

# INFOCUS



**American  
Autoimmune**  
Related Diseases Association, Inc.

*A nonprofit association bringing a national focus to autoimmunity, the major cause of chronic diseases*

**Vol. 26, No. 3, September 2018**

## **President/Executive Director's Message**

— *Virginia T. Ladd*

Dear AARDA Friends,

In the September 2017 *InFocus*, we encouraged readers to keep the Acorn fund growing toward the hope of the establishment of a National Autoimmune Diagnosis and Treatment Center. Who would have thought that before September 2018 we would see that hope becoming reality?

As readers of the June 2018 *InFocus* know, AARDA has established a partnership with West Penn Hospital's Allegheny Health Network and its new Autoimmunity Institute. This outstanding facility offers patients the opportunity to be seen for autoimmune diagnosis and treatment by a number of physicians and other specialists all in one location. We are proud to contribute AARDA's strength as an established national (and international) voice for autoimmune action, education, and research support in our partnership with the Autoimmunity Institute as it develops into a full-fledged national autoimmune diagnosis, treatment, and research center.

AARDA autumn activities are in full swing as we welcome Autoimmune Walk participants (see article). Also, committees are resuming their work after a somewhat short summer hiatus. The Advocacy Committee, which, in truth, never pauses, is planning Capitol Hill visits, along with our friends in the National Coalition of Autoimmune Patient Groups (NCAPG).

In research, we have announced our Young Investigators grants opportunities for fiscal year 2019. Looking to the future, this program is designed to interest junior faculty members and postdoctoral students (to age 42) in autoimmune research. We will offer support to five young investigators whose applications will be reviewed and recommended by members of our Scientific Advisory Board.

Our three Johns Hopkins Diversity Summer Interns have completed their summer research projects and will be sending their reports to us. This program supports housing and graduate level, independent research opportunities for undergraduate students from under-represented minority groups and economically disadvantaged backgrounds. The program has led past students to further educational success and interest in autoimmune research.

Dr. Noel R. Rose, Chairman Emeritus of AARDA's Scientific Advisory Board and Senior Lecturer in Harvard Medical School's Department of Pathology, is completing plans and preparing the invitation list for another AARDA scientific symposium, scheduled for November 10, in Washington, DC. This program addresses the topic of



*AARDA representatives Board member Michael Linn (second, left) and President/Executive Director Virginia Ladd (center) join ribbon-cutting for the AHN New Autoimmunity Institute* Photo by Graeme Jenvey of Marcelli Motorsports

resident T cells. These scientific symposia, arranged by Dr. Rose and staff, result frequently in articles published in peer-reviewed journals.

Also, the Step Therapy efforts ("Let MI Doctors Decide") are being considered for expansion to other states besides Michigan. The issue of having insurers instead of doctors choose medical treatments impacts both patients' health and the doctor-patient relationship.

We are updating and expanding our Local Contact program and are excited by the interest being shown not only by newly recruited contacts but also by those who have been serving for quite some time. Volunteers in the field are vital to the autoimmune cause and deserve our thanks. More Local Contacts are needed (see article in this newsletter).

This is simply a quick overview of "what's been happening" in AARDA, but it's a way to keep in touch with all of you who care about AARDA and the 50 million whom we represent. If you are an AARDA supporter, THANK YOU. If you choose to join us, WELCOME. It does, indeed, take a village!

*With appreciation,  
Virginia*



**InFocus**, a quarterly newsletter of the  
American Autoimmune Related Diseases Association, Inc.  
(DBA Autoimmune Diseases Association)  
22100 Gratiot Avenue, Eastpointe, MI 48021-2227  
Phone 586-776-3900; Fax 586-776-3903;  
E-mail: aarda@aarda.org; Web: www.aarda.org

~ Editor ~

**Eula M. Hoover, Executive Assistant**

~ Editorial Reviewers ~

**Virginia T. Ladd, AARDA President/Executive Director**  
**Laura Simpson, Assistant Director**

~ Contributors ~

**Deb Patrick, Special Events and National Walk Coordinator**  
**Katie Simons, Project Manager**  
**Sandra Cobb – Resource Development and  
Community Outreach Manager**

~ Distribution Coordinators ~

**Cathleen Cruchon, Accounting and Database Manager**  
**Aricka Tuttle, Database Assistant, Patient Educator  
and Support Specialist**

Opinions expressed in this newsletter do not necessarily reflect the views of the American Autoimmune Related Diseases Association, its Board of Directors, or its Scientific Advisory Board. Information is intended for general interest only, not for medical diagnosis or advice. Please request permission before reproducing, in whole or in part, material contained in this newsletter. Contact the Editor at aarda@aarda.org or 586-776-3900.

~ AARDA Officers and Board Members ~

**Chairman of the Board – Herbert G. Ford, D.Min.**  
President, NECABA Management Group, Inc., Detroit, Michigan  
Pastor, Good Shepherd Missionary Baptist Church, Southfield, Michigan

**Vice Chairman of the Board – Stanley M. Finger, Ph.D.**  
President, Environmental Consulting and Investigations,  
Fort Mill, South Carolina

**President – Virginia T. Ladd**  
Executive Director, Autoimmune Diseases Association,  
Eastpointe, Michigan

**Secretary – Nona Bear**  
Health Care Consultant, Ashburn, Virginia

**Treasurer – Richard M. Hodge**  
Fairfax Station, Virginia

~ Board of Directors ~

**John P. Kaiser, Jr., CPA**  
Partner, RSM US, LLP, Peoria, Illinois

**Michael J. Linn**  
Chief Operating Officer, Varadero Capital, L.P., New York, NY

**Michelle Ouellet**  
CACI International, Vienna, Virginia

**Robert H. Phillips, Ph.D.**  
Director, Center for Coping, Long Island, NY

**Scott E. Selby**  
Head of Business Development, Varadero Capital, L.P., New York, NY

**Lilly Stairs**  
Head of Patient Advocacy Relations, Clara Health,  
San Francisco, California

~ Advisors to the Board (Nonvoting) ~

**Edward K. Christian**  
President/CEO ~ Saga Communications, Inc.,  
Grosse Pointe Farms, Michigan

**Howard E. Hagon**  
Owner (Retired), Contour Fabricators,  
Swartz Creek, Michigan, and Ellenton, Florida

**Stephanie P. Hales**  
Partner, Sidley Austin LLP, Washington, DC

**Robert Meyer, CPA**  
President, Fort Wayne Insurance Services, Inc.,  
Fort Wayne, Indiana

~ National Spokesperson ~

**Kellie Martin**  
Actor, Author, Los Angeles, California

## Fall brings payroll deduction time for your favorite charity



**CFC (Combined Federal Campaign)** is the payroll deduction plan for charity that's used by all Federal workers. Every Federal employee selects from a large list his/her favorite charity. If you are (or if you know) a Federal worker, we hope that you'll choose, or ask the worker to choose, the Autoimmune Diseases Association at pledge time this fall. **Please note: Our CFC number is 10548.**

**State employee campaigns** are payroll deduction campaigns for charities just like the CFC campaign except that they're for state employees. We are currently in the plans of **CT, CA, IL, KS, MD, MI, MO, NY, PA, TX, VA, WA, and WI.** If you know any state employees in these states, please ask them to consider the Autoimmune Diseases Association.

**Other workplace campaigns (including United Way)** are too numerous and varying to give many specifics, but many do offer employees the opportunity to donate to specific charities through payroll deduction. Many plans even allow you to add a charity that is not in the campaign booklet.

The write-in system is a good and convenient way to donate, but it's also a good idea to be sure that your company allows write-in charities. If it doesn't, you'll be doing us a big favor by suggesting that next year the company includes us in its campaign booklet!

In any case, it's always important with write-ins to give our address along with our name. Giving our Employer Identification Number (E.I.N.) 38-3027574 would further enable your company to recognize our legitimacy.

These payroll deduction campaigns are very important to AARDA. As a far-reaching charitable organization that does a lot with a little, AARDA programs truly are helping to make a difference in the lives and futures of millions of Americans with autoimmune diseases.

**Is AARDA a reputable charity?** Our association still maintains the coveted Charity Navigator 4-Star Rating (its highest); is rated "Best in America" by Independent Charities of America; has received GuideStar Platinum Participant status, and is recognized as a Better Business Bureau (BBB) Accredited Charity.

**Please do your part** in helping to ensure the continuance of AARDA's work by donating to the Autoimmune Diseases Association --or by suggesting AARDA to any Federal government, state government, or private workplace employee whom you know.

For autoimmune disease patients everywhere--**Many thanks!**

## Announcing...New York AARDA Public Forum

*What Every American Needs to Know About Autoimmune Disease*

New York University Langone Center

Saturday, September 15, 2018

For information: Sandra Cobb, 586-776-3900 or scobb@aarda.org

## Volunteer note: AARDA Local Contacts needed

Have you been diagnosed with an autoimmune disease? Has it been challenging to find helpful information? Maybe there are others in your city or area having the same challenges. Consider being a Local Contact in your state to broaden AARDA's outreach in autoimmune education/awareness information to autoimmune patients and interested others.

To explore the possibility of serving in this AARDA volunteer capacity, contact Sandra (scobb@aarda.org; or 586-776-3900). ■

## AARDA reaches out locally and regionally

Carrying out AARDA's Strategic Plan of expanding the organization's presence locally and regionally, we continue to introduce AARDA to community groups. With a well-stocked AARDA information table and friendly AARDA representatives, these events are proving to be very effective autoimmune awareness and teaching opportunities. For example, in Detroit, AARDA has been represented at the Annual Arise Detroit Neighborhoods Day "Back to School Rally," the 9th Annual Detroit Senior Citizens Informational Summit hosted by Detroit City Council President Brenda Jones, the Motor City Employee Health Fair, as well as a number of other events and locations (libraries, churches, colleges).

In addition to the Greater Detroit area, many other localities across the country are being introduced to AARDA and autoimmune facts via the participation and leadership of our AARDA members and friends in their own local health fairs and contacts. For example,

in recent months, AARDA autoimmune educational and awareness materials have been distributed in Bruceton Mills, WV; Wethersfield, CT; Boston, MA; High Point, NC; Los Angeles, CA; Darien, CT; Chicago, IL; Henderson, NV; Greenville, SC; Ritzville, WA; Edmond, OK; Verona, NY; Holtville, CA; and East Troy, WI--to name a few spots.

What are you willing or able to do in your own area? Are church or community health fairs making displays available? Do you feel comfortable taking brochures to your physician's office? What materials are welcomed by your local library? Do you belong to a local Toastmasters group (or similar) that provides opportunities for practice talks?

Be an autoimmune voice. You can explore some ideas for advancing autoimmune awareness in your own area by contacting AARDA's Community Outreach Manager (scobb@aarda.org, or 586-776-3900) to discuss possibilities. One voice becomes many voices! ■



*Arise Detroit Neighborhoods Day: (left to right) Oak Grove A.M.E. Church member Roberta Brown, AARDA Community Outreach Manager Sandra Cobb, Arise Detroit organizers Jacqueline and Luther Keith*



*Detroit Senior Citizens Summit: (left to right) AARDA Community Outreach Manager Sandra Cobb, Detroit City Council President Brenda Jones, City of Detroit Health Department Director and Health Officer Joneigh Khaldun, M.D., M.P.H., FACEP*

## Announcing: AARDA's 19th Annual Spring Benefit

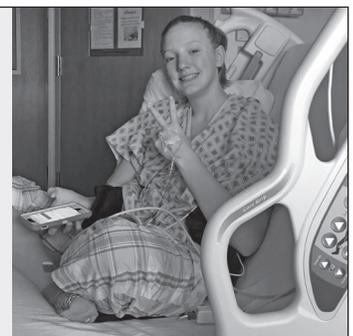
Mark your calendar for Saturday, May 11, 2019. You are invited to step into the elegance of the Detroit Athletic Club, in the rebirthed, vibrant heart of Downtown Detroit, for an afternoon of AARDA camaraderie, shopping, and bidding (Silent Auction, Raffle)--plus, of course, an extraordinary lunch.

Proceeds will benefit AARDA programs in autoimmune research, education, awareness, and patient services. This is AARDA's one major fund raiser each year. Be part of the celebration.

If AARDA's Detroit-area mailing list includes your name, you'll receive an invitation. All others--visitors, newcomers--should request a mailing (aarda@aarda.org; or 586-776-3900). We hope to welcome you at the DAC. ■

## What is my autoimmune story?

*Through AARDA's Impact Story form (<https://www.aarda.org>), autoimmune patients and their significant others can share their experiences and feelings. Here Colleen Sherry, of Great Falls, Virginia, shares her autoimmune experience.*



After learning of my diagnosis, as I searched for ways I could advocate or help others in my own community, I stumbled upon AARDA. After pursuing the website for hours on end, I bookmarked it excitedly and signed up for the newsletter to keep track of autoimmune developments.

The feeling of having a community of peers who understand what you're going through is irreplaceable. I can find opportunities to spread awareness and advocate, and any concerns or questions I have are always answered thoroughly and containing real effort. I found a home I never thought I would be a part of, but am glad I am. It gives me courage to continue living my life when I know there are others out there who have collaborated in order to give people like me a home. ■



## Music, music, music! Try it!

From pre-birth to the elder years, music can play a positive role in our lives--lifting our spirits, giving us energy, or transporting us to a make-believe experience. Sometimes the effect is subtle, as background music in the doctor's office played to reduce anxiety. Restaurant music can suggest that we enjoy our dining experience--or it can rush us along.

Of special interest to autoimmune patients and others, music can help manage pain, partly by producing certain hormones that produce pleasant feelings in combination with distraction to help encourage drug-free pain relief.

Michigan State University Extension describes the importance of music in relieving stress and anxiety. "Research indicates that music stimulates the brain's production of endorphins, the 'feel good' hormones in our bodies. This stimulation can result in improved blood flow and blood pressure. Further studies show even more benefits from music therapy when it is used not as an end product, but as a tool for health and well-being."

As author Jessica Leigh Johnson writes, "Anything that can aid in the healing process and reduce the stress and anxiety of living with chronic illness is something worth considering."

While music as a healing influence is at least as old as the writings of Aristotle and Plato, the 20th century profession formally began after World War I and World War II when community musicians of all types, both amateur and professional, went to veterans' hospitals around the country to play for the thousands of veterans suffering both physical and emotional trauma from the wars.

According to the American Music Therapy Association (AMTA), there are approximately 70 AMTA-approved colleges and universities; and according to the AMTA, there are more than 5,000 board-certified music therapists in the U.S. today. In a hospital setting, professionally trained musical therapists work in conjunction with doctors to develop and deliver individualized music experiences to assess, treat, and evaluate patients.

Whether one is a child or an adult of advanced years, further research shows that the benefits of music are greatly increased when we make the music ourselves. Studies have shown that playing an instrument increases memory capacity, enhances cognitive skills and hand-eye coordination, and boosts focus and concentration.

According to the Alzheimer's Australia Dementia Research Foundation, "...playing a musical instrument during adulthood is significantly associated with reduced risk of cognitive impairment and dementia."

A music studio in Kansas offers an adult class called "Goofin' Around Keyboard" with students enrolled for a variety of reasons. One of the students plays the organ to cope with her husband's death. Another student whose vision is limited by macular degeneration says, "When I get nervous or bored or just kind of down, I go in and sit down and start playing."

Another student, an Air Force retiree, chose music as a hobby and enrolled in the keyboard class. He says, "While I'm playing, I'm having fun. I challenge myself when I'm working on a song. I'm staying busy."

No matter our age or expertise, perhaps we can use music to fight that pain, lift our spirits, or just "make a joyful noise." ■

--Source: Adapted from "Music Makes You Feel Better!" Cindy and Amy Houston, *Health Hunters Newsletter*, Riordan Clinic, Wichita, KS, May 2018; "Benefits of Music Therapy for Chronically Ill Children," Jessica Leigh Johnson, *IG Living*, IG Living.com, April-May 2018; and American Music Therapy Association, 2018

## FDA "Biosimilars Action Plan" released

The Federal Drug Administration (FDA) has released its "Biosimilars Action Plan" to provide information about the key actions the agency is taking to encourage innovation and competition among biologics and the development of biosimilars.

The "Biosimilars Action Plan" is focused on four key areas: (1) improving the efficiency of the biosimilar and interchangeable product development and approval process; (2) maximizing scientific and regulatory clarity for the biosimilar product development community; (3) developing effective communications to improve understanding of biosimilars among patients, clinicians, and payors; and (4) supporting market competition by reducing gaming of FDA requirements or other attempts to delay competition unfairly.

The FDA is taking steps to increase efficiency in managing its review and licensure pathways to facilitate biosimilar competition. The FDA is committed to transparent, science-based regulation of biosimilar and interchangeable products that maintains the dynamic balance between innovation and timely access, as Congress intended.

AARDA representatives will be providing comments and testimony at a meeting of the FDA to assure that the voice of the autoimmune patient community is represented regarding the issue of interchangeability with regard to patient safety. ■

--Source: FDA releases "Biosimilars Action Plan," Sarah Ikenberry, MA, U.S., FDA Office of Communications, July 18, 2018

## Quote to ponder & enjoy...

I do not always oppose that which is wrong because most people are more surely set right by experience than by reasoning.

~ Benjamin Franklin

## App for sarcoidosis patients now available on android

The Foundation for Sarcoidosis Research (FSR) has announced that Penn Medicine's app for sarcoidosis patients, Apple's ResearchKit, is now available on android. Patients with android phones, Google Pixel and Samsung, for example, can unload the app from the Google Play store. The app was originally launched in early 2017.

The app has been designed as a personal tool to provide patients informational resources about sarcoidosis, including local specialists, support groups, and advocacy groups. It also helps researchers collect detailed insights on the daily lives of sarcoidosis patients, based on patients' reports and online monthly surveys.

Sarcoidosis, an autoimmune disease, is the growth of tiny collections of inflammatory cells (granulomas) in different parts of the body--most commonly the lungs, lymph nodes, eyes, and skin. It can also affect the heart, kidneys, and nervous system.

Genetics plays an important role in the exaggerated immune response and formation of granulomas observed in sarcoidosis. As in

other autoimmune diseases, sarcoidosis may be triggered by bacteria, viruses, dust, or chemicals. This triggers an overreaction of the immune system, and immune cells begin to collect in the aforementioned pattern of inflammation, granulomas.

Certain factors may increase one's risk for developing sarcoidosis. Sarcoidosis often occurs between the ages of 20 and 40, and women are slightly more likely than men to develop the disease. African-Americans have a higher incidence of sarcoidosis than do Caucasians, and in African-Americans, sarcoidosis may be more severe and may be more likely to cause lung problems.

Although there is no cure for sarcoidosis, most patients do well with only modest treatment. In half of the cases, sarcoidosis goes away on its own; but in a few cases, sarcoidosis may last for years and may cause organ damage.

Unfortunately many signs and symptoms of sarcoidosis are the same as with other diseases: fatigue, fever, swollen lymph nodes, persistent dry cough, shortness of breath,

chest pain, and in eye symptoms, blurred vision, sensitivity to light, and severe redness. Some people may develop skin problems, such as a rash of red or red-purple bumps, growths under the skin (nodules), particularly around scars or tattoos, and disfiguring sores on the nose, cheeks, and ears.

On the other hand, many people with sarcoidosis have no symptoms; the disease may be discovered only when, for example, a chest x-ray or other test is had for another reason. When sarcoidosis is diagnosed, it is very important to follow the designated treatment plan. ■

--Sources: Adapted from "Apple's ResearchKit App for Sarcoidosis Patients Now Available on Android," Diogo Pinto, *Sarcoidosis News*, July 12, 2018; and "Sarcoidosis," Mayo Clinic, Mayo Foundation for Medical Education and Research (MFMER), 1998-2018



## A book worth considering...

### *Sick and Tired of Feeling Sick and Tired, Living with Chronic Illness*

The book jacket has words wound into a circle: "Sick and Tired of Feeling Sick and Tired of Feeling Sick and Tired of Feeling Sick and Tired..." and so on. Do any of our readers identify with those words and their never-ending circle? In *Sick and Tired of Feeling Sick and Tired*, authors Paul J. Donoghue, S.M., Ph.D., and Mary E. Siegel, Ph.D., explore the deep fatigue experienced by those "Living with Invisible Chronic Illness," or ICI. First published 25 years ago, their book has had two editions and 17 printings.

Many persons afflicted with autoimmune disease often suffer in silence as they struggle with ICI. As one autoimmune patient remarked, "When I look my best is when I feel the worst." In an attempt to cheer herself up, she is immaculately groomed. But friends know that their compliments may have negative effects at those times. Pain is pain, no matter the grooming.

*Sick and Tired of Feeling Sick and Tired* weaves first-person patients' accounts with psychologists' experiences and knowledge. It adds observations of significant others, healthcare personnel, and physicians. It is a book to be read deeply--feeling, digesting, and pondering. It is not a quick read.

What does it mean to be chronically ill? How does one make the shift from feeling terrific to total dependence and back again? How does the ICI person find a doctor who listens--and understands? How

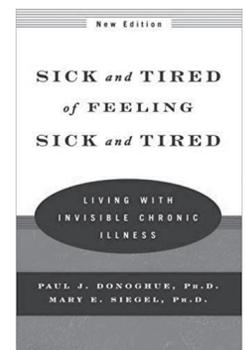
can one deal with stress? In what order should a patient list concerns--and will there be time to bring all of them to the doctor's attention?

The authors report that an American Hospital Association study found that patients noted their physicians' lack of compassion and listening skills. The same study showed that, while physicians tend to assume that the patient's first complaint is the most important, it is actually a concern farther down the list, usually the third one, that is the actual problem. Listening and taking time to pay attention can be the keys.

The authors write: "We hope that the resulting book will inform, nourish, and encourage you who are struggling with invisible chronic illness." They add, "We hope that you will be encouraged to express your needs with greater freedom. We hope that you will grow in understanding for those who love you and learn to meet them more wisely."

While the reading list at the end of the book is very appealing and undoubtedly valuable, *Sick and Tired of Feeling Sick and Tired* is a banquet in itself. The reader may want to savor it slowly. ■

--W. W. Norton & Company, New York and London, 284 pp., \$22.95 USA, \$27.99, Canada



## When is enough really enough? Will you ever be enough?

*Author, self-described goofball, and avid reader Stacey Philpot battles common variable immunodeficiency, Lyme disease, and rheumatoid arthritis. In this article, she shares part of her journey--and an epiphany.*

Perhaps, like me, you sometimes lie awake at night. Instead of counting sheep, you count your failures or your inadequacies. You recount each “if only,” “I should have,” and “I’m not enough” that the day has revealed within you. Did you miss an important event at work or in the life of someone you love because of your illness? Strike one. Did you have to rest instead of loading the dishwasher or making that phone call as you’d intended? Strike two. Did you struggle to get out of bed today, marking not a single item off of your to-do list? Strike three. Unlike baseball, there isn’t a merciful “Out!” from the umpire so you can try again next time. The strike count just keeps growing day by endless day. Will you ever be enough?

I remember when my daughter was about 2 years old and still blessing me by taking afternoon naps. On one particular day, I’d struggled greatly to get up the stairs to lay her down for her nap. By the time we got to her room, not only was I in tremendous pain, I was having an asthma attack. She took her time, carefully selecting the three books I was to read to her before she went to sleep, as our daily routine dictated. Silently, I begged her to choose one-word books and to fall asleep after the first. I had no idea how I’d make it through three stories. Naturally, she chose the three longest books she owned and spent the next seven minutes arranging her blankets and animals just so before I could begin reading. I thought I might actually fall over. Instead, I sat on the side of her bed and began panting and reading. At the end of the second book, I closed it, placed the stack of books on the floor, kissed her head, and told her, “That’s all Mommy

can read today. I love you so much. Get a good sleep now.” She immediately began to cry. She was tired and had been short-changed on her book time.

I closed her door and immediately began to cry. I struggled down the stairs while berating myself for not being able to read my own child another story. At the bottom of the stairs, I had a strange epiphany. Suddenly it was clear: I always saw what I hadn’t done, the stories I hadn’t read. I never credited myself for what I had done, the stories I had read. I was measuring myself against an impossible standard, one where I would always come up lacking. I was comparing myself to an able-bodied person.

I realized that day that I had to reframe my thought process. Instead of comparing myself to an able-bodied person and shaming myself for failing to do what he or she might have accomplished, I had to ask myself, “Have I given my all?” If the answer was yes, then it was enough, whatever “it” was.

Did you offer your all today? If you did, it was enough.

Sometimes “all” is difficult to define. How do we know when we’ve given our all? Especially when it changes daily? We know “all” will be individual and ever-changing. One day, giving my all may mean taking care of my body by obtaining the treatments it requires. On another, giving my all may mean 15 minutes of time on the floor playing Barbies, offering my full attention to my daughter.

Giving our all may include a myriad of things like loving, sacrificing, self-care, finding ways to chase our dreams or enjoying the things we love. It’s true we may not be able to offer ourselves to some pursuits (like mountain biking or skydiving), but if we’re offering all we have, what more can anyone ask of us? What more can we ask of ourselves? In fact, like rare gemstones, don’t our offerings become more, not less, valuable?

Did you give your all today? If so, it was enough. ■

--Source: “It Was Enough,” Stacey Philpot, *IG Living!*, December-January 2018. (Find her blog at [chronically whole.com](http://chronicallywhole.com))



### AARDA's Autoimmune Walks continue -- Join us!

Walk, talk, or just observe. AARDA's Autoimmune Walks welcome you. Whether you collect your own team or come on your own, this activity promises to encourage you. At this time, three Walks are scheduled:

- **New York Walk** - Sunday, September 16 - Hudson River Park, Pier 45, Greenwich Village - 1:00 p.m. to 5:00 p.m. - Walk Ambassador: Author/Journalist Nika Beamon
- **DC Metro Walk** - Saturday, September 22, Bluemont Park, Arlington, VA - 1:00 p.m. to 5:00 p.m.
- **Los Angeles Walk** - Saturday, November 17, Culver City Park, Culver City, CA - 11:00 a.m. to 2:00 p.m. - Walk Ambassador: Actor/Author Kellie Martin - Featured performer: Lori Jenaire - Featured speaker: Lilly Stairs
- **Virtual Walk** - Any day, anywhere - You and your friends and/or family - Be part of the fun while supporting the autoimmune cause, wherever you are.

To register for an Autoimmune Walk or to find more information, visit [www.AutoimmuneWalk.org](http://www.AutoimmuneWalk.org). Like us on Facebook at [www.Facebook.com/AutoimmuneWalk](http://www.Facebook.com/AutoimmuneWalk), tweet about us at @AutoimmuneWalk, call 855-239-2557, or e-mail [walk@arda.org](mailto:walk@arda.org). ■



## Parkinson's disease: more autoimmune evidence emerges

In the September 2017 issue of *InFocus*, we offered information from Columbia University Medical Center and LaJolla Institute for Allergy and Immunology concerning the connection between Parkinson's disease, a neurological disorder, and autoimmune disease. Now more evidence is emerging, this coming from researchers in Germany, to support the idea that Parkinson's could be an autoimmune disease.

Although the idea that Parkinson's may be an autoimmune disease is not new, the biological evidence to back it up is only just emerging. In the new study, out of the Department of Stem Cell Biology at Friedrich-Alexander-Universität (FAU), in Erlangen-Nürnberg, Germany, researchers have shown that T helper 17 (Th17) cells--a type of immune T cell--attack dopamine cells taken from people with Parkinson's disease but not those derived from people without it.

Dopamine is a chemical messenger that supports many important brain functions--reward, emotions, pleasure, and movement control. In Parkinson's disease, the midbrain neurons, or brain cells, that make dopamine, die off. As the dopamine cells die, levels of the chemical messenger drop and symptoms such as tremor, rigidity, and problems with balance begin to appear.

Together with a team from the movement disorders clinic at University Hospital Erlangen, the FAU researchers earlier had discovered that the brains of those with Parkinson's had higher levels of Th17 cells. These cells also are found in higher amounts in people with rheumatoid arthritis and other autoimmune diseases. The discovery spurred the team to investigate further, using a stem cell model of Parkinson's disease. The results showed that while the Th17 cells killed many of the dopamine cells that came from patients with Parkinson's, this did not happen with the cells that came from patients without the disease.

In further experiments, the scientists also discovered that an antibody that was already in use in the hospital for the treatment of psoriasis, an autoimmune disease, was "able to largely prevent the death" of the brain cells.

"The findings from our study offer a significant basis for new methods of treating Parkinson's disease," says senior study author Prof. Beate Winner, of the FAU Department of Stem Cell Biology. ■

--Source: "Is Parkinson's an autoimmune disease? More evidence emerges," Catharine Paddock, Ph.D., *Medical News Today*, July 23, 2018

## Drug cleared for pemphigus vulgaris

The Food and Drug Administration (FDA) has approved Rituxan (rituximab) for the treatment of adults with moderate to severe pemphigus vulgaris (PV), a rare, serious, potentially life-threatening autoimmune disease. Rituxan is the first biologic therapy approved by the FDA for PV and the first major advancement in the treatment of the disease in more than 60 years.

Pemphigus vulgaris accounts for up to 80 percent of cases of pemphigus, a group of autoimmune disorders which affect 30,000 to 40,000 people in the United States, according to the International Pemphigus & Pemphigoid Foundation. Pemphigus vulgaris is characterized by progressive, painful blistering of the skin and mucous membranes. It affects women and men equally and occurs primarily in adults ages 30 to 60. Currently limited treatment options are available for patients with pemphigus vulgaris. ■

--Source: Genentech, via Jen Saunders [jsaunders@centronpr.com], June 7, 2018

## Cannabis: What use in autoimmune disease?

Scientists believe that tetrahydrocannabinol (THC) found in marijuana can be used to suppress the immune response to treat autoimmune disease. They are looking for ways to test their hypothesis that THC has the capacity to affect DNA expression through epigenetic pathways (using cells as building units) outside of the DNA itself.

Researchers at the University of South Carolina state, "Recent findings show THC can change critical molecules of epigenome called histones, leading to suppression of inflammation." They explain, "The epigenetic influence toward inflammation suppression, marijuana use, could be efficacious in the treatment of autoimmune disease such as arthritis, lupus, colitis, MS and the like, in which chronic inflammation plays a central role."

The scientists believe that cannabis could be effective as an immunomodulator while having fewer side effects than many of the currently used medications. Cannabis is known to have anti-inflammatory effects while calming swelling, easing nausea and headaches, and preventing loss of appetite.

While cannabis has been shown to be able to treat achy muscles, fatigue, swelling, anxiety, and more, scientists who are applying these benefits to treating autoimmune disease also are looking out for the impact that cannabis could have on suppressing beneficial inflammation in the body.

With more trials and studies being performed in applying cannabis to multiple autoimmune diseases, researchers may be able to advance treatments for patients. ■

--Source: "Cannabis Used as an Immunomodulator for Autoimmune Diseases," Amanda Kahl, *Science Daily*, August 17, 2018



## Gut bacteria may trigger autoimmune disease

While gut bacteria have been linked to a range of diseases, an interesting action of the bacteria is being studied by a group of Yale University researchers. They have discovered that bacteria found in the small intestines of mice and humans have the ability to travel to other organs where they can trigger an autoimmune response. This finding suggests promising new approaches for treating autoimmune diseases, such as autoimmune liver disease and systemic lupus erythematosus.

In studying this link between gut bacteria and autoimmune diseases, the researchers focused on *Enterococcus gallinarum*, a bacterium which they discovered is able to spontaneously “translocate” outside of the gut to lymph nodes, the liver, and the spleen.

In models of genetically susceptible mice, the research team observed that in tissues outside the gut, *E. gallinarum* initiated the production of autoantibodies and inflammation, hallmarks of the autoimmune response. They confirmed the same mechanism of inflammation in cultured liver cells of healthy people and the presence of this bacterium in the livers of patients with autoimmune disease.

In further experiments, the researchers found that they could suppress autoimmunity in mice with either an antibiotic or a vaccine aimed at *E. gallinarum*. With either one, the researchers were able to suppress growth of the bacterium in the tissues and blunt its effects on the immune system. The vaccine against the *E. gallinarum* was delivered

through injection in muscle to avoid targeting other bacteria that reside in the gut.

Senior author of the study, Martin Kriegel, M.D., said, “Treatment with an antibiotic and other approaches such as vaccination are promising ways to improve the lives of patients with autoimmune disease.”

Dr. Kriegel commented, “The vaccine against *E. gallinarum* was a specific approach, as vaccinations against other bacteria we investigated did not prevent mortality and autoimmunity.”

The researchers plan further research on *E. gallinarum* and its mechanisms. ■

--Source: Adapted from “The enemy within: Gut bacteria drive autoimmune disease,” Ziba Kashef, Yale News, March 8, 2018

## Is glaucoma an autoimmune disease?

Scientists at the Massachusetts Institute of Technology (MIT) and Massachusetts Eye and Ear have encountered an unexpected finding that links glaucoma and autoimmunity. In a mouse study, the researchers found that T cells, primed by interactions with the body’s normal bacterial flora, start an attack on retinal neurons. This action causes wear at the retina and optic nerve, resulting in blindness.

According to senior author of the study, Jianzhu Chen, Ph.D., a professor of biology at MIT, “This opens a new approach to prevent and treat glaucoma.” He commented that therapies that block autoimmune attacks could theoretically stall glaucoma progression.

The study originated from observation that glaucoma can continue to progress even after the patient’s intraocular pressure is stabilized. This led researchers to hypothesize that the pressure change might trigger an immune response which then could cause persistent degeneration.

Studying mice with glaucoma, the researchers found T cells in the retina of the mice. This was a surprising discovery as immune cells normally are turned away at the blood-retina barrier, but the researchers

showed that the barrier is lifted during brief periods of elevated intraocular pressure. This action allows the T cells to pass through.

Once inside the retina, T cells that previously have encountered bacterial stress proteins begin attacking similar stress proteins produced by retinal ganglion cells. This mistaken attack destroys the neurons and leads to glaucoma. In fact, the researchers found that humans with glaucoma harbor five-fold more of these wayward T cells in their blood than humans without glaucoma.

The research team is studying whether additional immune molecules contribute to this destructive process and whether a similar autoimmune process may underlie other neurodegenerative conditions.

Senior investigator Dong Feng Chen, M.D., Ph.D. says, “What we learn from the eye can be applied to brain diseases, and may eventually help develop new methods of treatment and diagnosis.” ■

--Source: “Unexpected findings expose glaucoma as autoimmune disease,” Anni Griswold, Nature Communications, David E. I. Pyott Glaucoma Education Center, August 15, 2018



**Autoimmune Diseases Association**

American Autoimmune Related Diseases Association, Inc.

### Subscribe today

If you are not currently a member of AARDA and you want to receive InFocus, subscribe today.

\$34 annual donation

(\$44 USD, international)

4 issues/year

Call 586-776-3900

Join online - [www.aarda.org](http://www.aarda.org)

Or mail: AARDA, 22100 Gratiot Avenue, Eastpointe, Michigan 48021

### ~ EDITOR'S NOTE ~

The information on these pages is provided without implied recommendation, solely as a service to those who may be interested. As with all research projects, interested parties should thoroughly question and have a complete understanding before considering participation.

## Scientists study link between PTSD and autoimmune disease

PTSD, or post traumatic stress disorder, is a term that has gained attention in recent years as applying to service personnel returning from combat or from assignments in combat zones. Less notice has been given to the occurrence of PTSD among the general population, over a wide age range. Recently, however, a new light has been shed on PTSD as it has been linked with the occurrence of autoimmune diseases.

A study of 666,000 veterans of Iraq and Afghanistan, reported in *Biological Psychiatry*, online June 28, 2014, showed that those with PTSD were more likely than non-PTSD sufferers to have autoimmune disorders, such as rheumatoid arthritis, multiple sclerosis, lupus, inflammation of the thyroid, and inflammatory bowel disease. When the veterans with PTSD were compared against those with other psychiatric disorders, the risk of autoimmune disease among the PTSD group was still greater--by 51 percent.

While reasons for the linkage remained unclear, from poor health habits to genetic or environmental risk factors, the study did not show that PTSD causes autoimmune disease--only that there is a relationship. The authors wrote: "Our finds...contribute to the growing literature highlighting the increased risk for other chronic physical disease in veterans with PTSD and other psychiatric disorders."

Results of a new study from research scientists at the University of Iceland and Karolinska Institut in Stockholm, Sweden, suggests that PTSD sufferers are at increased risk for being diagnosed with autoimmune diseases later in life. In fact, studies have shown that individuals with PTSD and other related stress disorders are on average 30-40 percent more likely than others to be diagnosed later in life with one of the 41 autoimmune diseases covered in the research.

It also was shown that the risk of developing autoimmune disease seemed to increase in individuals who were diagnosed with PTSD at

a young age, but those subjects receiving antidepressant treatment for PTSD soon after diagnosis displayed lower rates of developing subsequent autoimmune diseases.

It is possible that the most convincing conclusion to be drawn from the study is an affirmation of the strong link between psychological stress and physical inflammatory conditions. There is compelling hypothesis growing among some researchers that several psychological disorders could stem from inflammation in the brain, and one recent study suggests a correlation between brain inflammation and suicidal thoughts.

It is suggested that perhaps autoimmune diseases and psychological conditions are two sides of the same coin. The more we can understand this strange holistic connection, the better we can understand and treat a whole host of different diseases, both mind and body.

While links between mental stress and physical deterioration have been highlighted before, few previous studies have examined closely the relationship between psychiatric stress and the immune system. Researchers say that the recent study results are an important milestone in increasing knowledge of the impact of trauma and stress disorders on the development of autoimmune diseases. ■

--Sources: "Look after yourself," David Nield, *Science Alert*, June 21, 2018, from research published in the *Journal of the American Medical Association*; University of Iceland, "Connection between stress and autoimmune disease affirmed by massive 30-year study," Rich Haridy, *New Atlas*, June 20, 2018; "PTSD tied to autoimmune disorders," VA Research Currents, October 21, 2014; "Association of Stress-Related Disorders with Subsequent Autoimmune Disease," University of Iceland, June 19, 2018

## Scientists uncover driver of increase in RA severity

In a series of experiments conducted by researchers from Icahn School of Medicine, Mount Sinai, New York, the gene HIP1 was discovered as a driver in inflammatory arthritis severity. This is the first time that this gene has been implicated in arthritis severity and in cell invasiveness. The researchers indicate that this discovery could provide a new pathway for treatment and a way to measure the prognosis of patients diagnosed with rheumatoid arthritis.

Percio S. Gulko, M.D., senior author of the study, says, "We have focused on understanding the regulation of disease severity and joint damage. Our discovery led us to the synovial fibroblasts, cells inside the joint." Dr. Gulko is Chief of the Division of Rheumatology, Lillian and

Henry M. Stratton Professor Medicine (Rheumatology) at Mount Sinai.

The researchers showed that the different forms (alleles) of HIP1 affected the behavior of the synovial fibroblasts by reducing or increasing invasiveness of the cells. In rheumatoid arthritis patients, the synovial fibroblasts increase in numbers (hyperplasia) and become invasive, and the synovial tissue becomes infiltrated with immune cells. This causes joint swelling and pain, correlating with joint damage in patients with rheumatoid arthritis.

Experimenting with synovial fibroblasts from patients with rheumatoid arthritis, the researchers removed the HIP1 gene, which significantly reduced the ability of the rheumatoid arthritis synovial fibroblasts to respond to platelet-derived

growth factor (PDGF), a potent inducer of synovial fibroblast invasiveness expressed in increased levels in the joints of patients with rheumatoid arthritis.

Dr. Gulko says, "There have been major advances in the treatment of rheumatoid arthritis in the past 20 years, but disease remission still remains uncommon. Most drugs today target inflammation but often that is not enough to control disease." As the researchers point out, their discovery could pave the way to treat patients diagnosed with the autoimmune condition.

Dr. Gulko and his colleagues plan in the future to investigate the feasibility of a drug that would target the HIP1 gene. He says, "We are aiming for a novel way of treating the disease. One that targets the

— Article continued on page 10

## AARDA says "thank you" to . . .

### Founding Donors (Patrons) (\$5,000 or more)

Macon Callicott • Lilly USA, LLC • Novartis FSC • Race for Relapsing Polychondritis

### Sponsors (\$1,000 to \$4,999)

Greatest Commandments Foundation, Inc. • The O'Donnell Wieselquist Fund  
Wendy Pearson • Anne Remington

### Supporting Donors (\$250.00 to \$999.00)

Jessica Crossley-Strohm	Joan & Jeffrey Less	Sehrish Sohel
Ellen Hipsky	Rebecca Pine	Valrie Thomas

### Contributors (\$50.00 to \$249.00)

Bridget Balint	Delta Phi Epsilon Gamma	Betty Jordan	MaryEllen Ostler
Mercedes Barris	Epsilon Chapter	Donna Katz	Anne Pollin
Sandra Behrens	Alice Leslie Dorn	Joy Kavanaugh	Margaret Powell
Erin Blewett	Rae Ellen Dubois	Mark & Pam Keller	Brenda & Dalibor Psotka
Edna Carol Blue	Diane Edgar	Barbara Kluding	Linda Rathburn
Bryan Caldwell	Arlene Encell	Rick & Eileen LaGrotta	Dante Shew
Suzanne Campbell	Marie & Joseph Erkes	Anne Lake	Judy Simon
Richard Cecchi	Martin & Cheryl Foley	Jon & Kelli Lathern	Lucy Stephens
Marie Chaty	D. Clark & Nancy Gibbs	Linda MacAfee	Ann Torrence
Shuai Chen	Shirley Hark	Rina Mayer	Sally VanRaemdonck
Sharon Cisco	Jason Hautala	Paula Miller	Debra Vivari
Edward Connolly	Angela Howk	Alexandra Moore	Marilyn Waldman
Pamela Cotton	Mardee Jenrette	Helen Nacov	Jean & William Wallace
Cranked Up Cardio	Barbara Jones	David Osborne	Ellen Walsh
			Loretta York

### Friends (to \$49) and Autoimmune Walk Donors (to \$249)

Contributions in this category are too numerous to print, but we would like to say "thank you" again for the many donations that have been received. These loyal friends are noted with appreciation.

#### Fund Raisers

Melissa Kubiak LuLaRoe - \$141  
Heidi Rebel Wine Tasting Event - \$131  
Kids Cause Day - \$215  
Holy Innocents' Episcopal School Bake Sale - \$343  
Facebook Fundraisers - \$3,420  
Raising awareness in honor of Cara Lian Lebedda - \$3,100  
Battelle NextGen's Bowling for Charity - \$490  
A Women's Evening with Music - \$1,585  
Autoimmune Disease Awareness Fundraiser - \$1,563  
5 for the 50 5K Walk - \$4,277

#### Payroll Deduction Programs (\$50 or more) and Matching Gifts

AT & T • Allstate • America's Charities  
American Express • Bank of America  
Battelle • Guidestar K Foundation  
The Capital Group Companies  
IBM • Pepsico Foundation  
United Way of Greater Philadelphia & Southern New Jersey  
Walt Disney Company

## With Special Thoughts...

### Tributes

**Steffi Bokser** - In honor of her birthday - Anne Pollin  
**Richard Chiburis & Alyson Tom** - In honor of their wedding - Kathleen Everett, Ian Tullis, Amos & Marta Ware, Timothy & Karen Nagle, Susan Shum-Maxwell, Ann Olea-Wijkstrom & Shirley Olea, Keith Wyngarden, Karen Goff, David & Miranda Caton, Sarah Edwards, Timothy Huey, Erin Friscia, Glen & Dianne Essink, Lynn Chu, Carol & George Nobori, Mariko Nobori, Michael Nobori, Gaye & Doug Goff, Brittany Essink  
**Cheylean Christ** - In honor of her birthday - Carla & Larry Harrah  
**Amanda & Tyler Droppers** - In their honor - Bobby Sawyer  
**Olivia Herbert, Miss Teen Minnesota International** - In her honor - Karen Pangerl, Connie Waring  
**Billie Johnson** - In honor of Billie's birthday - Judy Udove  
**Kent Jones** - In his honor - Cody Paterson  
**Krista Kline** - In honor of her birthday - Carrie Carter, Christine Hernandez  
**Ellen Levine** - In her honor - Janice and Francis Castrichini  
**June McGee** - In honor of her birthday - Eileen Kelly  
**Emily Rickard** - In her honor - Emily's Space Odyssey Donors

### Memorials

**Wray Abbott** - Dick & Debby  
**Mary Lou Barbara** - Setliff Family, Susan & John Delano, NETT Racq Pacq tennis ladies  
**Rona Brass** - Steffi & Allan Bokser & Family  
**Rosemary Dybowski** - Kay & Don Miller  
**Laurie East** - The Villani Family, Timothy J. & Diane M. Marsh  
**Fredric Hertzberg** - Deborah Hertzberg  
**Walter Krokowski** - The James Family, KJ Kennedy, Jocelyn Hinman, Lexie Rosenberg & Jon Rosen, Samantha Solow, Marisa Savard, Michelle Ulrich, Mr. & Mrs. Jonathan Small, Chris & Angela White, the Troha Family, Annmarie Montalbano, The Kappas (Matthew Kent), Karen & Warren Goercke, Michelle Acierno, Jackie & Joe Hubert, Meri Spigel, Noelle & Dylan (Keane), Richard & Karen Kesnig  
**Lillian "Gege" Orr** - Public School Therapists, Menshen Packaging USA, Inc., Joanne & Daniel Dwyer  
**Laura Royall** - Nancy & Robert Fulton, Chris Fraser, Dennis Murland  
**Myrtle Rubinevitch** - Shelley & Stanley Finger  
**Jonathon Avidon Safer** - Sheila & Michael Avidon  
**Mark & Margaret Schraub** - Delores Milnor  
**Joginder Pal Kaur Sidhu** - Orville & Christy Vargo-Sanchez, Ruba Nicola  
**Roselyn R. Weil** - Marcie Weil, Barney Spivack & Robin Oshman

**To our readers:** Autoimmune diseases are conditions in which the body's own immune system can (among other things) cause damage to the skin, joints, and internal organs. Although most autoimmune diseases are not yet preventable or curable, most can be controlled to varying degrees. It is because of the wide variance and severity that **the individualization of medical management** is so important. It is vital that persons diagnosed with (or suspected of having) an autoimmune disease consult with their physician or with the appropriate division at a major teaching hospital to assure proper evaluation, treatment, and interpretation of information contained in this newsletter. Opinions expressed in this newsletter do not necessarily reflect the views of the American Autoimmune Related Diseases Association or its Scientific Advisory Board.

### RA Article continued from page 9

synovial fibroblast, while sparing the immune system outside the joint."

Previous research had found that increased HIP1 expression in certain cancers correlated with worse prognosis in prostate cancer patients. Therefore, the findings of Dr. Gulko and colleagues also have potential relevance for cancer biology and the understanding of cancer cell invasion and metastasis. ■

--Source: Excerpted from "Researchers Identify New Arthritis Severity Gene," Mount Sinai Hospital Newsroom, New York, NY, July 26, 2018

### AARDA Memorial / Tribute Program

Write or call us for full details of this program. It can be handled by mail or by phone using Visa, MasterCard, or American Express. Memorial and Tribute contributions bring great satisfaction to donors AND to the recipients (or their families). They also help greatly in our ongoing fight against all autoimmune diseases.

#### American Autoimmune Related Diseases Association

22100 Gratiot Avenue, East Detroit, MI 48021-2227 Phone: (586) 776-3900 • www.aarda.org

# AARDA Scientific Advisory Board

## Chairperson

### Betty Diamond, M.D.

Professor and Head  
Center for Autoimmune & Musculoskeletal Diseases  
The Feinstein Center for Medical Research  
Northwell Health  
Professor of Molecular Health & Medicine  
Hofstra Northwell School of Medicine  
Manhasset, NY, U.S.A.

### Jean-François Bach, M.D., D.Sc.

Secrétaire perpétuel  
Académie des Sciences  
Paris, France

### Patrizio Caturegli, M.D.

Director, Noel R. Rose and Deborah Rose  
Center for Autoimmune Disease Research,  
Bloomberg School of Public Health  
Department of Pathology, School of  
Medicine  
Department of Molecular Microbiology and  
Immunology, School of Public Health  
Johns Hopkins University  
Baltimore, MD, U.S.A.

### Nicholas Chiorazzi, M.D.

Head, Karches Center for CLL Research  
The Feinstein Center for Medical  
Research  
Professor, Molecular Medicine and  
Medicine  
Hofstra Northwell School of Medicine  
Manhasset, NY, U.S.A.

### Maurizio Cutolo, M.D.

Professor  
Director for Laboratory Research  
and Division of Rheumatology  
Department of Internal Medicine  
University of Genova  
Genova, Italy

### Luis A. Diaz, M.D.

The CE Wheeler Jr. Distinguished  
Professor  
Professor of Dermatology  
Department of Dermatology  
University of North Carolina at Chapel Hill  
Chapel Hill, NC, U.S.A.

### Robert A. Eisenberg, M.D.

Professor of Medicine, Emeritus  
Department of Medicine  
University of Pennsylvania  
Philadelphia, PA, U.S.A.

### M. Eric Gershwin, M.D.

Distinguished Professor of Medicine  
The Jack and Donald Chia  
Professor of Medicine  
Chief, Division of Rheumatology,  
Allergy and Clinical Immunology  
School of Medicine  
University of California, Davis  
Davis, CA, U.S.A.

### Bevra H. Hahn, M.D.

Professor of Medicine  
Vice Chair, Department of Medicine  
Chief of Rheumatology  
University of California, Los Angeles  
Los Angeles, CA, U.S.A.

### Steven A. Krilis, Ph.D.

Head, Department of Immunology,  
Allergy and Infectious Disease  
The St. George Hospital  
Kogarah, New South Wales, Australia

### Parviz Lalezari, M.D.

Clinical Professor  
Department of Medicine and Pathology  
Albert Einstein College of Medicine  
Montefiore Medical Center  
Bronx, NY, USA  
President  
The Biomedical Research Institute  
Scarsdale, NY, U.S.A.

### Ian R. Mackay, A.M., M.D., F.A.A.

Professor (Honorary)  
Department of Biochemistry and  
Molecular Biology  
Monash University  
Clayton Victoria, Australia  
**Kenneth Olden, Ph.D., ScD.**  
Founding Dean  
School of Public Health  
Hunter College  
New York, NY, U.S.A.

### Michelle Petri, M.D., M.P.H.

Professor of Medicine  
Division of Molecular and Clinical  
Rheumatology  
Department of Medicine  
Johns Hopkins University  
Baltimore, MD, U.S.A.

### Robert Phillips, Ph.D.

Director  
Center for Coping  
Long Island, NY, U.S.A.

### Yehuda Shoenfeld, M.D.

Head, Department of Medicine 'B'  
and Center for Autoimmune Diseases  
Chaim Sheba Medical Center  
(Affiliated to Tel-Aviv University)  
Incumbent of the Laura Schwarz-Kipp  
Chair for Research of Autoimmune  
Diseases  
Tel-Aviv University  
Tel-Hashomer, Israel

### Yaron Tomer, M.D.

Anita and Jack Saltz Chair in  
Diabetes Research  
Professor and University Chair,  
Department of Medicine  
Albert Einstein College of Medicine  
Montefiore Medical Center  
Bronx, NY, U.S.A.

### Hartmut Wekerle, M.D.

HERTIE Senior Professor,  
Neuroimmunology  
Department of Neuroimmunology  
Max Planck Institute for  
Neurobiology  
Planegg-Martinsried, Germany

### Caroline Whitacre, Ph.D.

Vice President for Research  
Office of Research  
Professor, Department of Microbial  
Infection and Immunity  
The Ohio State University  
Columbus, OH, U.S.A.

### Chairman Emeritus

### Noel R. Rose, M.D., Ph.D.

Emeritus Professor  
Johns Hopkins University  
Senior Lecturer  
Harvard Medical School  
Department of Pathology  
Brigham and Women's Hospital  
Boston, MA, U.S.A.

**ORDER FORM FOR THE AUTOIMMUNE CONNECTION, Second Addition - Revised, Updated, BY RITA BARON-FAUST AND JILL P. BUYON, M.D.**  
Copies of this soft cover book are available for a donation of \$25.00 per book including shipping and handling to USA only at this time. All proceeds go to AARDA. Please fill out this form and mail to AARDA, 22100 Gratiot Avenue, Eastpointe, MI 48021-2227. Or you may place your order via phone (586-776-3900) using Visa, MasterCard, or American Express.



Please send *The Autoimmune Connection*: \_\_\_ copies x \$25.00 = \$\_\_\_\_\_ US

I enclose my check made payable to AARDA.  Please charge my \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Let's Stay In Touch...** Autoimmune Diseases Association, American Autoimmune Related Diseases Association, Inc. needs your help in continuing its vital work. Join us and receive our quarterly newsletter *InFocus* to keep informed of our patient and physician education programs, research advancements, and excellent autoimmune disease-specific information. You can join online at [www.aarda.org](http://www.aarda.org) by using your credit card on our secure Web site...calling the AARDA office at 586-776-3900...or completing this form.

Please print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please Charge: \$ \_\_\_\_\_  Visa  Master Card  American Express

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**YES,**  I/we would like to join AARDA in its vital work and receive its quarterly newsletter - *InFocus*. Enclosed is the \$34 membership / subscription donation. (international, \$44 USD)\*

**YES,**  I/we would like to help further the fight against autoimmune diseases. Enclosed is an extra donation of \_\_\_\$25; \_\_\_\$50; \_\_\_\$100; \_\_\_\$300; Other \$ \_\_\_\_\_.

**YES,**  I/we would like to join AARDA's **Honorary Leadership Circle** to receive *InFocus* plus periodic research updates and an annual report. Enclosed is \$500.

AARDA is a fully accredited IRS 501(c)(3) tax exempt organization.

\*If you would like to join but cannot afford the full membership donation, please enclose a note and any amount.

**MAIL TO: Address on reverse side**  
(Please be assured that AARDA does not sell, rent, or exchange its mailing list.)



22100 Gratiot Avenue,  
Eastpointe  
East Detroit, MI 48021-2227

Non-Profit Org.  
U.S. POSTAGE  
**PAID**  
ST. CLAIR SHORES, MI  
PERMIT NO. 55

RETURN SERVICE REQUESTED



## Local Contacts, USA

Arkansas	Susan Eslick .....(501) 317-5173
California	Arlene Encell .....arleneenc@gmail.com ( <i>West Los Angeles/Santa Monica area</i> )
Connecticut	Geri Viola Callahan .....(203) 656-2866
Illinois	Lorell Jones.....(773) 294-1772 ( <i>Chicago area</i> )
Michigan	Kimberly Radomski .....(586) 741-9918 ( <i>Clinton Township area</i> )
Nevada	Mercedes Barris .....(702) 617-0072
New Jersey	Althea Cices.....(845) 517-2491
New York	Althea Cices.....(845) 517-2491
Oklahoma	Sharon Abrams.....(405) 330-2356
Pennsylvania	Kim Knavel.....(484) 764-1682 ( <i>Allentown &amp; Philadelphia</i> )
South Carolina	Stanley Finger .....(803) 396-1030
	Charlie Wofford .....(864) 271-2750
Washington DC area	Michelle Ouellet .....(703) 893-1681
Washington State	Laura Ann Evans.....(509) 329-6510 ( <i>Spokane area</i> )

## Keep up with AARDA!

 /autoimmunity   
  Autoimmune\_Diseases  
 /AARDATube   
  @AARDATweets  
 [www.aarda.org](http://www.aarda.org) (586) 776-3900

## Inside this issue

President/Executive Director's Message.....	1
Fall brings payroll deduction time for favorite charity.....	2
Announcing...New York AARDA public forum.....	2
Volunteer note: AARDA Local Contacts needed.....	2
AARDA reaches out locally and regionally.....	3
Announcing: AARDA's 19th Annual Spring Benefit.....	3
What is my autoimmune story?.....	3
Diagnosing lupus: Chinese researchers develop new method...	4
Music, music, music! Try it!.....	4
FDA "Biosimilars Action Plan" released.....	4
Quote to ponder & enjoy.....	4
App for sarcoidosis patients now available on android.....	5
Book worth considering, Sick and Tired.....	5
When is enough really enough?.....	6
AARDA's Autoimmune Walks continue - Join us!.....	6
Parkinson's disease: more autoimmune evidence.....	7
Drug cleared for pemphigus vulgaris.....	7
Cannabis: What use in autoimmune disease?.....	7
Gut bacteria may trigger autoimmune disease.....	8
Is glaucoma an autoimmune disease?.....	8
Scientists study link between PTSD and AD.....	9
Scientists uncover driver of increase in RA severity.....	9
AARDA says "thank you".....	10
With Special Thoughts...Tributes and Memorials.....	10