



When you donate to the MS Society, how is your money used?

You should know...

We abide by the highest standards available in Canada, adhering to the Association of Professional Fundraisers Code of Ethical Principles. The MS Society also passes, with no issue, routine audits by the Canada Revenue Agency (CRA) who oversee the charitable sector in this country.

You should know...

An independent Canadian accounting firm, Pricewaterhouse Coopers, audits the MS Society's finances annually. Our complete audited financial statements are available to our supporters and to the public upon request by calling 1-866-922-6065. An abridged version is available in our annual report. (www.mssociety.ca/en/community/mssc/annualreport.htm)

You should know...

The MS Society is highly efficient by necessity as we receive virtually no government funding. We raise 96% of our revenue independently through personal and corporate donations. As such, we are careful stewards of all donations.

You should know...

Regardless of how much money is raised, proceeds are divided equally between MS research and MS programs and services. (Note: in any given year, the split may not always be exactly 50/50.)

You should know...

Each year, all proceeds allocated for MS research across Canada are peer-reviewed by a team of neurologists and researchers at the MS Society of Canada. The criteria for research funding is described below.

You should know...

All money raised in Canada stays in Canada. Proceeds raised for programs and services stays in the province of origin. Proceeds raised for research are pooled and awarded to the most promising research projects in Canada. Alberta research projects in 2006 are listed below.

You should know...

The MS Society of Canada does not use professional third-party organizations to run its events. All events are run by staff and volunteers.

How our funds are raised

- 85% Donations & special events
- 8% Grants
- 4% United Way
- 3% Investment income and membership

How our funds are spent (net of direct fundraising expenses)

- 34% Research & clinics
- 33% Client services
- 11% Administration
- 8% Public education
- 6% Chapter development
- 5% Indirect fundraising
- 3% Government relations

Research Overview – 2008



The Alberta Perspective

Albertans who walked, biked and donated in 2008 helped us raise \$1.4 million more than last year. Due to their generosity and hard work, we were able to add an additional \$1.1 million to MS research. This brought Alberta's total contribution to MS research in 2007-2008 to a substantial \$4.1 million. We can proudly report that Albertans give more to MS on a per capita basis than any other Division in the country. Moreover, we also contribute more to research than any other Division at the lowest cost of raising a dollar.

Alberta-based MS Research Projects – new and ongoing



Ross Mitchell, PhD
University of Calgary
(April 1, 2006 – March 31, 2009)

During previous funding periods by the MS Society, Dr. Mitchell made considerable progress in the area of medical imaging. In 2003, he introduced a new type of analysis to the medical imaging community, resulting in numerous high profile publications. In the current project, Dr. Mitchell builds a unique component into his new

analysis; namely, the ability to measure the ‘texture’ of MRI images in people with MS. Using texture analysis, Dr. Mitchell is analyzing MRI exams from normal volunteers to develop markers of myelin health throughout the normal brain. These markers can then be used as a benchmark to gauge how new treatments affect the brain of people with MS. Dr. Mitchell’s MRI texture analysis tool should improve the power and efficiency of clinical trials evaluating new MS therapies.



Christopher Power, MD
University of Alberta
(April 1, 2006 –March 31, 2009)

Five to ten percent of the human genome is made up of viruses called ‘retroviruses.’ These viruses have been incorporated into the human genome over millions of years of evolution. Dr. Power has found that a group of unique retroviruses are made in the brains of some people with MS. This gene contributes to the activation of the immune system and damage to myelin in cell cultures and in animal models. The long-term goal of this project is to identify the contribution that such retroviruses might make to the progression of MS. Dr. Power has also developed a new retrovirus-containing mouse which he can use to study myelin damage and the effects of MS therapies. Taken together, this research should address the growing question of the role of viruses in MS, and also provide new therapeutic opportunities for its treatment.



V. Wee Yong, PhD
University of Calgary
(April 1, 2007 – March 31, 2010)

An important objective of MS treatment is to develop therapies that will enhance innate repair mechanisms and induce remyelination. Dr. Yong and colleagues postulate that the microenvironment of MS lesions contains molecules that impede the process of repair. Dr. Yong will explore whether the use of certain proteins will remove these molecules and allow the natural repair process to occur. This research will advance the understanding of the process of myelin repair and may lead to novel medications that will enhance remyelination in MS.

Fabrizio Giuliani, MD
University of Alberta
(April 1, 08 to March 31, 10)

Recently, it has become evident that MS results in injury to neurons and axons, and not just the myelin sheath that coats and protects the neurons. The cause of this injury and tissue loss is uncertain but inflammation likely plays a role. Dr. Giuliani has discovered in laboratory experiments that inflammatory cells such as T lymphocytes are able to destroy human neurons. His research seeks to fully establish the role of inflammation in nerve injury in MS and ultimately prevent the neurodegenerative process.



**Dr. Luanne Metz,
University of Calgary**

Multiple sclerosis is a serious and costly disease but current therapies are only partially effective, are only moderately tolerable, require frequent injections, and are very expensive. Evidence suggests that treating MS very early, even after the first symptom when the diagnosis cannot yet be confirmed, may be the best way to prevent brain injury and resulting disability. Current therapies started at this time can only modestly delay a second relapse. Minocycline is an inexpensive, well-tolerated, oral antibiotic that is often used to treat chronic acne. Previous research

by Dr Metz and her team has demonstrated that minocycline delays disease onset and reduces disease severity in an animal model of multiple sclerosis. This study will seek to determine if minocycline is more effective than placebo in reducing the risk of developing clinically-definite MS in people with a first attack of demyelination. During the two-year study period, people who develop MS will be permitted to add an approved disease-modifying therapy and will continue in this study. Evidence that minocycline delays the onset of MS would provide patients with an inexpensive, safe, oral treatment option.

Alberta Post Doctoral Awards

Recipient	Supervisor	Institution
Smriti Agrawal , PhD	Dr. Wee Yong	University of Calgary
Axinia Doring, PhD	Dr. Wee Yong	University of Calgary
Scott Sloka, MD	Drs. Wee Yong and Luanne Metz	University of Calgary

Alberta Research Studentships

Recipient	Supervisor	Institution
Rowena Cua, PhD	Dr. Wee Yong	University of Calgary
Jennifer Hahn, PhD	Dr. Frank Jirik	University of Calgary
Allison Kraus, PhD	Dr. Marek Michalak	University of Alberta
Lorraine Lau, PhD	Dr. Wee Yong	University of Calgary

How MS Research is funded by the MS Society of Canada

The Multiple Sclerosis Society of Canada funds a large and respected MS research program that totals between \$6 and \$7 million annually.

The key principles guiding the MS Society research program are: **excellence** and **relevance to MS**. The MS Society will support **only the best** research projects and the best young scientists.

The research projects must also have **direct relevance to MS**. If a project is excellent, but has nothing to do with multiple sclerosis, it will not be funded.

On October 1 of each year, nearly 100 applications for research grants, career development awards, fellowships and studentships arrive at the MS Society. Over the next few months, each application is assigned several scientific reviewers and the rigorous process of determining the best begins.

Each reviewer, who must be familiar with the research field, has to commit to many hours of work of reading and critiquing the proposal including work done by the applicant and by others, the proposed methodology (is it likely to be successful) and the budget (is it too large or too small)?

In January, the Biomedical Research Review Committee and the Health Research Review Committee meet to carefully consider each research project, discuss the critiques from the internal and external reviewers and then rank each project on its scientific excellence and relevance to MS.

The project is then ranked with each committee member voting on a scale that goes from: 0 (not acceptable) to 5 (excellent). Typically, MS Society funded research projects are in the “very good” and “excellent” categories.

At the end of two days of intense work, the review committees complete their review of the research project applications as well as career development awards, postdoctoral fellowships and studentships. Attracting new and talented young scientists to the MS research field is a challenge that the MS Society takes very seriously, and the various personnel support awards are a major incentive to students and just-graduated researchers.

The following day, the recommendations for funding go to the Medical Advisory Committee (MAC), which looks at the overall review process to ensure it was complete and fair. The MAC adds its recommendations for funding which then go to the Executive Committee of the National Board of Directors for final review and approval.