

MS Connections

INFORMATION FOR PEOPLE LIVING WITH MS

Volume 15, No. 1

February 2007

You can make a difference

by David Knee

Outgoing Chair, Government and Community Relations Committee
(formerly Social Action)

When I was diagnosed with MS I knew nothing about it and was so involved in my job that I never gave it much thought. My neurologist told me at 10 a.m. and by 10:30 I was back at the office. I told my wife and a couple of friends and no one else for four years.

At the time of my diagnosis the neurologist told me that there was a new drug that showed promising results but was approximately \$1500 a month and not covered under Pharmacare or insurance. There was no way I could afford that.

Approximately six months after being diagnosed I had an attack that took all the strength from my legs to the point where, from a sitting position, I

could not raise my legs and walking turned into shuffling. A few months later, another attack rendered my right hand useless. I continued to work and was able, I thought, to successfully hide my illness.



David Knee

Some time later my neurologist recommended I go on a pilot program for the drug Betaseron at the MS Clinic in Winnipeg. I was told that this drug was not a cure but that it could slow the progress of MS. I was definitely up for this and was encouraged by the hope.

Five years after diagnosis I had the worst annual job review I'd ever had. I knew it was coming. I was able to hide most of the physical aspects of MS but the cognitive ones were showing. I could not concentrate, focus, or think clearly. Fatigue was also a major issue.

After that review I spent the night talking with my wife and we came to the conclusion I had to come "out of

OUR MISSION

To be a leader in the finding a cure for multiple sclerosis and enabling people affected by MS to enhance their quality of life.

the closet," so to speak. The next day I told my boss that I had MS and, under the company's health plan I took three months off. In consultation with my doctor, I returned to work two days a week. I love to work.

I contacted the MS Society and joined the Peer Support Program and Friendly Visitors program. I was assigned to work with a man in his 50s with MS who was in hospital. We started to meet once a week to play cards. Some time later he was transferred to a long-term high care centre.

I completed the one-year pilot Betaseron project and was advised that Manitoba Health was placing Betaseron on its formulary, covered by Pharmacare and now affordable to me. I could continue on the medication. This was fantastic news! I have not had an attack since starting the medication.

The man I visited shared his room with another person and I noticed that his roommates kept changing. I asked

him why they kept changing, and he told me sadly that they had each died. This revelation struck me in an unexpected way. This was not a good environment for my card-playing friend.

I went home that day and thought about what I had learned. MS can be a devastating disease but most of us expect to live to a ripe old age. I thought about this man I visit having to go through this event over and over again if he stayed in this facility - not the kind of environment I'd want.

I sent an email to Sharon Segal, the MS Society's Social Action Coordinator at the time, asking a series of questions about home care and suggesting someone do something about it. Sharon asked me to join the Social Action Committee and together we could do something about it.

I joined the committee about five years ago and met fantastic volunteers who have made significant strides towards making life better for people with MS and others in the disabled community.

One person who affected my own personal situation was Ruby Laughren. Ruby became a member of the committee because her husband had MS. Ruby was a nurse

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Disclaimer: The Manitoba Division of the MS Society is proud to be a source of information about multiple sclerosis. The content in *MS Connections* does not represent therapeutic recommendation or prescription. For specific information and advice, please consult your physician. Articles in this newsletter do not necessarily represent the position of the Multiple Sclerosis Society but are solely representative of the positions and opinions of the contributors.

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www.mssociety.ca

MANITOBA DIVISION CLIENT SERVICES STAFF

Client Services is made up of staff and volunteers providing a wealth of knowledge, experience and commitment. Staff members provide services directly and assist volunteers in helping people with MS to help themselves. **You can reach them via the MS Society's toll-free line: 1-800-268-7582** or directly at the numbers below:

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(204) 988-0917

and knew of drugs that could slow the progress of MS but were not available in Manitoba. Ruby, Sharon, and the committee worked on resolving this and lobbied the government to make this drug available.

Eventually, these efforts were successful and a pilot program was started to test Betaseron (the very program I was in). Amazing! This work has helped many people living with MS in Manitoba. One person *can* make a difference.

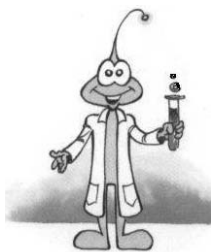
In my own case Sharon provided me with information and she knew of a committee called Housing for Assisted Living (HAL). We worked with approximately 15 other disability organizations and the government to provide a living environment for younger people with high care needs - the kind of place where my card-playing friend could stay.

This place opened about a year ago located at 240 Princess Street.

The Social Action Committee is now called the Government and Community Relations Committee. It is looking for new members. If you are interested, please contact Paula Keirstead at 988-0904.

One person *can* make a difference because there are *a whole bunch of people* out there willing to help.





Research News

Sex Hormone Trial in Women with MS Launched

SUMMARY

The first large-scale trial of a sex hormone for the treatment of MS is about to begin at seven research centres in the United States. Women newly diagnosed with relapsing-remitting MS will be recruited at seven medical centres across the United States in the near future. If successful, this clinical trial will lay the groundwork for a larger, definitive trial that could lead to a new treatment option for women with MS. Its results may also have implications for women with other autoimmune diseases, such as rheumatoid arthritis.

DETAILS

In the first effort of its kind in MS, neurologist Dr. Rhonda Voskuhl at the University of California at Los Angeles (UCLA) is leading a team of investigators to conduct a two-year, controlled clinical trial of the female sex hormone *estriol* involving 130 women with early relapsing-remitting multiple sclerosis.

In Canada, research has found that MS affects women three times as often as men. Gender differences were the centre of a special, five-

year research initiative by the National MS Society (USA). Among findings from the 50 projects supported through this \$10 million initiative was the possibility that the female hormone estriol may help protect against the immune attacks that underlie MS. Estriol levels rise significantly during pregnancy, when most women's MS disease activity declines. This led some to suspect that estriol may be responsible for this easing of symptoms during pregnancy.



Pills not exactly as shown

According to Dr. Voskuhl, in using estriol they "aim to simulate some of the disease protection offered by pregnancy. We are very enthusiastic about this new agent since it has decades of known safety and since it will be given as a pill, not a shot." Dr. Voskuhl and others explored this lead in mice with an MS-like disease. She also conducted a small, early-phase trial of estriol in 12 women with MS. The results showed decreases in disease activity during estriol treatment in women with relapsing-remitting MS.

The two-year study is planned as a double-blind, placebo-controlled trial that will take place at seven sites in the United States (in L.A., St. Louis, New Brunswick (NJ), Columbus, Chicago, Salt Lake City and Detroit). When the centres are ready to recruit trial participants, detailed location and contact information will be posted for those who'd like to determine if they are eligible. No Canadian

clinical research centres are involved. Investigators will administer estriol in pill form in combination with subcutaneously (under the skin) injected Copaxone, a standard treatment for MS, for two years. The team will evaluate effects of the treatment combination on relapse rates and several clinical and magnetic resonance imaging measures of disability progression.

If successful, this clinical trial will lay the groundwork for a larger, definitive trial that could lead to a new treatment option for women with MS.

[With information from the National MS Society USA]

ASK MS Information System Code:
2.6.3.b



Canadian study finds MS increasing among women

Lead investigators George Ebers, M.D., (University of Oxford) and A. Dessa Sadovnick, Ph.D, (University of British Columbia) reported in the Nov. 2006 issue of *Lancet Neurology* that MS has increased in women over the past 60 years. Using a Canada wide-data base of more than 27,000 people with MS, they found that the female to male sex ratio now exceeds 3.5 women with MS for every one man (3.5:1) This ratio was one-to-one in the early decades of the twentieth century.

The researchers used the database developed by the Canadian Collaborative Project on Genetic

Susceptibility to MS, which has been funded by the MS Scientific Research Foundation since the early 1990s. The Foundation is related to the Multiple Sclerosis Society of Canada. The Canadian Collaborative Project has gathered detailed information about demographics, family history and clinical aspects of MS from people with MS attending the participating Canadian MS clinics.

For this study, the researchers identified 27,074 people with MS

**MS has increased
in women over
the past 60 years.**

born between 1931 and 1980. 19,417 were women and 7,657 were men. Participants were grouped into five-year blocks to calculate the sex ratio and change in incidence. Comparison of the sex ratio found a significant, progressive, gradual increase in the proportion of Canadian women with MS compared to men and that the female to male sex ratio of MS has been increasing in Canada for at least 60 years. There was no indication that the male rate had changed. The duration of the change eliminates confounders such as earlier diagnosis in women, and its timing long precedes MRI scanning and public awareness of MS.

Drs. Ebers, Sadovnick and colleagues noted that the factors causing the increasing number of women with MS are speculative at this point. They suggested, given the short

time period in which the increase occurred, the factors must be environmental in nature, perhaps resulting from gene-environment interaction. The increase precedes birth control pills but smoking is less easily excluded.

Other lifestyle factors mentioned included the higher numbers and changing roles of women in the workplace, time spent outdoors, dietary factors and alterations in the timing of child-bearing years. The investigators suspect a tie-in with the strong maternal effect found earlier by the study (Ebers et al. Lancet 2004). In this study of half siblings who both have MS with only one parent in common, the mother was much more likely to be the common parent.

Study investigators noted the findings may provide insights into possible disease causes and have implications in health care strategies in managing and treating MS and the focus of research efforts. The data imply that MS is preventable in the country of residence, and that women have an independent or accessory route to become susceptible to MS. The year of birth sex ratio appears to provide a simple way of tracking disease incidence. Year of birth and sex ratio could be used as measures for intervention or prevention studies, according to Drs. Ebers and Sadovnick.

ASK MS Information System Code:

2.3.3.c

MS

Health Canada approves Tysabri® for treatment of relapsing MS

On October 4th Health Canada approved Tysabri® (natalizumab) as a therapy for people with relapsing-remitting multiple sclerosis. The general prescribing indication for Tysabri is for use as a monotherapy (single therapy not to be combined with other agents) for people with MS who have had an inadequate response to other disease modifying therapies or are unable to tolerate them. Tysabri is administered once every four weeks by intravenous (IV) infusion. Tysabri is produced by Biogen Idec and Elan Pharmaceuticals.

Approval is based on positive results from two clinical trials. The AFFIRM clinical trial, involved 942 people with relapsing-remitting MS and evaluated the effect of Tysabri on the rate of clinical relapses and the progression of disability. The study found Tysabri reduced the rate of clinical relapse by 68% compared to placebo and the risk of disability progression was reduced by 42 % as a primary end point compared to placebo. It also had a statistically significant reduction in the number and size of active brain lesions identified on magnetic resonance imaging (MRI) scans.

Tysabri is designed to hamper the movement of potentially damaging immune cells from the bloodstream, across the blood-brain-barrier into

the brain and spinal cord. The drug inhibits this movement across the blood-brain-barrier by attaching to alpha 4-integrin, a protein on the surface of immune T cells that normally enables them to adhere to and pass through the barrier.

The Health Canada decision follows the reintroduction of Tysabri in the United States in June 2006 following an extensive safety review of the product and the approval of Tysabri in the European Union in late June. It was voluntarily withdrawn from the U.S. market in February 2005 following the development of serious adverse side effects in two people who received Tysabri and in another person with Crohn's disease (inflammatory bowel disease). That person received Tysabri alone although the individual's prior medication history included multiple courses of immunosuppressant agents. All three developed PML, (progressive multifocal leukoencephalopathy caused by a common virus called the JC virus). One person with MS and the person with Crohn's disease died.

To address the safety issue, Biogen Idec is recommending that people who are prescribed Tysabri should enrol in the Tysabri Care Program, which will support physicians and people with MS in the safe and effective use of the product. According to the company, the

program will optimize improved compliance, standardize infusion treatment at clinics, provide education and ongoing surveillance to support safety and assist in reimbursement issues and patient support.

In the US, FDA approval of Tysabri to re-enter the U.S. market included a mandatory registration program for both people who take the drug and their prescribing physicians to minimize the risk that patients will develop PML. In addition, Biogen Idec and Elan Pharmaceuticals must conduct a post-marketing study to follow 5,000 people with MS prescribed Tysabri for five years to evaluate the long-term safety of the drug in the clinical practice setting.



Key aspects of the approval:

Infusions are likely to begin in January 2007. According to Biogen Idec, Tysabri will likely be covered by the majority of private/ employer health care programs shortly after it is made available. For reimbursement by provincial or federal drug programs, typically following Health Canada approval, the pharmaceutical company applies to the Common Drug Review that determines whether a drug is cost effective and should be covered by public drug programs. Provincial drug programs use this information in making their decisions. ASK MS Information System Code: 1.4.1.60.5.a

INSPIRATION

by John Hudson

My car was running on empty a few days back, so I grudgingly stopped into the local gas outlet to fill up on what we've probably gotten used to regarding as liquid gold. That morning I was pleasantly surprised to see that fuel prices had taken a welcome fall during the night, and I was in a good mood.

When I went inside to pay, one of the clerks I know well was behind the register. Barry is a fellow about eight years older than me. We talked for awhile as I paid for the fuel, and as I was getting ready to leave, he asked if I could do him a favour.

As it turned out, his daughter had left in a hurry for school that morning, forgetting some important reports she had due later that day. He went on to explain that he'd taken the papers to work with him and called a courier, but they still hadn't shown up. "If you're interested, I'll pay you the money the courier was going to charge if you can run this to her school," he offered.

When I asked him which school it was, he told me it was Westwood Collegiate. "Hey, I went to that school a long time ago!" I said to him, a note of surprise in my

voice. I thought it would be interesting to see the place again, so I offered to take it for him at no charge. "It will be worth it just for the nostalgia," I said. He thanked me as he handed me the package, and I was on my way.

A ten-minute ride later, I was pulling into the lot of my old high school. As I walked through the doors and into the front office, it was odd how little had changed. One of the first things I noticed was the video surveillance system; the half-domes of the video

system's eyes, charcoal black like the lenses of Ray Ban sunglasses, seemed to occupy every corner.

I handed the package to the receptionist, explaining what it was and who should be getting it. "I used to be a student here," I told her, "and was wondering if it would be okay if I took a look around, just for the nostalgia." She said that would be just fine, and handed me a visitor's pass. "The building's pretty quiet right now, because it's exam week," she said. "You'll probably want to see the grad photos, and they're on the wall just down the hall to the left."

Walking those hallways brought all kinds of memories out of some forgotten corners of my mind. It was



like finding that old foot locker you'd abandoned a long time ago in a corner of your attic, jammed full of mementos.

Nothing awakens the mind's database quite like the olfactories, and that day was no exception. My nose drew in the school's trademark essence as I perused the photos on the wall of the Class of '83, and the hallways suddenly filled with chattering students. Calvin Klein jeans, skinny ties and Duran Duran haircuts were fashion staples again and I was walking in the company of old friends.


I heard Irene Cara belting out a song from the Flashdance soundtrack, from someone's Sony Walkman. The talk of the day was Ronald Reagan denouncing the Soviet Union, and calling them "the focus of evil in the modern world." My friends and I were talking about what might happen if someone pushed "The Button" tomorrow.

It was too cold to hang outside, so we'd do what we often did on such days. We'd head downstairs, past the faculty lounge, and scurry into the boiler room where The Ladder was. Then we'd climb up into the utility tunnels under the school, where we could sneak cigarettes, talk about our girlfriends and decide what to do with our evening.

Back to the future, to present day me. I found my face smiling back at me, among so many others, from behind the glass of the Class of '83

montage. Save for the mustache, I didn't really look so different today, except for the cane in my hand.

Time has been kind to me, even if MS hasn't. My essence is still intact, even if its package is a bit torn at the corners.

And somewhere in my closet, I just might have one of those skinny ties left, or my old pair of roller skates... 

Ask the Expert

Do you ever wake up in the middle of the night with a burning question you just need to have answered?



Well, the answer is just a few clicks away. **Ask the Expert** is an MS Society of Canada-maintained website that invites individuals to send in questions they have about all aspects of MS.

Questions are answered by top health professionals/researchers in the MS field. A feature has just been added to this website notifying you by e-mail when new questions have been posted to the site. If you are interested in receiving e-mails please go to:

<http://www.msanswers.ca/Subscribe.aspx?L=2>

MS

MS CONNECTIONS February 2007

SELF-HELP GROUPS AND ONE-ON-ONE PEER SUPPORT

The MS Society offers a variety of support programs to meet the varying needs of individuals living with MS. Some people enjoy being part of a group for the social interaction, information and support it offers, while others prefer to connect with an individual person. We also offer *One-on-One Peer Support* throughout the province. For more information, or to start a group in your area, please call the contact person nearest you or call **Susan Hologroski at 1-800-268-7582.**

Beausejour, Pine Falls, Pinawa

Contact: Bob Dickey
(204) 268-2178

Brandon

Contact: Cindy Stumme
(204) 571-5671

Flin Flon

Contact: Debbie Bailey
(204) 687-3256

Gimli

Contact: Nadine Konyk
(204) 471-0402

Lac du Bonnet

Contact: Nadine Konyk
(204) 471-0402

Morden/Winkler

Contact: Nadine Konyk
(204) 474-0402

Portage la Prairie

Contact: Nadine Konyk (204) 471-



040

Russell

Contact: Rachel Chipelski
(204) 773-2199

Selkirk

Contact: Dan Payne (204) 757-4773

Steinbach

Contact: Nadine Konyk
(204) 471-0402

The Pas

Contact: Camille Jackson
(204) 632-3295

Thompson

Contact: Debbie Thorne
(204) 677-5265

Winnipeg

Male Caregivers Group, Female Caregivers Group, CHuMS, MS Friends, Kildonan, On our Own, Moving Forward.
Contact: Ellen Karr (204) 988-0917



Have an MS Global Dinner Party!

Do you enjoy food - and sharing it with friends and family? Then register now to host an MS Global

Dinner Party on Saturday, Feb. 24, 2007 (or any date you like).

The concept is simple: host a dinner party and instead of bringing wine or a gift, guests are asked to make a donation to the MS Society. Your fundraising efforts may hold the key to a breakthrough in MS research!

The best part is gatherings like yours will be taking place around the world - from Australia to Canada! To find out more about the MS Global Dinner Party visit:

www.msglobaldinnerparty.ca.

Reaching Out to Newly Diagnosed Individuals across the Province

The MS Society is using new technology to expand its educational sessions to members of the Society around Manitoba. In February and March, the MS Society's Newly Diagnosed Educational Session, "**Hoping for the Future, Coping with the Present**", will be running in Portage la Prairie, Morden and Steinbach originating from a MBTelehealth site at the Health Sciences Centre in Winnipeg.

Recently we hosted a session called *Speech and Swallowing in MS* from Winnipeg using the MBTelehealth system which broadcasted it to Brandon, Dauphin, Portage la Prairie, Morden and Russell. This interactive network gave members the opportunity to view the speaker's presentation and take part in the interactive question and answer



session. Topics for "Hoping for the Future, Coping with the Present" include:

- Overview of MS
- Treatments
- Living with MS
- Employment issues

This four-week free interactive session features presentations by Susan Hologroski, Client Services Manager, Loressa Klassen, Nurse Clinician, MS Clinic and speakers from the MS community presenting and answering members' questions.

DATES: Wednesday, Feb. 21 and 28
Thursday, March 8
Tuesday, March 20

All session run from 1:30–3:30 p.m.

For information on attending in Portage, Morden or Steinbach, contact **Nadine Konyk at (204) 471-0402.**

For information on attending in Winnipeg, please call **Susan Hologroski at 988-0901.**

MS

Upcoming Chat Rooms

All times listed are in Central Time

March 2007

www.msforkids.com

Tues., Mar. 13 7 p.m. to 8 p.m.

www.msforteens.com

Tues., Mar. 13 8 p.m. to 9 p.m.

www.msforparents.com

Tues., Mar. 20 7 p.m. to 8 p.m.

April 2007

www.msforkids.com

Tues., Apr. 10 7 p.m. to 8 p.m.

www.msforteens.com

Tues., Apr. 10 8 p.m. to 9 p.m.

www.msforparents.com

Wed., Apr. 25 7 p.m. to 8 p.m.

MS



New Program on Progressive MS

Starting this February, the Multiple Sclerosis Society of Canada, Manitoba Division will be introducing two new educational programs about progressive forms of MS. These will be unique programs, the first in Manitoba, perhaps across North America. People living with progressive forms of MS and their caregivers will receive up-to-date and relevant information on progressive MS, treatments, care, and research from various leaders in their fields. Among the speakers will be neurologist, Dr Andrew Gomori and family and marriage therapist, Liz Wolff.



Both sessions are intended for individuals living with MS and for their caregivers.

Primary-Progressive MS

Mondays, Feb. 19 & 26 and Friday, March 9, 10 a.m. to noon

Primary-progressive MS begins as a progressive disease without attacks and is usually diagnosed between the ages of 40 and 60, affecting both men and women equally. Individuals will develop their knowledge, enhance coping strategies, and gain resources to manage the transition.

Secondary-Progressive MS

Mondays, March 19 & 26, April 2, 10 a.m. to noon

Secondary-progressive MS begins with a relapsing-remitting course followed by progression at a variable rate. Individuals who have already been managing relapsing-remitting MS will be enhancing their knowledge, coping strategies, and resources to manage the transition.

The MS Society would like to thank Dr. Rosalind Kalb, PhD and Dr. Andrew Gomori, M.D. for their contributions in the development of these unique programs.

For more information or to register, call **Darell Hominuk** of the MS Society at **988-0902** or toll free at **1-800-268-7582**.

Getaway Weekend 2007 - The Groovy 70s!

Hold onto your hats everyone – the third annual Getaway Weekend will be held on June 22 & 23, 2007 at the “tried and true” Lakeview Resort in beautiful Gimli, Manitoba. Designed for people living with MS, their children, and caregivers, the weekend retreat will offer indoor and outdoor activities, personal services, games, entertainment, meals, awards/prizes, and opportunities for information sharing. The weekend is all about relaxation, having fun and meeting new people.

Can I Afford to Go?

We all know how costly it can be paying for hotels and motels on a vacation or weekend trip, not to mention the cost of meals and snacks at restaurants. To make this weekend affordable, we have substantially reduced these costs by subsidizing Getaway Weekend. For example, the food, hotel, and registration fee for a family of four is only \$190, and entitles you to a standard hotel room for two nights, food and participation in all planned activities, personal services and entertainment for Friday, Saturday, and Sunday. This is one weekend trip that won't cost an arm and a leg!

We are introducing a number of improvements for 2007 based on

your feedback. The buffet has been dropped in favour of served meals. This should reduce waiting lines, allowing everyone to enjoy their meals comfortably. The Saturday lunch hour has been extended by 30 minutes so that everyone has ample time to relax and prepare for their afternoon activities without feeling rushed.

Groovy, Baby!

The theme for this year is *The Groovy 70s*. Get your old flared jeans out of the closet because it's going to be a “really cool, far-out” weekend!



Register Early!

Registration packages will be mailed to *all current members* of the MS Society in the first week of April. If you have not renewed your MS Society membership, please do so promptly to

ensure a registration package is mailed to you. Members receive a 20% discount on registration.

Ensure that you fully complete the registration package and return it with your payment promptly.

Getaway Weekend sold out in a two-week period last year. Due to increased demand, registration is limited and on a first-come, first-served basis. Registration forms and fees can be mailed, faxed or dropped off at our office.

Sorry, phone orders cannot be accepted and rooms may not

Continued on next page...

be reserved in advance. The maximum number of people for a standard family size room cannot exceed four – no exceptions. Reservations can only be made by the MS Society – no other reservations will be honoured. We reserve the right to change rooms to accommodate people with special needs.

Please contact Darell Hominuk at 988-0902 or 1-800-268-7582 for more information.



Health Care Professionals and Members Conference

New Directions: Expanding our Knowledge about MS took place on October 28, 2006 at the Winnipeg Convention Centre. 233 people attended and it was a tremendous success. The flow of presentations was seamless and the content excellent. We received numerous evaluations which revealed a high level of satisfaction with the speakers, content of the talks, and the hand-out materials.

Dr. Randall Schapiro, our “heavy hitter” at the podium, gave two talks: *Progressive Forms of MS from a Neurological Perspective* and *MS: The Family Experience* which was well-received by audience members. The other speakers included:

- Dr. Cate Archibald who spoke on *Living with Progressive Forms of Multiple Sclerosis: The Impact on the — Individual and the Family;*



- Dr. Jennifer Rodgers on *Cognitive and Emotional Aspects of Multiple Sclerosis;*
- Dr. Misha Pless on *Neuro-Ophthalmology: What We Know About What a Patient Sees;*
- Dr. Sean Ceaser on *Potential Complementary and Alternative Therapies for Multiple Sclerosis.*


The full day conference also included a continental breakfast, massage services, childcare, an exhibitors hall, and lunch.

While the cancellation of Dr. Pless’ flight from Boston to Winnipeg proved challenging, the end result was positive. Dr. Pless was able to speak to the audience from his home through a live phone connection. The sound was clear and the audience receptive, resulting in a uniquely conducted presentation.

The decision to merge health care professionals with people living with MS into the same audience came as a result of feedback from members at the 2003 conference. Members expressed a need to hear more in-depth information about MS than simply the “basics.” The blend proved

successful, attracting 132 members and 101 health care professionals to the conference.

DVDs of Presentations

All presentations were recorded for educational purposes. **Feel free to borrow any of the DVDs from our library.** 

Planned Giving

It's all About the Future

We're in the heart of winter and many of us are looking forward to spring and summer, green grass and flowers. It's natural for people to spend time thinking about the future. There are times when we worry about the future. Often we think about the future in hopeful ways. At the MS Society we hope for a future free of multiple sclerosis.

Hope is important. It is imperative that there be a future free of MS. For that to happen there needs to be action along with the hope. The action comes in the form of research into the cause and cure for MS. Each year sees progress in our research. The funding for research comes from two places: funds we raise through our events and the MS Scientific Research Foundation.

We all know research needs to continue until a cure is found. This is where *you* are involved. As you think about your future and a future free of MS, consider a planned gift to the MS Society of Canada. It could be a bequest, a gift of life insurance or a

charitable trust.

The important thing to remember is the research must continue. We all hope the cure will be found soon but we can't stop until that day comes.

May 28 – June 1 is National Bequest Week. Between now and May you may want to consider how you can join other members of the MS Society in making a planned gift that will ensure we *will* see a future free of MS.

For more information please phone me at 988-0916, toll-free at 1-800-268-7582 or e-mail me at norman.velnes@mssociety.ca

Norm Velnes



A future free from MS is yours to give.

MS Bequest
Week

May 28 - June 1, 2007

CONTRIBUTORS

Thank you to the following people for their contributions to this issue: Judy Hermiston, Darell Hominuk, Susan Hologroski, John Hudson, Ellen Karr, Dave Knee, Gwenda Nemerofsky and Norm Velnes.

MS Connections

February 2007



in 11 Manitoba communities:

Sunday, April 29 - Winnipeg, Brandon, Lac du Bonnet, Morden, Portage la Prairie, Steinbach, Swan River and Russell.

Saturday, May 5 - Dauphin

Sunday, May 6 - Flin Flon and The Pas.

www.supercitieswalk.com



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