

Thumbs UP

MND/ALS

Association of South Africa

NPO 155-413

The Newsletter of the
Motor Neurone Disease /
Amyotrophic Lateral Sclerosis
Association of South Africa

February / March 2018



Our MND/ALS advisor for the Gauteng area, Edith Potgieter, treated members of her support group to an active outing to celebrate the festive season at the end of last year, raising awareness of MND/ALS at the same time (see story inside)

The Mission Statement of the MND Assoc. of S.A. is

“To provide and promote the best possible support for people living with Motor Neurone Disease, their families and carers and to raise public awareness.”

MNDA of South Africa is a member of the International Alliance

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ACKNOWLEDGEMENTS

John Hall for producing the design and DTP (desk top publishing) work.

Optimal Print (Kensington) for the printing of our magazine



GAUTENG SUPPORT GROUP GOES WALKABOUT

Members of the support group led by MNDA advisor in the Gauteng area, Edith Potgieter, got active over the festive season at the end of last year. Instead of the traditional indoor feast, Edith used the small ‘party fund’ to arrange for all who were willing and able to do a 5km ‘walk-a-thon’.



Held on Sunday 10 December at Rietvlei Zoo Farm near Alberton, in collaboration with MBI Health, the event gave everyone the chance to, not only get out in the fresh air with family and friends, but meet new people. Although mainly intended to raise awareness of MND/ALS – Edith also gave a talk on Living with MND – the walk-a-thon drew participants with various disabilities, from impaired sight to prosthetic limbs to those confined to wheelchairs. Food and cool drinks were provided, combining with some healthy, outdoor activity to make for a memorable celebration of life.

JOIN YOUR LOCAL SUPPORT GROUP

Part of the association’s on going service to our patients, their families and carers, is to have regular (usually monthly) support group meetings, organised and led by our area advisors. These informal get-togethers provide the opportunity for those living with MND to share thoughts, exchange practical tips and gain strength from one another – all while enjoying a restorative cup of tea and a sticky bun! We welcome everyone’s input as to how these gatherings can be improved to make them more interesting and rewarding for those attending. PLEASE drop us a line (email or call) or chat to your MNDA advisor with your ideas/requests. Let’s get a suggestion box going!

KZN SUPPORT GROUP CELEBRATES THE SEASONS

Our Durban-based MNDA advisor **Kasturi Pillay** (fifth from left) made the most of being beside the seaside to herald the spring last year by taking members of the patient support group she leads, out for an ‘exhilarating’ tea on shore-side benches overlooking the Indian Ocean. ‘It was heartwarming just to see MND patients out in the open having fun. It’s the greatest feeling to make someone feel special and give them hope to still live life to the full.’



MAKING A DIFFERENCE WITH THE GIFT OF A TOBII

Kirsty-Leigh Carazzo of Ballito in KZN is given assistance in mastering a Tobii eye tracker by benefactor Linda Stewart.

Linda Stewart of Hillcrest, KZN, lost her husband Gary to MND in November 2016. Now, just over a year later, Gary's Tobii eye tracker she donated to the MNDA for patients in Durban and surrounding areas to use, is helping young Kirsty-Leigh Carazzo of Ballito to communicate with her carers and loved ones. Linda, the mother of two around Kirsty-Leigh's age, went the extra mile by accompanying our KZN MNDA advisor Kasturi Pillay to get Kirsty-Leigh set up. The smiles say it all.

'Shall we make a new rule of life from tonight: always try to be a little kinder than is necessary?'
[J M Barrie, author]

MEMBERSHIP SUBSCRIPTION REMINDER

The MNDA's financial year starts on 1 April each year and from that date the annual membership fee of R200 becomes due. This is irrespective of whether a fee was paid on joining during the months preceding that. We would encourage our members to make use of EFTs instead of cash or cheque deposits, as much of the R200 is swallowed up by bank charges.

A membership form with the MNDA banking details is included in this issue for your convenience. This small annual contribution helps the association to continue providing our advisors with the means to visit, advise and support MND patients countrywide.

From small beginnings come great things

DONATIONS

It's with gratitude that we embark upon 2018 by encountering, once again, the generosity of so many who make donations to our association, enabling us to pay it forward in the form of support for people living with MND. Whether big or small, a once-off or a regular contribution, every bit counts.

Among those who have given recently in memory of loved ones, we thank Gerald Eisenstein, Tony Manderson, Vicki Forrester and the Van Zyl family. Contributions continue to come from the Chiappini family, the Kurt & Joey Strauss Foundation and the Masonic Bowling Association.

We also thank the Suid-Afrikaanse Woonwa Assosiasie (SAWA-Mosselbaai), Mossel Bay Methodist Church, Pietersburg English Medium Primary School (PEMPS) and Friends of Dan's Group for their generosity.

Last (but hardly least!) the association wishes to acknowledge MNDA member Kevin Jordan, wife Carla and their 'team' for their strength, tenacity and compassion in continuing to raise funds and awareness through a variety of events via their 'You and Me vs MND' organisation. Their latest material contribution to the MNDA was a whopping R75 000! Follow their activities on their website, Facebook and Twitter; they welcome all support and participation.



THE INTERNATIONAL ALLIANCE OF ALS/MND ASSOCIATIONS' ANNUAL MEETING

Sheila Kendal Slabber, vice-chairperson of the MND Association of SA, was privileged to attend the annual general meeting held in Boston, Massachusetts in December 2017. She received a travel grant from the International Alliance to make this special trip (she is pictured above with fellow Alliance representatives). This is Sheila's story.

'After hours of travelling from a hot South African summer, I arrived in a cold, wintry Boston. I stayed at the Farrington Inn, about 8km from the Westin Waterfront Hotel in Boston where the conference was held and had to take a cab twice a day.

It was an amazing experience, meeting people from other countries and states, engaging with them, and appreciating the fact that we are all working towards the same goal: to provide and support care for patients via support groups, newsletters, home visits and the loan of equipment, all to help with providing quality of life and to make it easier for the patients and their families.



It was the presentation by Dr Terry Heiman-Patterson, president of the ALS Hope Foundation in Pennsylvania, which touched me the most. Speaking on 'Having Hope', she said:

"It would be simplistic to describe ALS as a disease which causes terrible suffering for patients and their families. This is certainly true, but at the same time ALS has a way of bringing out the best in everyone it touches, creating heroes who don't realize it. Equally remarkable is the hope which emerges from something which seems so hopeless. Everyone involved is part of an ALS Community of Hope:

- *It's hope to keep patients hopeful so they won't give up and will live each day to the fullest*
- *It's hope for the patients who participate in clinical trials to offer hope for future patients*
- *It's hope for the caregivers who hope to make the lives of their patients as comfortable as possible*
- *It's hope for families who hope to manage their own pain as they care for their loved ones*
- *It's hope for the doctors, clinical staff and researchers who hope to treat and cure ALS*
- *It's hope for future patients who hope their experience will be less stressful and hope they might be cured*
- *It's hope for families after they lose their loved ones, that they can continue the feeling of hope*
- *It's hope for the supporters of ALS who hope their contributions and volunteerism will help end the suffering*
- *And MOST OF ALL*

It's hope that someday hope will no longer be needed because ALS will have taken its last life"

'One of my personal delights was the snow – I loved every minute! Getting to the Underground Railroad or walking for miles exploring a foreign city in the freezing cold and being able to touch the snow... it made me feel like a child again.

I would like to thank the International Alliance for awarding MND A of SA a travel grant and thank the MND A for the privilege of attending this meeting, which was amazing.'

UPDATE ON NEW DRUG TRIALS

The International Alliance of ALS/MND Associations has held annual research symposiums in different cities across the globe, from Milan to Sydney to Dublin, to discuss and share developments in research on causes and treatments of MND, and advances in patient care. The 28th symposium in Boston (attended by nearly 1 300 delegates which in previous years has included our chairperson, neurologist Dr Franco Henning) gave feedback on three drug trials.

[Courtesy of *Thumb Print*, Winter 2018 Edition, MNDA (UK)]

Treatments

While there are currently many clinical trials looking at new treatments for MND, lots of them are in the early stages of investigation. Aside from learning new lessons on how to improve design of clinical trials, we also heard results on drugs that have recently sparked a lot of interest.

Masitinib, a drug attempting to reduce inflammation in motor neurons, was found to delay disease progression and slow down progression of symptoms. While a further clinical trial is now due to provide more data, masitinib is currently under investigation by the European Medicines Agency (EMA) in order for it to be licensed as an MND treatment in Europe.

Another drug, **tirasemtiv**, recently failed its primary objective to improve breathing function and was shown not to be well tolerated. Its successor (called CK-2127107), working on a similar principle as tirasemtiv, already showed improved tolerability and will be tested for beneficial effects in future trials.

Ibudilast has recently finished Phase 1/2 clinical trial in which the drug was shown to be safe and well tolerated. Preliminary analyses also showed that the ALSFRS score (measuring functional change) didn't decline in some participants, but these results now need to be replicated in further bigger trials to determine beneficial effects of ibudilast.

New genes

Finding new genes that are associated with the development of MND is no easy task. Since the discovery of the SOD1 gene in 1993, the average time taken to announce a new gene discovery has been about one per year

(although the process behind finding a new gene takes much longer). At this year's symposium, three new genes associated with MND were presented, and updates on these will be provided soon.

Symptom management

Prof Chris McDermott [UK] announced the launch of the HeadUp collar, an innovative neck support with lots of technology embedded in it. The collar consists of a material base, so it can go under clothes, and includes a

thermo-regulatory layer, so it has the ability to cool a person down when they are hot, or warm them up when they are cold. It adapts to the needs of patients and it is very easy to add extra support. An extensive evaluation found that 80% of people preferred it to other collars. There will be more information on this [at a later date].

REVISITING LITHIUM TRIALS HIGHLIGHTS IMPORTANCE OF PRECISION MEDICINE

The following article, courtesy of the Winter 2018 edition of the MNDA (UK) magazine *Thumb Print*, looks at the development and findings of a study which revisited 2011 data on *lithium carbonate* as a potential treatment for MND.

MND is one of the most difficult neurological diseases to diagnose and treat. This is mainly due to its complexity, as the cause of the disease is likely to be a combination of genetic, environmental and lifestyle factors. Finding drug to treat MND effectively is therefore based on first investigating the disease mechanisms – that is, the changes in our bodies that occur at the cellular level and cause motor neurones to die. Treatments for MND are now being developed based on these biological changes that happen in people living with the disease. But a recent paper, published in the journal *Neurology*, has the researchers thinking that we should be looking even deeper into the disease characteristics.

The paper looked back at data from a few clinical trials investigating lithium carbonate as a potential treatment for MND back in 2011. While these studies showed that lithium didn't appear to have any benefit, the revised analyses looked into the treatment effects on specific subgroups of participants, based on the genetic variation they were carrying. Dr Ruben van Eijk of University Medical Centre Utrecht in the Netherlands, who is the lead author of the paper, commented on the development and findings of the study:

'In MND there are many small Phase 2 clinical trials that show positive results, however, when a larger trial is conducted, the treatment is, frustratingly, found to be ineffective. A well-known example is Dexamipexole, which seemed beneficial in the exploratory Phase 2, but when the confirmatory Phase 3 trial with nearly 1,000 participants was conducted, the positive effect was no longer there.

'Together with Dr Michael van Es we hypothesised that this might be due to an imbalance in the distribution of genes in the different treatment groups in the trial. To clarify, we know that several genes can cause a more aggressive MND subtype; what if, by chance, all aggressive genetic subtypes are randomised to the placebo arm? This could lead to a false-positive result (that is, finding a beneficial effect where there isn't one). Subsequently, when the trial is repeated in a large number of people, imbalances due to randomisation disappear and the treatment seems no longer effective.

'To test this hypothesis, we started to match DNA profiles with clinical trial data. We chose two genes that were known at the time to be associated with a more aggressive MND subtype and that are relatively common among people with MND: C9orf72 and UNC13A.'

The re-analysis of the study found that, while the lifetime expectancy of people with the UNC13A gene variation is markedly shorter than in other MND genetic subtypes, lithium only showed positive effect on survival in this group of participants. On average, of those people with the UNC13A variation, 70% of people who were given lithium survived for 12 months or longer, compared to only 40% of those given placebo. No beneficial effect was found for people with the C9orf72 gene.

'The survival effects of the genes were not a surprising finding and confirmed earlier reports. However, the finding that the treatment effect depended on genotype was very surprising. We were quite sceptical at first, because we only re-analysed the Dutch lithium trial. Therefore, we decided to contact our Italian and British colleagues to confirm our findings. The process of matching the genetic information with the clinical trial datasets was quite challenging, which is why this follow-up study took almost two years to complete.'

The impact of this paper was significant, and not only for the new-found hope for lithium in MND. It is now even clearer that clinical trials could benefit from looking at specific genetic subtypes when looking for a treatment effect. The editorial by Armon and Hardiman (*Neurology*, vol 89, no.19), accompanying the paper, concluded: 'Genomic profiling remains in its infancy in ALS. However, the work of van Eijk et al. marks the end of the beginning. The novel insights open a new chapter and provide new impetus to the field in its search for a cure.'

'There is more and more evidence that MND cannot be seen as one single disease. There are many different MND subtypes, each with its own variation in disease processes. It is therefore unlikely that one treatment will be able to treat MND as a whole. Genetics may help to determine which disease pathways are present in patients, and help clinical trials to determine the pathway the experimental treatment is most effective for – this is called personalised, or precision medicine. In oncology, there are many examples of

RESEARCH

genetic interactions with treatment, with the most recent example in melanoma (BRAF genotype). Our results are a step towards precision medicine in MND.

SO WHAT DOES THIS MEAN FOR LITHIUM AND ITS POTENTIAL TO TREAT MND?

‘Despite similar trends being seen in all three individual lithium trials, our results may still be a false-positive. This is primarily because the analysis was not planned before the clinical trials and the overall number of participants is still quite small. We are therefore planning a new lithium trial to be conducted exclusively in people with the UNC13A variation.

‘Approximately 140 participants would be required to confirm our findings. However, as only 12%-19% of people with MND are carriers of this gene, we would need to genotype over 1,000 patients. With around 400-500 newly diagnosed cases per year in the Netherlands, the trial, hoped to start this year, will be held in multiple European countries.’

CONDOLENCES



CONDOLENCES TO FAMILY AND FRIENDS

We were saddened to hear of the passing at the end of 2017 and early in 2018 of: Elizabeth Visagie (20/8), Howard Simon (29/8), Mopheda Arnold (30/8), Charon Allen (5/9), Johnny Esterhuyse (9/9), Marie Pillay (10/9), Tracy Sparks (13/9), Andreas Adams (14/9), Katherine Steen (25/9), Ursula Caster (28/9), Daniel du Plessis (30/9), Rachel Taylor (4/10), Linda Mumm (15/10), Jarvist Basil Sheasby (29/10), Davana Schulz (31/10), Henry Daniels (2/11), Brent Beier (2/11), Jean Hanson (early Nov), Octavia Rademeyer (18/11), Anna Olivier (23/11), Michael Muller (28/11), Lindsay Prince (mid Dec), Howard Samuel (19/12), Ricardo Bastian (25/12), Joey Kotzen (Jan 2018), Piet Vorster (Jan 2018), Monica Hartnek (29/1), Natasha Filipe (2/2), Allan Lacey (8/2), Vishmawathie Rampathi (13/2), John van Dyk (23/2) and Martha Booyens (26/2).

*May the road rise up to meet you.
May the wind always be at your back.
May the sun shine warm upon your face
and rains fall soft upon your fields.
And until we meet again,
may He hold you in the palm of His hand.*

[Anon]

**We welcome your ideas – THUMBS UP is
your voice –
So if you would like to Contribute to the next
issue – Please write to us !**

HELPING THROUGH YOUR WILL

*Your Will can be a convenient vehicle for
making a charitable gift of a lasting value.
Please consider MND Association as a living
memorial for a loved one.
Many people support the work of the MND
Association of South Africa
through bequests from their Estates.*

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