



# CANADA

SUMMER 2010



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[MSSOCIETY.CA](http://MSSOCIETY.CA)

### Special CCSVI insert inside. See pages 5-8.

# Message from Yves



I'm pleased to welcome readers to this expanded edition of *MS Canada*. In this issue, we've dedicated a special four-page insert on CCSVI, a topic that has been without question, the talk of the MS community for

the past several months. Our aim with the insert is to provide vital background information on this subject and keep you up-to-date on the recent announcements regarding funding for research projects that are now underway.

In addition to the topic of CCSVI, we bring focus to another significant area of discussion within the MS community – youth and MS. For decades, multiple sclerosis was regarded as a disease only diagnosed in adults. We now know that children and teens are also affected, not only as people living with MS, but as caregivers and loved ones close to those with MS.

In this context, we acknowledge the thousands of young people who have taken an active role in the movement to end MS. They are our event participants, fundraisers, volunteers and advocates, and they are an important part of the MS Society family. In this issue, we celebrate the contributions young people make and recognize their determination and resourcefulness. Their enthusiasm allows them to overcome obstacles and amaze us with their accomplishments. For example, young MS Walk fundraisers like Hunter Fleck and Olivier

Cossette, both motivated by the diagnosis of loved ones, have raised a remarkable amount of funds, as well as awareness, for MS within their communities. In an attempt to harness the energy of our youngest stakeholders, I'm very pleased to introduce the MS Society's new Youth Advisory Group. Comprised of inspiring young adults like Jenna Cooper, they are charged with giving a voice to and engaging children and teens across Canada, so that we can better serve the unique needs of this demographic.

MS Society volunteers were busy this past spring advocating MPs and cabinet members in Ottawa to improve income security programs and increase funding for health research. The changes being lobbied for would benefit many Canadians impacted by MS; for example, our effort to extend the caregiver tax credit to spouses and make it refundable. I am grateful to all of our volunteers for their efforts and time; you are the engine that allows the MS Society to pursue its mission.

I hope you find this special issue of *MS Canada* both inspiring and informative. ■

Sincerely,

Yves Savoie  
President and chief executive officer  
President, Ontario Division



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# Engaging youth today, leading change for tomorrow



MS Youth Advisory Group member, Jenna Cooper, and her mom

**W**hether it's mobilizing a community, advancing scientific research or exposing social injustices, there is no limit to what young people can accomplish.

To ensure youth and young adults across Canada are given a voice within the organization, the MS Society is convening a new MS Youth Advisory Group, which will help engage youth across Canada whose lives are impacted by multiple sclerosis.

“When I was first asked to be a part of the group, I was ecstatic... Finally a place where young people diagnosed with MS can go,” says Youth Advisory Group member, Lacey Andreas. “Members offer a very different experience with MS, and I hope to form a network where anyone can feel comfortable approaching us for help, advice or just someone to talk to.”

Another group member is 17-year-old Jenna Cooper, who as a young carer offers a unique perspective to the group. After her mother was diagnosed with MS when Jenna was only 15, she began feeling isolated from her friends at school and experiencing increased stress at home from her caregiving responsibilities.

Jenna translated this experience into something that would help others. In addition to fundraising at a number of community events in Ontario, she volunteers with her local MS Society chapter and

Young Carers Canada to develop programs and resources that support other youths in similar circumstances. “I am proud to be part of a movement that is gaining momentum across Canada, which acknowledges the contributions of children to their families and communities,” explains Jenna.

Mounting research in youth engagement indicates that there are significant benefits for youth who become actively involved in such endeavours. New and innovative resources to support youth and young adults impacted by MS will be developed and piloted in the coming months and years as part of the society's new MS youth strategy. For more information, visit our website at [mssociety.ca](http://mssociety.ca) and look for updates in upcoming issues of *MS Canada*. ■

## A&W and the MS Society of Canada team up to end MS!

On August 26, for every Teen Burger sold, \$1 will be donated to the MS Society. Launched in 2009, Cruisin' for a Cause raised an incredible \$400,000 in its first year. This year, A&W has set its sights on raising \$500,000.

In addition to Teen Burger sales, A&W will raise money for the MS Society through coin boxes, cut-outs and Cruisin' the Dub classic car events. This year, A&W staff and local MS Society chapters and divisions will work closer than ever to raise awareness and funds for MS. A&W hopes their efforts will inspire their customers and staff to become connected to the mission of the MS Society, thereby raising maximum funds to support groundbreaking research and vital services.

Go to [www.aw.ca](http://www.aw.ca) to find your nearest A&W location, and don't forget to drop by on August 26!



## Young philanthropist recognized



Olivier Cossette receiving an award for his contributions at a past MS Walk with Annie Boisclair, senior director of development, Quebec Division.

Olivier Cossette, a young man who has inspired his community of Mont Saint-Hilaire, Quebec to take action against MS, may now be inspiring young people across Canada to become involved in a cause that's close to them.

In addition to being one of the top fundraisers for the MS Walk in Montreal, Olivier was a finalist for Canada's Top Teen Philanthropist contest, sponsored by Mackenzie Investments.

Inspired by his mother, Sylvie, who was diagnosed with MS when he was 10, Olivier began holding garage sales and collecting cans and bottles door-to-door in his neighbourhood. Later turning his attention to the MS Walk, Olivier and his team have been the top fundraisers in Montreal every year since 2007.

Over the past seven years, through his various fundraising activities, young Olivier and his team have raised over \$70,000, including the \$500 he received and donated for being a finalist in the contest.

We congratulate Olivier on being recognized for his contributions and have no doubt that he will continue to push himself to reach even higher goals in the years to come. ■

## A place to be a kid

Now entering its fourth year, the MS Summer Camp for Kids and Teens with MS provides campers aged 8-18 an opportunity to interact in a supportive, inclusive and stress-free environment.

The camp, which is held from August 14-20 along the banks of Big Rideau Lake in eastern Ontario, is a collaborative program between the MS Society of Canada, Easter Seals Society and The Hospital for Sick Children's Paediatric MS Clinic.

In addition to traditional camp activities, campers are introduced to peer support volunteers, who are inspirational young adults living with MS that have faced adversity in pursuit of their dreams.

The MS Society of Canada would like to thank the generous support of the RBC Foundation and Fondation Bergeron-Jetté, which allows us to offer the camp at no cost to families. For more information please visit [mssociety.ca/en/help/camp.htm](http://mssociety.ca/en/help/camp.htm). ■

An advertisement for the MS BikeTour. The top part features the RONA MS BikeTour logo, which includes a stylized bicycle icon. Below the logo is a photograph of cyclists riding on a road. The text 'GEARED UP TO END MS' is prominently displayed in large, bold, white letters, with 'MS' in red. Below this, it says '22 TOURS ACROSS CANADA'. At the bottom, there is a call to action: 'REGISTER NOW' followed by the website 'msbiketours.com' and the phone number '1.800.268.7582'. The bottom of the advertisement contains several logos: RONA MS BikeTour, a text box stating '10 years of partnership in the movement to end MS', the BRINKS logo, the Atlas logo, and the MS Society of Canada logo.

## \$2.4 million in funding to explore the relationship of CCSVI to MS

Over \$2.4 million has been committed by the MS Society of Canada and the National MS Society (USA) to support seven new research projects focusing on CCSVI, its relationship to MS and optimal methods for screening the condition.

Applications underwent a rigorous review by an international review panel, comprised of experts from

various disciplines, such as interventional radiology, vascular surgery and neurology. The review process took into consideration scientific merit, feasibility of proposed research and experience of the applicant teams.

These studies would be necessary in determining the next steps required and in designing protocols for potential therapeutic trials that could be

independently undertaken in North America or overseas.

The total amount of funding committed by the MS Society of Canada is \$700,000, which will fund four two-year grants led by researchers in Canada beginning July 1, 2010.

For more information on this announcement, visit [mssociety.ca/en/releases/nr\\_20100611.htm](http://mssociety.ca/en/releases/nr_20100611.htm). ■

## MS Society of Canada-funded CCSVI studies



**Lead investigator:**  
**Dr. Carlos Torres**

Dr. Carlos Torres of the Ottawa

Hospital believes that the CCSVI hypothesis raises several important questions: Do these blockages occur in patients that do not have MS? Do they occur in all patients with MS? Can we detect brain iron pooling in patients with blocked veins?

Using ultrasound and advanced MRI technology, Torres will be leading a team to explore the anatomy of specific veins in 50 people with MS and 50 age-matched healthy volunteers for iron pooling in the brain. His research will also compare iron levels in those with and without vein blockages.

“Results of this study will definitively confirm whether venous obstructions are clearly associated with MS or are a normal phenomenon,” says Torres. “In addition, it will indicate whether excess iron deposition in the brain correlates with the presence of associated venous obstruction. Only with such results could a treatment trial aimed at relieving obstructions be considered.”

Dr. Torres is a neuroradiologist at the Ottawa Hospital and an assistant professor of radiology at the University of Ottawa. He is a clinical researcher with a particular interest in MS and other myelin-damaging diseases and has significant experience in MRI, Doppler ultrasound and computed tomography.



**Lead investigator:**  
**Dr. Fiona Costello**

Dr. Fiona Costello's study

will address questions regarding whether some people with MS have obstructions in the veins that drain blood in the brain and spinal cord and whether this contributes to nervous system damage in MS.

Dr. Costello and her team will carefully compare the pathways of venous drainage between a cross-section of 120 people with MS and 60 healthy controls, using state-of-the-art ultrasonography and MRI techniques. This will determine whether MS patients have abnormalities in venous outflow that may contribute to their disease. In those MS patients who exhibit signs

*continued on next page*

## MS Society of Canada-funded CCSVI studies (cont.)

of abnormalities of venous drainage, the investigators will also explore whether the sites and severity of venous lesions correlate with other markers of disease activity. This study should help quickly determine whether there are significant differences in venous drainage in people with MS and its implications in the future treatment of MS.

Dr. Costello is a member of the Hotchkiss Brain Institute at the University of Calgary's faculty of medicine, as well as an MS-treating neurologist and neuroophthalmologist at Foothills Medical Centre. She is also director of the NeuroProtection and Repair Evaluation Unit of the Hotchkiss Brain Institute's Arresting MS program.



**Lead investigator:  
Dr. Brenda Banwell**

Dr. Brenda Banwell has assembled a team to study CCSVI in pediatric MS patients – a population where the disease process is at a very early stage and where advanced age and other health conditions that might affect blood flow do not exist. Determining whether the veins are abnormal very early in the MS process in pediatric MS will add additional depth to studies of CCSVI in adult MS.

Dr. Banwell and her team will use MRI measures of vein

anatomy and novel measures of venous flow, involving a total of 60 participants – both pediatric MS participants and children and adolescents without MS. The team is also using hemodynamic (blood flow) tests to investigate a hypothesis that might explain how blood flow problems could lead to myelin damage through the accumulation of excess iron.

Dr. Brenda Banwell is the director of the Pediatric MS Clinic at the Hospital for Sick Children in Toronto. She is also the principal investigator of a Canada-wide study of acute demyelination in Canadian children, funded by the MS Scientific Research Foundation, and serves as the research chair of the International Pediatric MS Study Group.

“For children and adolescents living with MS, this study provides a unique opportunity for participation in cutting-edge research with therapeutic potential – access that is typically denied to young patients.”

**Lead investigators:  
Drs. Katherine Knox and Anthony Traboulsee**



Drs. Katherine Knox and Anthony Traboulsee will lead their team to determine the

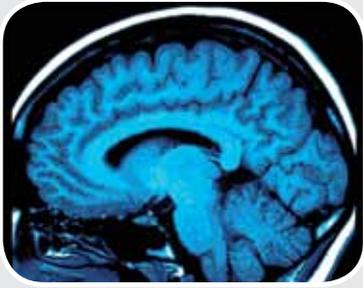
reliability and accuracy of different imaging techniques for screening CCSVI. This information will be needed if results from this and other research confirm that future therapeutic trials are warranted.

The study will look at the prevalence of CCSVI in 200 people including those with MS and those without MS, using catheter venography, Doppler ultrasound and magnetic resonance studies of the veins (MR venography). Unique to this study is the inclusion of individuals with an increased risk to develop MS, such as identical twins of those with MS, who have not developed MS.

Dr. Knox, who will lead the research team at the Saskatchewan site, is director of the Saskatoon MS Clinic and assistant professor with the College of Medicine, University of Saskatchewan. She is a primary investigator with the Cameco MS Neuroscience Research Centre at Saskatoon City Hospital.

Dr. Traboulsee, who will lead the research team at the Vancouver site, is an experienced MS clinician and researcher who plays many roles at the UBC Hospital, including medical director of the MS Clinic, director of the MS Clinical Trials Research Group and assistant director of the MS/MRI Research Group. He is also assistant professor of medicine/neurology at UBC faculty of medicine. ■

## The theory of CCSVI



Do blocked veins contribute to MS? Will opening blocked veins cure MS or improve symptoms? As these questions circle the globe, we offer a brief explanation of Dr. Zamboni's theory relating to MS.

CCSVI stands for chronic cerebrospinal venous insufficiency. This term was created by Italian physician Dr. Paolo Zamboni, who has

developed a two-part theory: one, that blocked and leaking veins trigger the immune response associated with MS; two, that opening up these blocked veins and improving the blood drainage will resolve the problems associated with of MS.

Dr. Zamboni theorizes that, in CCSVI:

- the veins (internal jugular veins in the neck and azygous vein in the chest) that drain blood from the central nervous system (brain and spinal cord) are narrowed or constricted
- this narrowing makes it difficult for blood to drain

from the brain and spine;

- since the blood cannot drain properly, it backs up, creating collateral veins;
- these collateral veins have such small, thin walls that they leak blood into the tissues of the brain and spine;
- as blood leaks into these tissues, it deposits iron; and
- the build-up of iron triggers the immune system attacks that symbolize MS.

Dr. Zamboni has developed a potential treatment that involves scanning the neck and head for blocked veins and, if found, performing angioplasty to open up the veins. ■

## Evidence-based medicine

Over the last 50 years, clinical research has developed more sophisticated ways of conducting research trials, yielding results that offer increasingly better reliability or "evidence". The medical community has embraced this improved reliability and uses it to model treatment plans, which are supported by the best available evidence. This practice is known as evidence-based practice.

In a medical context, evidence-based research is necessary, because "there's a huge amount we don't know about human biology and disease, and the only way to get that knowledge is to make observations and gather data on people," says Dr. Paul O'Connor, director of the MS

Clinic at St. Michael's Hospital in Toronto. "Without that, we're just acting on blind faith."

Evidence-based medicine takes the best available clinical evidence and uses it as the basis for making clinical decisions. The strength of the evidence is determined by where it falls within a hierarchy of evidence. Dr. Jock Murray, world-renowned MS expert and founder of the Dalhousie MS Research Unit in Halifax, describes this hierarchy, starting at the lowest level:

- **Belief.** "You believe something but you don't have any evidence for it."
- **Anecdote or patient testimonial.** "This can be

powerful but it is still a low form of evidence."

- **A case series.** "Here you analyze what happens in a group of patients."
- **An open trial.** "You take a group of patients and give them all the same treatment."
- **A non-randomized but well-designed clinical trial.** This will have two groups of participants, a treated and an untreated group.
- **A randomized clinical trial.** Participants are allocated by chance to either the group that gets the experimental treatment or the group that gets a comparison treatment or placebo treatment. Ideally,

*continued on next page*

## Evidence-based medicine (cont.)

neither the participants nor the person checking the participants knows which treatment was administered.

- **Meta analysis.** An analysis of the results from several different randomized clinical trials relating to the same

research question.

A randomized clinical trial provides the best available evidence for whether or not a treatment works. Some of the questions it should answer include: Is the treatment truly effective? In what groups of

patients is it effective? How long does it work for? How safe is it? What is the cost? Over time, our healthcare system has tended to accept and pay for only the treatments for which there is demonstrated benefit. ■

## Why does CCSVI give you hope?

People with MS share their thoughts on CCSVI and the hope it brings.



**Michael Augustine**

Medical research has always been a source of hope and promise for freedom to those of us living with multiple sclerosis. Certainly there have been advancements in our ongoing battle with this disease, and we have been grateful for them. However, our optimism had always been coloured by the understanding that those advancements were mostly stop-gap measures, meant primarily to keep us from getting worse, not to help us get better.

But the discovery of CCSVI offers us this hope in a very unique way. It affords us the ability to see this challenge with fresh and open eyes. It is a gateway discovery; one that will circumvent barriers to understanding by opening up new avenues to travel for researchers seeking to end MS for good.

Despite frustrations along the way, most of us have never really given up believing that a solution for MS might be found in our

lifetime. And for perhaps the first time in our history, we've become fully aware of the tools we have at our disposal – of what our knowledge, technology and imagination can achieve when used in tandem. That does more than generate hope; it generates genuine excitement that a cure is no longer merely a future possibility, but a practical and achievable reality... today!



**Gabrielle Veto**

The preliminary research into CCSVI is exciting and promising, but more research needs to be done – quickly and efficiently.

Governments and other funding/lobbying agencies like the MS Society need money, pressure and support to keep up the momentum and research, so CCSVI treatment can be proven to be effective for people with MS. This is the only way to ensure publically funded healthcare systems can confidently offer the “Liberation Treatment” to a widespread

patient group. Early research offers hope and expectations, but public policy involving billions of taxpayer dollars cannot be made on anecdotal evidence.

I am not yet convinced that the CCSVI (if I even have it) treatment would be the magic answer to MS. Is it a piece of the complicated puzzle that makes up MS? Very possibly. Could CCSVI be the suspected genetic susceptibility link? Do increased iron levels in brain tissue cause an auto-immune response? I don't know and neither do MS researchers or doctors, which is why we need more research *quickly*.

I've become a firm believer that living with chronic illness means NOT making decisions out of desperation. I call it living with hope not in hope. I keep hope beside me as a constant companion I can call on anytime. If I begin to live *in* hope, then I forget to live the life I have in the present and I lose the fulfillment I get from that life. ■

# Taking action, advocating change

## Volunteers spring into action to advocate change



Eugene Paquin (left) and Paula Moon-Wozney, Saskatchewan Division, meet with MP Ralph Goodale during Day on the Hill meetings in Ottawa.

Across Canada this spring, MS Society volunteers took their call for change to federal and provincial legislators and ministers.

Volunteers and staff met with a record number of MPs – totaling over 40 – as well as three cabinet members in Ottawa, urging them to improve income security programs and increase funding for health research.

MPs were interested in MS Society proposals, and many agreed to support both, including the need to move discoveries to people with MS as proven treatments, using CCSVI as an example.

For more information about the MS Society's recommendations to the federal government, visit [mssociety.ca/advocacy](http://mssociety.ca/advocacy).

## Making your voice heard online

Nearly 2,000 MS Society members, donors and friends joined the online advocacy campaign that ran from late April to mid-June. Melding grassroots advocacy with technology, supporters emailed their MPs and urged them to support improved income security and increased health research.

To sign up for future advocacy campaigns, email [advocacy@mssociety.ca](mailto:advocacy@mssociety.ca).

## First-ever patient summit



Andrea Butcher-Milne (right) of Barrie, Ontario, meets Deb Matthews, Ontario minister of Health and Long-Term Care

In late March, people living with chronic diseases met to voice concerns about the way healthcare decisions are made at the first-ever patient summit in Toronto, bringing together people with MS from across the country.

## Aid for caregivers



Judy Wasylycia-Leis (centre) with Wayne and caregiver, Lynn Waterman.

Thanks to efforts of the MS Society, a private member's bill went to the House of Commons to extend the caregiver tax credit to spouses and make it refundable. Former NDP health critic Judy Wasylycia-Leis launched the bill at a Winnipeg news conference in April. Although she has since resigned as an MP, the bill proceeded with the support of Chris Charlton, MP for Hamilton Mountain. If approved, the bill would ease some financial pressure on spouses of persons with disabilities. ■

## Can stress, such as studying for exams, aggravate MS?

**A**lthough there has been extensive research in this area, the relationship between stress and the onset or progression of MS remains unclear. Research suggests that different types of stress may impact MS differently, and different people react in different ways to the same stressors. In other words, how you and your MS might respond to the stress of taking exams might be very different from someone else's response.

Some studies suggest that stressful life events increase a person's risk of having an exacerbation or relapse; others have found no such link. If you are taking one of the approved disease-modifying therapies that have been shown to reduce the rate of relapses, your

risk of having a stress-related relapse is lower. As well, there is no evidence to suggest that this kind of stress is likely to make your MS progress any faster over the long term.

None of us feel as good when we're stressed out or exhausted, so finding ways to manage your exam-related stress is your best option. The key is finding stress management strategies that work best for you and sticking to them.

To read the complete response to this and other questions on living with MS, visit the MS Answers website at [msanswers.ca](http://msanswers.ca). ■

## Making a difference at any age



**Young fundraiser, Hunter Fleck, with his mom**

**R**aising a total of almost \$4,000 in pledges for the MS Walk is no small feat for anyone, but at the age of only four, Hunter Fleck proves that you can't be too young to make a difference to those living with MS.

Hunter began fundraising at last year's MS Walk, drawing inspiration from his grandfather, who was diagnosed with MS 22 years ago. "I am sad when papa has to go to bed and is sore, so I want to raise lots of money to help him feel better and to help everyone else too," explains Hunter.

With the goal of raising \$700 in his first year, Hunter asked friends and family to support him in the upcoming walk. "People kept sending us money, and it was so exciting to watch my red meter go up and up to the top," recalls Hunter.

*"When my mom asked me what our team name should be, I said, 'Walk for Papa.' What else would we be called?"*

Hunter ended up surpassing his fundraising goal last year, raising \$1,000; enough to be awarded a jacket, which he gave to his grandfather. At this year's Walk, Hunter set an even higher fundraising goal – double that of the previous year – raising just over \$2,700.

What Hunter enjoys most about the Walk is seeing the *Faces of MS* posters of people living with MS that line the route. Seeing their faces gives Hunter a sense of pride that he's raising money to not only help his grandfather – a cause very close to his heart – but others who can benefit from the contributions Hunter has made. ■

# Fostering tomorrow's MS researchers

The endMS Research and Training Network proudly hosted its second annual endMS Summer School program at Dalhousie University from May 17-22. This interactive educational program is designed to increase the knowledge and skill of trainees in the early stages of their MS-related research careers. This year's session brought together 40 trainees from across Canada and focused on the clinical and behavioural aspects of multiple sclerosis.

This year's endMS Summer School offered opportunities for participants to learn about topics that will enhance their effectiveness as MS researchers, including sessions on the diagnosis and treatment of MS, mental health issues in MS and MS-related cognitive dysfunction. Participants also had the valuable opportunity to hear directly from clients of the MS Society's

Atlantic Division, who provided perspectives as those directly affected by the disease. As noted by one of the students, "My favourite part of the week was having the opportunity to meet with people with MS and their families. It gave me a new perspective on the work that we as researchers are doing."

The endMS Research and Training Network is a nationwide initiative formed to accelerate discovery in the field of MS in Canada. Through innovative education and funding programs, it aims to attract, train and retain MS researchers and increase opportunities to conduct MS research in Canada. The endMS Network is managed by the MS Society of Canada and funded through its related MS Scientific Research Foundation as the flagship investment of the \$60 million endMS capital campaign. ■

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## It's back to school for Deloitte

Through a \$100,000 gift in support of the endMS campaign, Deloitte is generously sponsoring the 2010 and 2011 sessions of the endMS Summer School.

From event volunteers to board members, Deloitte employees have a long history of corporate and employee involvement with the MS Society.

Notably, Alexander R. Aird, a retired senior partner at Deloitte, who was integral to the establishment of the MS Scientific Research Foundation in the 1970s and remains involved with the MS Society to this day as the chair of the National endMS Campaign Cabinet

Bruce Richmond, retired deputy chief executive of Deloitte, is the current chair of the Multiple Sclerosis Scientific Research Foundation and also is a past chair of the MS Society of Canada. "MS

is a cause I care deeply about, and it has been my pleasure to be involved with the MS Society for many years. Deloitte's funding of the endMS Summer School within the endMS campaign is the latest expression of a long tradition of corporate and employee involvement with the MS Society."

*"MS is a cause that affects many Canadians and is an issue that Deloitte employees and their families care deeply about."*

*Bruce Richmond*

The MS Society would like to thank Deloitte for their generous support of the endMS Summer School and for the invaluable contributions made by Deloitte's employees towards the movement to end MS. ■

# What's on **this summer!**

## JULY

### RONA MS Bike Tours

- 24-25** Grand Bend to London (Ontario)
- 24-25** Vineyards and Valleys Tour (Nova Scotia)

## AUGUST

- 14-20** Summer Adventure Camp for Children and Teens with MS (open to kids across Canada)
- 26** A&W Cruisin' for a Cause Day (all locations across Canada)

### RONA MS Bike Tours

- 7-8** Ottawa to Kemptville (Ontario)
- 8** Vancouver Scenic City Tour (British Columbia)
- 14-15** Cowichan Valley Grape Escape (British Columbia)
- 14-15** Acton to Waterloo (Ontario)
- 21-22** Regina Tour (Saskatchewan)
- 21-22** Saint-Hyacinthe Region (Quebec)

- 22** Niagara (Ontario)

- 28-29** Lower Laurentians Region (Quebec)

- 28-29** Biking to the Viking (Manitoba)

## SEPTEMBER

### RONA MS Bike Tours

- 11** Elk Ridge Tour (Saskatchewan)
- 11-12** Hinton (Alberta)
- 11-12** Riding Mountain Challenge (Manitoba)
- 12** Kamloops Thompson River Ride (British Columbia)
- 12** Toronto (Ontario)
- 18-19** Okanagan Grape Escape (British Columbia)

### MS Walks

- 12** Quebec (Quebec)
- 12** Sherbrooke (Quebec)
- 12** Sorel-Tracy (Quebec)



To share your comment or story, please mail to the attention of Carol Kim or email to [carol.kim@mssociety.ca](mailto:carol.kim@mssociety.ca).

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