



# CANADA

SPRING 2008

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a huge success



WWW.MSSOCIETY.CA



Yves Savoie

# Message from Yves

## Dear friends:

**T**he New Year promises to be a pivotal one for the MS Society of Canada.

Our strong Canadian dollar, a turbulent economy in the US, heightened concerns about non-profits among government leaders and the public, rapidly changing technology, and shifting demographics, are all expected to impact the way health charities across the country operate in 2008 and beyond.

Today, we often hear that the greatest challenge facing non-profits is funding. At the MS Society, it remains among our priorities to ensure the success of the organization. As such, we are implementing new online marketing strategies, expanding our outreach, engaging new sponsors, and gearing up for the 2008 fundraising season. We look forward to a banner year where we will continue to provide financial support to our existing client service and research programs.

In this edition of MS Canada, you will be inspired by our cover story about firefighter Scott Corsie's daring race across the Sahara desert to raise \$12,000 for MS. You will learn about treatments

for healthy skin for MS patients from our special insert sponsored by EMD Serono Canada. You will also meet Dr. Paul O'Connor, our new national scientific and clinical advisor, who follows Dr. William McIlroy's recent retirement and his distinguished 35-year tenure.

This year, the MS Society commemorates its 60<sup>th</sup> anniversary, marking the beginning of a new era in MS research, treatments, and discovery. The key to our dedication is not only in how these programs are implemented and promoted, but most importantly, how we have been supported by our network. I would like to thank all of our members, staff, board, volunteers, caregivers, donors, and corporate partners for their efforts throughout the years. By working together, we will end MS. ■

Best regards,

Yves Savoie  
President and chief executive  
President, Ontario Division



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

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## Next issue: How does it feel to be 60?



Evelyn Opal

**I**n 1948 a small group of dedicated volunteers in Montreal, led by Evelyn Opal, founded the Multiple Sclerosis Society of Canada. Since then, millions of Canadians have generously contributed time, resources, and funds to programs and research in the fight to end MS.

To honour this milestone, the MS Society will mark 60 years of service and commitment with a special anniversary edition of MS Canada.

We invite our readers to submit a short article or image that captures our rich past and marks the beginning of a new era for MS programs. With your help, our anniversary edition will be full of interesting historical information and will certainly be a collectible! ■

**Your submission must be received by Friday, March 14, 2008 to the attention of Angeline Mau by mail or e-mail to [angeline.mau@mssociety.ca](mailto:angeline.mau@mssociety.ca).**

# ActiveNOW: staying fit

**P**hysical activity is important to our overall health and well-being, and those living with multiple sclerosis take no exception.

In May 2007, the Edmonton chapter officially launched a program aptly named MS ActiveNOW in cooperation with community organizations and recreational facilities in the Edmonton capital region.

The initiative was specifically developed to promote and facilitate physical activity around the limitations faced by people living with MS. Some examples of exercise classes in this program include: “Sit to keep fit,” “MS kinesis,” “Drop-in fitness,” “Stretch & tone,” and even yoga and tai chi! Two new DVD presentations were also created to help bridge the gap between MS and physical health. “MS ActiveNOW – Exercise and MS” and “About MS – An introduction to MS” are now available by sending a request to [active@mssociety.ca](mailto:active@mssociety.ca).

The launch of MS ActiveNOW was a tremendous success and will soon be available throughout Edmonton, in its capital region, and in Alberta. A comprehensive set of associated education materials are currently being developed. ■



## From fingers to toes

**L**ooking for an incentive to keep active this season? The Super Cities Walk for MS can help you from fingers to toes! More of your dollars raised will reach people living with MS when you register and raise funds online.

You will help save on postage stamps and receive information faster. So stretch your fingers to register and wiggle your toes in preparation for your most rewarding walk yet! ■

*Your community WALK is a click away at [www.supercitieswalk.com](http://www.supercitieswalk.com) or call 1-800-268-7582 today!*

# New! Disability savings plan now available

As you file your 2007 income tax return, a new program to keep in mind is the Registered Disability Savings Plan (RDSP). Modelled after the Registered Education Savings Plan, it allows individuals to create savings plans for persons with disabilities. The federal government will also provide matching grants, subject to some restrictions. You can find more information on the Canada Revenue Agency website by typing the plan name into the search function at [www.cra-arc.gc.ca](http://www.cra-arc.gc.ca).

In addition, tax tips for people with disabilities are on the CRA website. Go to the site and scroll down to People with Disabilities on the left-hand side of the home page.

An updated article with tax tips for people with MS, their caregivers, and families will be on the MS Society website at [www.mssociety.ca](http://www.mssociety.ca) [keyword: tax tips] by late February 2008. ■

## MS Society joins End Exclusion

Disability issues were top of mind in Ottawa in late November thanks to the second End Exclusion (a national initiative focused on building an inclusive and accessible Canada) event which attracted some 300 participants from across Canada. A primary focus was the detailed presentation of a National Action Plan on Disability which the MS Society of Canada endorsed along with approximately 100 other organizations.

The ministers who spoke during End Exclusion – Monte Solberg, minister of human resources and social development; Jim Flaherty, minister of finance; and Peter MacKay, minister of defence – pledged to provide more support for people who are disabled and their families and mentioned a number of recent accomplishments, including the new Registered Disability Saving Plan.

While applauding the ministers, participants suggested an even more useful action would be to make the disability tax credit refundable, a key recommendation of the MS Society as well.

An emotional highlight of the day was the walk from the hotel to Parliament Hill. In the midst of a snow storm, about 100 participants gathered around the eternal flame where national organizations that had endorsed the action plan spoke briefly about their priorities related to the plan. ■

*The National Action Plan on Disability is available at [www.mssociety.ca](http://www.mssociety.ca), [keyword: End Exclusion].*

# Firefighter finds hope in the Sahara



**F**irefighter Scott Corsie lost his mother-in-law, Shauneen Daniels, in January 2007 to complications from respiratory failure brought on by MS. “I realized after she passed that I never saw her walk, not the whole ten years I knew her,” said Scott, who resolved to do something meaningful to honour her.

Not long after the passing of Daniels, Scott began running seriously and finished his first marathon in May that same year. By November, he persevered by joining 77 other participants in a daring race across the Sahara desert. Seven days and 250 kilometres later, Scott achieved his biggest endeavour yet, placing 7<sup>th</sup> at the finish line!

The grueling race took Scott through the driest place on earth in temperatures reaching 50 C. But, with the encouragement and support he received from friends, family, co-workers, and even strangers who wished him well, he was able to complete the extreme race.

In the end, Scott Corsie succeeded not only in finishing the most challenging race of his life, but he also managed to raise more than double his fundraising goal of \$5,000 to \$12,000! To commemorate the life of Shauneen Daniels, he donated these funds to the MS Society of Canada: “I’m grateful for the fact that I can just pick up and decide that I want to run and I’m glad I can use that (ability) to do something about MS.” ■

## Sunshine & happiness

**T**his summer, children and teens with a diagnosis of MS from all across Canada will again be invited to apply for an all-expenses paid, week-long camp in Perth, Ontario, from **August 9<sup>th</sup>-15<sup>th</sup>, 2008**. The accessible camp will feature activities such as sailing, arts & crafts, kayaking, drama and more. While nurses from the Hospital for Sick Children’s Paediatric

clinic will be at the camp, there will be no MS-specific programming. Instead, camp participants will step away from their daily lives with MS for a fun, memorable summer adventure. Stay tuned for information about how to apply in Spring 2008 by checking the MS Society website [www.mssociety.ca](http://www.mssociety.ca) or by calling 1-866-922-6065. ■



Drummer Aaron Solowoniuk of Billy Talent.  
Photo courtesy of Christine Augustine

# Billy Talent

## rocks the holidays!

**T**he 2007 holiday season took on a rock and roll edge as Juno award-winning punk rock band Billy Talent hosted their second annual benefit concert in support of the MS Society of Canada Scholarship Program.

Organized by the band's drummer Aaron Solowoniuk, who has lived with MS for the past decade, the show featured performances by Billy Talent, City and Colour, and The Saint Alvia Cartel, as well as special guest deejay sets by k-OS, DJ Jazz, and Justin Peroff of Broken Social Scene. Approximately 1,000 people attended this sold-out show in downtown Toronto, which raised \$50,000 through ticket sales. Proceeds of the event will fund the MS Society of Canada Scholarship Program, supported by Billy Talent and Friends.

Now in its second year, the MS Society of Canada Scholarship Program provides post-secondary scholarships to young adults who are touched by multiple sclerosis. Last year's program distributed a total of 61 scholarships, valued at \$60,000, to selected students across the country.

The MS Society of Canada is pleased to offer this important program to teens and young adults in Canada affected by MS. Information about scholarships for the 2008-2009 school year will be available in early February. Please visit [www.mssociety.ca](http://www.mssociety.ca) for details. ■

# Dinner is served!

**E**very year, on the last Saturday in February, people in different places around the world host their very own MS Global Dinner Party. In return, party guests are invited to make a donation to support MS research in Canada and abroad in lieu of bringing a gift.

The dinner parties are often held in humble settings like a living room or local restaurant, yet their collective impact is enormous. Since 2003, MS organizations around the world have participated in this annual event to raise over a quarter of a million dollars. Canadian hosts continue to be among the world leaders in raising funds for important MS research – benefiting everyone affected by multiple sclerosis in every region, community, and country. To find out how you can host your own dinner party in support of the MS Society of Canada, visit [www.msglobaldinnerparty.ca](http://www.msglobaldinnerparty.ca). ■



# Promoting healthy skin

One of the challenging aspects of MS treatment is that the four disease-modifying drugs (DMDs) approved for use in Canada must be injected – either under the skin (Betaseron, Copaxone, Rebif) or into the muscle (Avonex). The fifth MS medication, Tysabri, also requires a needle to infuse the drug into a vein but this is usually done in a specialized centre by a health professional.



All of the DMDs interact with the immune response so it isn't surprising that they can cause skin reactions at the site of injection. These skin reactions can include: Redness, Pain, Mild burning sensation, Local swelling, Infection, Loss of tissue.

Some of these symptoms – such as pain – are unavoidable. But all can be minimized with the right approach and a few simple tips. (See tips on page 10.)

*The skin is the largest organ. It makes up about 15% of your total body weight.*

## Skin facts

- The skin is the largest organ. It makes up about 15% of your total body weight.
- Its main role is to be a protective barrier against dehydration, infection and ultraviolet light. It also eliminates waste and regulates body temperature.
- The skin is made up of three layers: the epidermis, the dermis, and subcutaneous fat.
- The thinnest skin is found in your eyelids. The thickest skin is found on the soles of the feet and the palms of your hands.
- A layer of skin is shed every 24 hours. It takes about 1 month to make a complete new layer of skin.
- You will shed about 40 kg of skin during your lifetime.

# Understanding skin reactions

**A**s a general rule, skin reactions occur more frequently with subcutaneous (under the skin) injections (as with Betaseron, Copaxone and Rebif) compared to intramuscular (into the muscle) injections (as with Avonex). This may be because the subcutaneous layer is more delicate than muscle and more likely to be damaged. Or it may be that since subcutaneous DMDs need to be injected more frequently (3-7 times per week) than Avonex (once per week), it's more likely that an injection won't be done properly. However, it's important to note that irritation and infection can also occur with intramuscular injections.

The most common skin reactions with subcutaneous injections are pain, redness and swelling. These are typically mild and usually not a medical concern. We'll look at ways to minimize these reactions later in this article.

More serious reactions are much rarer but may include ulcerations, abscesses and necrosis. Ulcerations can occur when a DMD is injected into the dermis instead of the subcutaneous layer. If improperly managed, these ulcers can develop into an abscess or necrosis (tissue death). There may also be a breakdown in the fat layer under the skin, which leads to pitting or denting of the skin (called lipotrophy).



**MULTIPLE SUPPORT PROGRAM (MSP) MEMBERS HAVE ACCESS TO:**

- Confidential, one-on-one support from Multiple Support Program Specialists, who are available 24 hours a day, 7 days a week
- Complimentary educational brochures and resource information
- The Buddy Program
- FREE *Rendezvous* subscription
- Information on drug coverage options

 Multiple Support Program  
1-888-677-3243



# Reducing your risk

**A** number of factors will increase the likelihood of a skin reaction occurring. These include:

- **Damaged skin.** Injections should be made in an area of undamaged skin so avoid parts of the body that have breaks in the skin, pimples, sunburn, tattoos, etc. Patients should talk to their doctor if they have an active skin condition such as eczema, psoriasis, etc.
- **Injecting the same area too frequently.** It's important to rotate the site of injection – upper right arm, upper left arm, right thigh, etc. – so the skin has a chance to heal. You can get a list of the recommended injection sites from the drug's manufacturer by calling their help line (see list below).
- **Injecting the drug incorrectly.** Subcutaneous injections need to deliver the drug into the fat tissue. A skin reaction can occur if the injection isn't deep enough and the drug is deposited into the dermal layer. An autoinjector device is helpful to inject the drug properly and has been shown to reduce the likelihood of skin reactions. Autoinjectors are available for Avonex, Betaseron, Copaxone and Rebif.  
  
Avoid getting the medication on the skin. We have all seen ER-type shows in which the doctor squeezes some drug

out of a syringe to remove the bubbles. Try not to do this. The medication on the needle tip will be deposited in the epidermis and is likely to cause pain and irritation.

- **Skin irritants.** Many skin products will irritate the skin and make it more susceptible to damage. Avoid soaps, lotions and gels that contain perfumes and preservatives. While the injection site should be clean, it is not necessary to scrub the area or use hot water. Wash your hands and the area to be injected with warm, soapy water. Dry the area before injecting. The use of antibacterial soaps is not recommended because they can irritate the skin. If an alcohol wipe is used to clean the skin, allow a few minutes for the alcohol to evaporate before injecting.
- **Higher drug doses:** The higher the dose of Rebif (44 mcg) reportedly causes more burning, redness and swelling than the lower dose (22 mcg) – but it's essential to take the medication as prescribed. Do not lower the dose simply to avoid skin reactions. Fortunately, a new formulation of Rebif is now available that is much less likely to cause injection site reactions and skin rashes (see Giovannoni and colleagues. *Clin Ther*, vol. 29, pp. 1128-1145, 2007).

# Some Tips to reduce skin reactions

- 1. Rotate injection sites.** The single most effective way to minimize skin problems is to rotate the area where the drug is injected. For some people, there is a tendency to inject the medication in the same spot because it's less painful or that area has become desensitized. This is not recommended because there is a much higher risk of developing a skin reaction when an area is injected too frequently. The skin needs some time to recover. When the same area (e.g. upper arm, thigh, etc.) is revisited, do not inject within a few centimetres of the prior injection.
- 2. Keep a diary of injection sites.** This is a helpful to remind you of when an area was last injected. Make a note of any skin problems if they develop.
- 3. Wash hands and the injection site before injecting.** Use warm soapy water. Avoid hot water and cleansing products that may irritate the skin.
- 4. Use an autoinjector.** As noted previously, these devices have been shown to reduce the occurrence of injection site reactions. Autoinjectors are available for Avonex, Betaseron, Copaxone, and Rebif.
- 5. The medication should be at room temperature.** If the medication has been in the fridge, allow it to get to room temperature before using it. But don't heat it – let it sit on the kitchen counter for an hour or so.
- 6. Apply a cold pack before injecting.** Ice can reduce pain and burning. Use a commercial ice pack, crushed ice wrapped in a tea towel, or a bag of frozen vegetables. Do not apply ice for longer than 30 seconds.
- 7. Use an anaesthetic cream before injecting.** Another option is to apply an anaesthetic cream (e.g. Lanacane, EMLA) to reduce pain and burning. Apply 30 minutes before injecting. Be sure to wash off the cream with warm, soapy water before injecting.
- 8. Apply a topical anti-inflammatory or a moisturizer after injecting.** A recent study showed that applying a hydrocortisone cream (e.g. Cortisone-10), witchhazel (e.g. Tucks medicated pads) or a moisturizer (e.g. Lubriderm) can reduce swelling, bruising and itching. Taking an oral antihistamine (e.g. Benadryl, Claritin) beforehand is generally not effective for reducing post-injection swelling.
- 9. Be kind to your skin.** Avoid prolonged sun exposure and use a sun block (even in winter) to protect the skin from the damaging effects of the sun.
- 10. Be Skin Aware.** Be aware of skin problems that may develop – such as swelling, bruising, rash, infection, etc. Don't ignore a problem you're having – report it to your doctor or MS clinic nurse. Many of the more serious skin complications can be avoided if the problem is handled promptly. ■



## Help lines

**Avonex** Avonex Alliance:  
1-888-456-2263

**Betaseron** MS Pathways:  
1-800-977-2770

**Copaxone** Shared Solutions:  
1-800-283-0034

**Rebif** Multiple Support Program:  
1-888-577-3243 (English) or  
1-877-777-3243 (French)

**Tysabri** Tysabri Care Program:  
1-888-827-2827

# Star bright at 30



Left: John Sears

This year marks the celebration of a three decade-long partnership between the MS Society's Atlantic Division and Kin Canada Atlantic District 7. To recognize this milestone, the Atlantic Division presented KIN District 7 with the unique gift of a star named *Koinonia*, an ancient Greek word meaning community, partnership, and the spirit of sharing, in their honour.

Officially registered with the International Star Registry, the newly named star, situated to the right of the *Little Dipper's* handle, is a tribute to the partnership between two organizations and a testament to one man's vision.

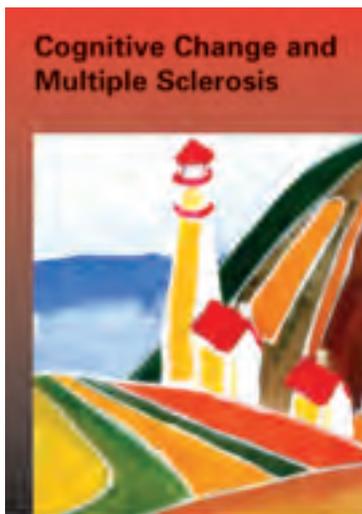
When diagnosed with MS more than 30 years ago, John Sears of Fredericton, New Brunswick, became a member of the MS Society. Shortly thereafter, he was elected to the Atlantic

Division's board of directors and was later appointed to chair.

Being an active Kinsmen with Kin District 7, John saw an opportunity before him. At the Kin Fall Council meeting in 1977, he proposed Kin District 7 provide support to the MS Society. The motion was carried and in 1978 the partnership, or *Koinonia*, began.

Today, Kin District 7 members raise funds, provide leadership at several WALK sites, donate meeting space, host events, raise awareness, and give invaluable support to the Atlantic Division. In the past thirty years, Kin Canada Atlantic District 7 has contributed over \$2.3 million to the MS Society, and we thank them for their extraordinary commitment to making a difference in the lives of people living with MS. ■

## Publications



The MS Society of Canada produces ample literature covering an array of topics relevant to those affected by MS. These publications cover subjects such as managing MS symptoms, health and wellness, MS and family, managing practical issues, MS and caregivers, and young persons with MS.

The publications are available online in portable document format (PDF) from our website: [www.mssociety.ca/en/information/pubs.htm](http://www.mssociety.ca/en/information/pubs.htm)

To order print copies free of charge, call your local chapter or division office at 1-800-268-7582.

The following publication is now available:

### ***Cognitive Change and MS***

This publication provides comprehensive information about cognitive dysfunction. It also shares practical strategies for coping with this common symptom. ■



Dr. Paul O'Connor

## MS Society of Canada welcomes Dr. O'Connor

Joining the MS Society of Canada this February as national scientific & clinical advisor, is Dr. Paul O'Connor.

Dr. O'Connor offers more than 20 years of experience working in prestigious medical and educational institutions across Ontario. He is currently chief and director of the Division of Neurology and MS Clinic and Research Unit respectively at St. Michael's Hospital where he is also an executive member of its Mobility Program. At the University of Toronto, he is the coordinator of the MS Program and professor of medicine in the Department of Medicine (Neurology).

He has been involved in committees within the MS community, most recently with the National Government Relations Committee and as chair of the Scientific Oversight Committee of the Scientific Research Foundation. He is a current member of the endMS Steering Committee, as well.

Moreover, he is the principal investigator in several multinational clinical trials of new MS therapies and has previously served on the related steering and data-monitoring committees.

Being an expert in the field, Dr. O'Connor has presented lectures on topics relating to MS including advances in the treatment of MS, the ethics of MS trials, and advances in MS trial design.

In recognition of his work, he is honoured with a number of academic awards and distinctions including the MS Society of Canada's National Volunteer Award and the Human Dignity Award from St. Michael's Hospital.

In this new role, Dr. O'Connor will provide counsel and expert review on matters of policy, process review, grants marking, and ethics. He will also assist on issues of clinical care that affect the clients of the Society. ■

*More than 20 years of experience  
working in prestigious medical and  
educational institutions in Ontario.*

# Tax-free gifts of securities

Canadians can support their charity of choice in a tax-effective manner. The Federal government has eliminated the capital gains tax on gifts of securities made to eligible Canadian charities. This means that when you make a donation of securities (also referred to as shares, stocks, bonds, mutual funds, etc.) directly to a charity, you no longer pay tax on the increased value of your shares known as “capital gains”.

In June 2007, Bell Canada Enterprise (BCE) announced that the Ontario Teachers Pension Plan and two partners had won their bid for ownership of BCE. The deal is expected to close within the first quarter of 2008, at which time BCE share owners will be expected to sell their shares with significant tax implications.

To offset similar penalties, many people have opted to donate their securities to charities. The MS Society of Canada has experienced an overwhelming response since the Federal government implemented this benefit in May 2006. To date, we have gratefully accepted over \$1 million in gifts of securities. ■



## Gift of flowers

Planning to make a more modest gift? Be among the thousands of people who will purchase carnations during the MS Carnation Campaign, which runs May 10, 11 and 12 just in time for Mother’s Day.

And if that’s not enough, join the thousands of volunteers across Canada selling carnations to the public to raise funds for the fight against multiple sclerosis. ■

*To learn about how you can participate call 1-800-268-7582 or contact your local chapter.*



# Caregivers: take care, too.

**B**alancing time and energy between work and caregiving can be a challenge. By communicating your needs and priorities, you can thrive in both areas!

Consider these suggestions:

- Openly and honestly communicate your responsibilities away from work to your employer before it becomes a problem.
- Let them know that you are committed to your job.
- Be honest about how you need your job and the benefits.
- Focus on what your employer needs. Think about how you can work together.
- Remain professional. Come up with solutions that resolve your needs yet remain practical.
- Be realistic. If your position involves meeting with clients, asking to work evenings is not realistic.

## Set priorities at home and at work

Ask yourself: What are my priorities? What is most important and what can help me let go? Is being a caregiver my highest priority? Is spending time with my spouse or children my highest priority? Is my job my most important priority? These are difficult questions to answer, but sometimes circumstances dictate priorities.

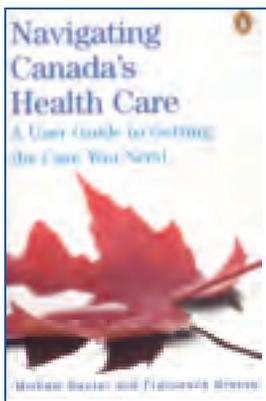
## Compartmentalize your life

“Work when you work,” “give care when you are caregiving,” and “play when you play.” Schedule separate times to be with your children and your care receiver. ■

This resource was re-adapted from an article written by Carolyn S. Wilken, taken from the document FCS2260, one of a series of the Department of Family, Youth and Community Sciences, IFAS, University of Florida, Gainesville FL 32611: Nov 2006.

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## Book review: Navigating Canada's Health Care



**Y**ou have just been ushered into your doctor's office and have 15 minutes to tell her about your latest MS symptoms as well as a nagging cough. But then in the rush, you forget to mention the most important issue.

*Navigating Canada's Health Care: A User Guide to Getting the Care You Need* should help. Written by two well-known health care advocates, it provides tips about how not to be a “passive patient”. Chapters on navigating benefits plans and claiming medical expenses are equally helpful.

*Navigating Canada's Health Care: A User Guide to Getting the Care You Need* by Michael Dector and Francesca Grosso; Penguin Canada; \$26 list price. Check your local library as well. ■

- Review by Deanna Groetzinger



# Researchers confer in Banff

**S**now-capped mountains and refreshing, crisp winter air served as the backdrop for a meeting of more than 200 of the countries' best MS researchers. From December 10 – 13, Banff, Alberta acted as the epicenter for the latest in MS research and the presentation of over 120 scientific papers.

The MS Society of Canada hosted the conference, bringing together a wide range of MS minds including students new to the field of MS, clinicians, senior scientists and industry representatives.

Delegates enthusiastically shared their knowledge during the many plenary sessions and lively discussions followed during the question and answer periods. As well, two open sessions were held in the hotel ballroom

featuring research findings in poster format. These “poster sessions” allowed for a more informal interaction and were a key highlight of the conference.

It is well-known that Canadian MS researchers have made incredible advances in the knowledge and treatment of multiple sclerosis. However, as research leaders retire and a limited number of young scientists make MS their professional focus, accelerated progress towards finding a cure could be at risk.

It is therefore critically important that events like the Banff conference take place. In doing so, the MS Society believes the pace of discovery will increase and accelerate our drive to end to MS as quickly as possible. ■

# Welcome! 2007-2008 Board of Directors

Last November, the 2007-2008 National Board of Directors was formed. The volunteer members are elected annually to govern the MS Society of Canada and its seven regional divisions and nearly 120 chapters. The MS Society of Canada is pleased to introduce the 2007-2008 roster:

## NATIONAL EXECUTIVE COMMITTEE

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R. Neil Wickham	Jim Wolfgang



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[www.mssociety.ca](http://www.mssociety.ca) or you can call  
1-800-268-7582 or e-mail:  
[info@mssociety.ca](mailto:info@mssociety.ca)



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