness of allowing public access for what appear to be pet animals. It puts the dog in jeopardy for unethical and inadequate training. It angers the public when the dogs are disruptive and it demeans the law. There are now thousands of legal, but ineffective and ill-trained and inappropriate "service animals."

Assistance Dogs International (ADI), a coalition of not-for-profit organizations, was formed to develop and establish minimum standards and ethics. All members of the ADI around the world must abide by these standards. Breeds and temperaments that make good service dogs include Labradors and Golden Retrievers among others. A service dog needs to be of reasonable size to be able to perform many of the functions such as helping a person to get up after a fall, fetching a cane or providing balance when walking. A good service dog is people oriented, can sit quietly through an examination and always well behaved and not disruptive. Service dogs cannot



**Robin Crickmore pictured above
with Dirk on his graduation day**

be aggressive or protective, but rather vigilant to respond to the needs of their human partner. After a puppy's socialization, the ADI recommends that each dog has 1 to 2 hours training daily for at least six months before it is paired with its partner. Nearly all of the established leadership involved in breeding, training and pairing service dogs with their partners, recognize the critical need for legislation to establish universal standards. Such an action would help stop the abuses of the system and fulfill the promise of the gift of the legalized service dog partner for the disabled.

Service dogs are magnificent creatures with abilities far beyond your or my imaginations. What they are not are pets, playmates and accessories. They are partners to make life for the disabled more accessible and that much easier to live. I know, I have been blessed with an amazing partner for nine years.

****Please note:**

The IMSMP honors your rights under the ADA to bring a trained service animal with you to the Center. Animals that are brought to the Center as pets, not in service and those that are disruptive to patient care or endanger patients or staff will be asked to remain at home.

Tisch MSRCNY Development Department News

The 2014 Future without MS Gala: Another Successful Fundraiser for MS Research



Chairman Emeritus Lee Seidler receives the 2014 Future without MS award from Dr. Saud A. Sadiq



Left to Right: Rob Rawdin, Rick McKnight, Diane Mellen, Board Member Sharyl Reisman, Neil Mellen, and Board Chairman David Greenstein



Special guests Richard Cohen and Meredith Vieira

On Wednesday, October 29th, the Tisch MS Research Center of New York hosted its biggest fundraiser with more than 400 guests at The Pierre for the 2014 Future without MS Gala. The evening included cocktails, dinner, musical performances, an award ceremony, special appearances by Meredith Vieira and Richard Cohen, and a live auction. A total of **\$2.3 million** was raised at the event that was chaired by Dr. Saud A. Sadiq for the Center's mission.

The dinner opened with an uplifting electric cello performance of the "Jack Sparrow Solo" from the film *Pirates of the Caribbean* by Swiss composer and world renowned musician Martin Tillman. Chairman of the Board, David Greenstein, acknowledged the critical support given by the Gala Benefit Committee and Tisch MSRCNY's Board of Directors. He highlighted some of the Center's accomplishments in 2014 that were made possible by the Center's generous community of donors, including the start of the FDA-approved Phase I stem cell clinical trial.

Lee J. Seidler, Chairman Emeritus and Chairman of the Board from 2005-2013, was presented with the 2014 Future without MS award to recognize his dedication and many years of service. The conference room will also be named in his honor. Dr. Sadiq then introduced the event's special guests, Meredith Vieira and Richard Cohen, who each gave passionate and thoughtful speeches about their strong ties to the Center and the sense of hope that they have experienced from our patient-driven research.

Lydia Fenet of Christie's executed a live auction that raised just over \$1.2 million including a \$500,000 matching gift by a generous anonymous donor. After dinner, Martin Tillman returned to the stage with his band to perform selections from his new project "SUPERHUMAN."

The outstanding generosity of all the event's contributors inspires the Center's research staff to continue their work to find the cause of the disease so that a future without MS is realized.

A Special Thanks to our 2014 Future without MS Gala Supporters

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Tisch MSRCNY Development Department News cont'd

Patient Event Highlights

Thank you and congratulations to our patients, their family members and friends who create ingenious ways to raise money for the Center and work so hard to make them successful.



Joey Renda (2nd from right) surrounded by his friends who won the poker tournament (from left: Mike Barszcz, Pat Ward and Dan Cronin)



Stephanie Abrams (center) with her Socialfly team at the MSquared event

♦ **Friends of Joey Renda: Cards for a Cure**

We are grateful to Joey Renda and his family and friends for organizing another *Cards for a Cure Texas Hold'em* fundraiser that took place at the American Legion in Whitehouse Station, NJ on October 11th. This was the third annual event and the most successful one yet, raising an amazing \$40,000 for the Center. IMSMP Neurologist Dr. Andrew Sylvester and Tisch MSRCNY Principal Investigator Dr. Massimiliano Cristofanilli participated in the event along with people who came from all over the country and Canada to support Joey and the Center.

♦ **Timmer's Way Music Festival**

Patient Christian Wood and members of his family held a fundraiser honoring a deceased family member, Timmer, on September 13th at O'Neill's Irish Pub and Restaurant in South Norwalk, CT. Despite the rainy weather, it was a rousing evening of entertainment and drew over 200 people. Guests enjoyed music by Stonemans Calvary, the Zuni Mountain Boys, and Sweet Beaver Soul Band, participated in a cornhole tournament, enjoyed pizza by The Pizza Truck Co. and walked away with fabulous raffle prizes. The event raised \$12,000 for Tisch MSRCNY.

♦ **Socialfly presents MSquared: Music Against MS**

Stephanie Abrams, a patient at the Center and producer Marni Blake Rothman hosted a night of dancing, laughter and fundraising for MS on Wednesday, October 15th at Session 73 in Manhattan. It was their most successful event to date, with approximately \$5,000 of the proceeds going to the Tisch MS Research Center.

♦ **Afternoon Tea Fundraiser in honor of Mary Beth Schifano**

An afternoon tea fundraiser was organized and hosted by the employer of patient Mary Beth Schifano on Sunday, July 27th at the Kraeer Funeral Home in Margate, FL. It raised a total of \$2,300 for the Center.

Save the Date for these 2015 Patient Fundraisers

Wednesday, March 18th, 2015:
Multiple Laughs for Multiple Sclerosis,
Gotham Comedy Club, New York, NY

Monday, June 15th, 2015:
The Second Annual Take a Swing at MS Golf
Outing, Crystal Springs Resort, Hamburg, NJ

**For more information, contact Sophie Deprez,
Director of Development at (646) 557-3861 or
sdeprez@tischms.org**

**If you have an event idea or would like more
information about how you can help raise
money for research, please contact the
Development Department at (646) 557-3863
or via e-mail at development@tischms.org.**

**Consider making a year end gift to Tisch MSRCNY!
Your tax-deductible contribution makes a difference in the lives
of MS patients, helping to advance our research,
develop effective therapies and take steps
toward finding the cause of and cure for MS.**

Give Online safely and securely at www.tischms.org.

By Check or Money Order made payable to Tisch MSRCNY. Please send to:
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Employee Matching Gifts Double or triple the impact of your contribution by
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resources department can generally provide this information.

Planned Gifts Play an important role in sustaining Tisch MSRCNY by planning
ahead. Planned gifts enable charitable donations at a level you might not have
thought possible.

Welcome, Amanda Oppenheimer



Amanda Oppenheimer

Tisch MSRCNY is excited to welcome Amanda Oppenheimer, CPA who joined our staff in November as our new Controller. Amanda graduated from the University of Arizona and has several years of auditing experience, most recently working for Weisermazars, LLP.

Amanda will work closely with the Board of Directors and Dr. Sadiq to ensure proper financial controls continue to be in place as we continue our mission to find the cause of and a cure for multiple sclerosis.

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