This issue of MS Exchange marks another turning point in the history of the Consortium of Multiple Sclerosis Centers (CMSC), the Foundation of the CMSC, and the International Organization of MS Nurses (IOMSN), as we turn our full attention toward the future, a change that is consistent with what is happening in the world of multiple sclerosis (MS) and the world around us.

The 2008 theme for the CMSC, “We Are Changing the Face of MS,” represented our collective commitment to MS care and research, and was reflected in our projects, programs, and activities. Now in 2009, our tremendous expansion prepares the CMSC for a major leap in our development by initiating a broad, global effort aimed at “Building the Future of MS Care.”

This new mantra is one we feel reflects the truly comprehensive scope of our professional activities, and represents the longer-range goals of our members as well as those of the Foundation and the IOMSN in our fight to overcome MS and provide a better life for all of the patients we serve.

Each year at the CMSC Annual Meeting, drawing on input from our members and planning by our expert Program Committee, we build upon the foundation of the previous year by developing a richer curriculum of programs, courses, symposia, and special events. At this year’s meeting in Atlanta, we are also building a stronger, broader alliance of global members, with attendees from all regions of North America as well as China, Brazil, the United Kingdom, and Belgium.

In this issue of MS Exchange, we continue to bring you news of innovative programs and ground-breaking
The structure of the CMSC supports the establishment of special interest groups (SIGs), the most prominent of which is our VA-SIG, which represents healthcare professionals who provide MS care in the Veterans Administration (VA) medical network. A second SIG, the International Organization of MS Rehabilitation Therapists (IOMSRT), includes specialists in MS rehabilitation who have emerged as an important driving force in our organization, with Patty Bobryk serving as chair in 2009. Please visit their booth during our annual meeting to learn more about their projects.

One of the rewards of being an MS healthcare professional has been to improve the outcomes of care for our patients and their families. For me personally, being a member of the CMSC and IOMSN has sustained my belief in our unique model of care as a critical foundation of future treatment and outcomes. So join our membership in our new global drive, Building the Future of MS Care!

—June Halper, MSCN, ANP, FAAN

(Continued from page 1)
LACTRIMS Presence Continues to Grow

The Latin American Committee for Treatment and Research in Multiple Sclerosis (LACTRIMS) will again have a strong presence at the CMSC Annual Meeting in Atlanta, Georgia. The main contribution of the organization will be the LACTRIMS lecture scheduled for Thursday morning, May 28th, to be given by Victor Rivera, MD, FAAN, Professor of Neurology and Medical Director of the Maxine Mesinger MS Comprehensive Care Center at Baylor College of Medicine in Houston, Texas. “I’ll be summarizing the LACTRIMS efforts since it was founded, including an historical review of the important contributions of the region, and emphasizing our great association with the CMSC,” he reports.

LACTRIMS was officially founded in 1999 in Cartagena, Colombia by neurologists from 21 countries, with the late Dr. Leonor Gold as its first President and Dr. Rivera as its Vice President. The objective of the organization was to study the growing prevalence of MS in Latin America and to promote research in the region.

LACTRIMS was an integral part of the World Congress of MS held in September of 2008 in Montreal, along with ACTRIMS (the Americas Committee for Treatment and Research in Multiple Sclerosis) and ECTRIMS (the European Committee for Treatment and Research in Multiple Sclerosis). That conference represented the first joint meeting of these three major MS organizations.

“Our membership is about 400 neurologists in Latin America,” Dr. Rivera says. “We don’t have a directory, per se, but we will soon have a web page developed with the support of the Consortium, and there are diverse materials and publications available to our membership.” He adds that the current president, Dr. Carlos Oehninger (of Uruguay), has been extremely communicative with everyone in the organization to keep them apprised of all new developments.

The next LACTRIMS meeting will be held in August 2010 in Santiago, Chile, and is being coordinated by Dr. Jorge Barahona Strauch of Clinica Alemana. Three topics will be given special attention:
1) Continuous updating of regional prevalence.
2) The unusually high ratio of female patients to male patients in Latin America compared with the reported 3 to 4 women to 1 man among Caucasian populations. In Latin America, the ratio has been consistently reported to be 6 to 1, and 8 to 1 among Panamanians. “Hopefully, we will get additional insight into this huge differential,” Dr. Rivera says.
3) Participation in clinical trials involving Latin American MS centers. Current clinical studies are nearly 95% comprised of Caucasian patients, and there is no data to show whether Latin American patients will respond the same way to the same drugs.

Dr. Rivera feels these are very important areas of exploration, not only for Latin American patients, but to help advance the understanding of MS in general. As he says, “I have one foot in Guadalajara and the other in Houston,” which gives him a unique perspective on MS in the Latino population.
Rehabilitation professionals working with patients with multiple sclerosis (MS) have long been an important part of the MS care team. Many attend the Consortium of Multiple Sclerosis Centers (CMSC) Annual Meeting as individuals, with no official group representation. This year at the CMSC, rehabilitation professionals will see their own needs and interests represented at the Exhibit Hall by the International Organization of MS Rehabilitation Therapists (IOMSRT).

A Little History

Formed in 2001, the IOMSRT was modeled directly after the International Organization of MS Nurses (IOMSN) to provide a central conduit of information among MS rehabilitation professionals. The organization was formally recognized by the CMSC Board of Governors as a special interest group of the CMSC at the 2001 Annual Meeting, and immediately began expanding its membership.

The early objectives of the IOMSRT were to increase participation, communication, and representation of rehabilitation in the management of people with MS. The group has expanded its role to include disseminating information on, and participating in, research projects. As the sole networking opportunity for rehabilitation therapists working in the field of MS, the IOMSRT provides up-to-date information on clinical studies and research, as well as technical developments in MS rehabilitation.

This year, under the guidance of official representative Patricia Bobryk, MHS, PT, MSCS, ATP, the IOMSRT will put on a very public face at the Annual Meeting and on the CMSC website. “We are very excited because this year marks the first time we’re stepping forward and having a presence as an organization as a whole,” says Ms. Bobryk, who has been involved in MS care since 1994, when she began working at Orlando Health. She later assisted in the development of the first MS center in the Orlando area. Ms. Bobryk is an MS Certified Specialist and continues to work as a physical therapist at the MS Comprehensive Care Center of Central Florida.

Ms. Bobryk will be facilitating a table at the main Exhibit Hall with a computer showing the new IOMSRT website. “We will also be able to network with rehab professionals and get them signed into our database so they will be included in all future communications,” she says.

The IOMSRT will hold a “Rehab Roundtable” meeting at the CMSC, where rehabilitation professionals can convene to discuss future goals for the organization, and an IOMSRT Annual Dinner. “We will have three or four presenters at the dinner to discuss their research and bring us up to date on current rehab trends,” explains Ms. Bobryk.

What the IOMSRT Does

The main objective of the IOMSRT is to provide an arena where rehabilitation professionals can network effectively. “It is vital for us to spread our message of the importance of rehabilitation in the management of an individual living with MS,” Ms. Bobryk points out. The second objective is to provide reliable and up-to-date information, and a primary vehicle of dissemination of this information is the new IOMSRT website.

IOMSRT Website

One of the first orders of business for the growing organization was to establish its own page on the CMSC website at www.mscare.org. The linkbox is called MS Rehab in Motion, which goes directly to the opening page for the IOMSRT. Features currently include a history page, links to abstracts presented at past CMSC (Continued on page 10)
The ultimate goal of the International Organization of MS Nurses (IOMSN) is to improve the lives of all those persons affected by multiple sclerosis (MS) through the provision of appropriate healthcare services.

In the coming years, as we expand our mission to engage in Building the Future of MS Care, part of our responsibility is to formally include advocacy as a common focus. A shared commitment by MS healthcare professionals will help patients along their MS journey.

Advocacy often is defined as “the pursuit of influencing outcomes in both the public and private sectors.” Although there is no specific word for advocacy across all languages (as we learned at the “Global Innovations in MS Nursing” meeting held in Montreal, September 2008), we all agree on the importance of advocacy.

At that meeting, nurses shared common challenges of providing care for people with MS. We know that people with MS and their families face many challenges from day to day. They may need help obtaining medical care, equipment, services, reasonable accommodations at work, healthcare insurance, disability insurance, and life insurance. Healthcare professionals, and particularly nurses, are in a key position to advocate and to make life easier for people with MS and their families. We can improve the future of MS care by considering how we can help patients function in their lives.

Both individually and collectively we can:

• Represent people with MS to help secure their human, legal, and service rights;
• Teach self-advocacy;
• Establish and expand rights and services for people with disabilities;
• Educate the public about the rights of people with MS;
• Inform patients about services and programs, and provide referrals.

We, as allied healthcare professionals who work with patients with MS, have the unique privilege and responsibility of helping to influence the outcomes of this disease through our efforts. Patient advocacy is a fundamental role for MS nurses, and is part of the new focus of the IOMSN and CMSC in Building the Future of MS Care.

—Marie Namey, RN, MSN, MSCN
President-Elect, IOMSN

Teva Neuroscience is dedicated to the MS nurse community and has supported scholarships for nurses, educational programs such as monographs, CE programs, IOMSN dinners, the MS Exchange, and MS Nurse Counseling Points™. Teva Neuroscience is also proud to say that all of its Shared Solutions Nurses are certified in MS Nursing.
our multiple sclerosis (MS) nurses from centers across North America recently participated in a unique conference coordinated by the Italian Multiple Sclerosis Nurses Society (Società Infermieri Sclerosi Multipa, or SISM). Held in Genoa, Italy, November 22nd & 23rd, 2008, this was SISM’s fourth conference, and the first in which US and Canadian nurses were invited to participate as part of the on-going pilot collaboration between the Italian MS Society and the Consortium of Multiple Sclerosis Centers (CMSC).

The “TEAM Project,” as it is called, began earlier in 2008, when the Italian MS Society sent five teams, each comprised of a neurologist, MS nurse, and psychologist, to visit one of five North American MS centers to learn about how they implement their team approach in MS care, explains Jennifer Boyd, RN, MHSc, CNN(c), MSCN, a clinical nurse specialist at the Hospital for Sick Children in Toronto, Canada, and one of the nurse participants. “Each Italian team spent 5 days at the centers to learn how we work together as a team on a day-to-day basis with our patients,” she says.

Michele Messmer Uccelli, MA, MSCS, on behalf of the Italian MS Society, then invited the nursing representatives from the five North American MS centers to the Genoa conference, where each presented a requested topic:

- Progressive Multiple Sclerosis – June Halper, MSCN, ANP, FAAN
- Primary Care Needs in MS – Marie Namey, RN, MSN, MSCN
- Experiences of Children and Adolescents Living with MS - Jennifer Boyd, RN, MHSc, CNN(c), MSCN
- Differential Diagnosis and Management of Fatigue in MS - June Halper, MSCN, ANP, FAAN (on behalf of Kathleen Costello, RN, MS, CNRN, CRNP, MSCN)
- Caregiver Burden - Lucinda Phair, RN, MA, MSCN

“Our presentations were simultaneously translated from English into Italian for a little over 100 participants,” Ms. Boyd says. “The TEAM Project presentations were delivered in Italian, but translated into English for us.” The attendees were interested in exploring the differences between their healthcare system and the North American systems, and investigating these team models for how they might enhance their team approach to MS care in their home country.

The initial collaboration between the Italian MS Society and CMSC involves a pilot program, supported by Merck Serono Italy, that was presented as a poster (W30) at the CMSC meeting in Denver in 2008, and will later be evaluated for applicability in other countries. The collaborating centers include the Italian MS Society, the Pediatric MS Clinic/The Hospital for Sick Children (Ontario, Canada), the Maryland Center for Multiple Sclerosis (Maryland, United States), the Mellen Center for MS, Cleveland Clinic (Ohio, United States), the Schapiro Center for MS at the Minneapolis Clinic of Neurology (Minnesota, United States), and the MS Center at Holy Name Hospital, CMSC/IOMSN (New Jersey, United States).

The project is ongoing, with the global objective to improve the delivery of care to people with MS through promoting interdisciplinary collaboration among healthcare professionals in MS clinics. General team objectives include identifying ways healthcare professionals can communicate more effectively, challenging cultural obstacles to interdisciplinary-based practice in MS, defining the unique and vital contribution of every team member, and critically examining current practices and organization in order to improve patient care.
The Linda Morgante MS Nurse Leadership Program

Linda Morgante, RN, MSN, CRRN, MSCN
1952-2007

In March of 2007, the MS community lost one of its most inspirational leaders and educators when Linda Morgante, RN, MSN, CRRN, MSCN, passed away after a battle with cancer. Throughout her career, Ms. Morgante actively worked as a clinical nurse specialist and Director of Clinical Services for the Maimonides MS Care Center in Brooklyn, New York, and its satellite center at Mount Sinai Medical Center in Manhattan. She was also Assistant Professor of Nursing at Saint Joseph’s College in New York City. Ms. Morgante was Associate Director of Clinical Services for the New York City Chapter of the National MS Society for 4 years, was a founding member of the International Organization of MS Nurses (IOMSN), and served as the Vice President of the Charter Board.

The program offers an intensive, 2-day course of study of contemporary issues in MS care and immediately precedes the Consortium of Multiple Sclerosis Centers (CMSC’s) annual meeting. It includes a number of lectures, with group discussions and case studies integrated into the program. Each session is led by faculty who are thought leaders, covering topics such as “MS Diagnosis and Diagnostic Criteria,” “Treating MS With DMTs,” “Training on Symptom- and Adverse-Effects Management,” “Etiology and Pathogenesis of MS,” and, “Discussing Diagnosis and Treatment With Patients.”

The program is co-chaired by CMSC President and Past-President of the IOMSN, Colleen Harris, MN, NP, MSCN, MScS, a nurse practitioner at the Multiple Sclerosis Clinic at The University of Calgary in Calgary, Alberta, Canada, and current IOMSN President Amy Perrin Ross, APN, MSN, CNRN, MSCN, Neuroscience Program Coordinator at Loyola University of Chicago MS Clinic. The goal of the program is to provide early-career and advanced-practice nurses in MS with the opportunity to develop and refine their skill sets within the context of the MS care training programs already in use by the CMSC and IOMSN. “It is our hope that this program will become a regular event at the CMSC,” says Ms. Perrin Ross.

This program fills an important need, explains Ms. Perrin Ross, to educate nurses who work with patients with MS, especially as nurses increasingly become an essential part of the MS multidisciplinary team. It fills an equally important need to encourage more nurses to specialize in MS by helping them learn more about the importance of the role of nursing in the challenging field of MS care.

“Mentoring new nurses was very important to Linda, and this educational program helps to continue her legacy,” says Ms. Harris. To that end, a scholarship was also created called “The MS Nurse Awareness Scholarship,” which provides funding for 40 MS nurse recipients to participate in The Linda Morgante MS Nurse Leadership Program.
The MSCN Exam Learns New Languages

The Multiple Sclerosis Certified Nurse (MSCN) certification offers recognition of the special qualifications, knowledge, and professional achievement of nurses who work with patients with MS. The exam was first administered in 2002, and since then more than 800 nurses have passed the exam to become certified, according to Lynn McEwan, RN, MScN, CNNC, MSCN, who leads the Recertification Committee.

Each year, the Multiple Sclerosis Nursing International Certification Board (MSNICB) has worked toward the next evolution of the exam and to expand its base of service. “Our intent, once we established the English exam, was to translate it into as many languages as possible,” explains Ms. McEwan. The first translation was into French, specifically addressed to French Canadian nurses. The next translation was into Dutch, and there have been two sittings for that exam.

The next translation underway is Finnish, with the first group expecting to write the exam in May. Possible upcoming translations into Italian and Parisian French for nurses in Italy, France, and Belgium are being considered. “It is certainly an undertaking to translate an exam, as we have learned through experience,” Ms. McEwan says, “There can be a literal translation from someone who does not work in the field, and it is important to have someone in nursing also look at it, as well as a board member who specializes in MS.”

The exam is reviewed every year to ensure that it is current, relevant, and evidence-based, and the content is modified yearly. The next big step will be evaluating the potential for a computer-based examination, which appears to be an obvious way to expand the reach. The MSNICB continues to evolve, as this year its founding members rotate off the board and two new members are nominated.

Although competency exams are common to many medical disciplines, not all are alike. A unique feature that has contributed to the success of the MSCN exams is that they are held twice a year when most nursing exams are held only once. Additionally, the MSCN has a lower price than other exams at $250, a cost which, Ms. McEwan points out, employers may help in covering. “At the neurology unit at our institution (the London Health Science Centre in London, Ontario), the nurses have set aside a nursing certification fund from donations they have received,” she adds.

The main reasons people write this exam is for their sense of personal satisfaction and professional recognition, Ms. McEwan explains. “Employers definitely look for certification, and many employers strongly encourage their nurses to become certified.”

Each year the MSCN exam continues to grow as new people sit for the exam and previously certified nurses go for recertification 5 years after they first sat. Nurses have three options to obtain recertification: (1) rewrite the certification exam; (2) record 75 hours of learning activities; or (3) record 50 hours of learning activities and 1,000 practice hours. Information about MS nursing certification and recertification can be found at www.msnicb.org.

For more information about certification or for links to testing sites, go to the IOMSN home page: www.iomsn.org.
EXAM NEWS

Congratulations to the following candidates who passed the examination for certification as an MS Nurse in November 2008!

Candidates Who Took the Dutch Version:
The Netherlands  
Emmy Eggink-Bekman  
Esther Van der Heiden  
M. Kreykes-Van-Dyk

Candidates Who Took the French Version:
Canada  
Julie Lafreniere

Candidates Who Took the English Version:
Australia  
Therese V. Burke  
Susan D. Shapland  
Todd Andrea  
Canada  
Bibi Roziana Bandhoo

United Kingdom  
Sandra Catherine Constant  
Verity K. Dods  
Amanda J. Grant

Gail Hayes  
Huseyn Huseyn  
Helen R. Leggett  
Jane E. Metcalf  
Delyth A. Thomas  
Karen A. Vernon  
Sarah B. White  
Elspeth S. Wolfenden  
United States

Amali S. Abeynaik  
Susan M. Anderon  
Diane M. Anello  
Michelle L. Bashford  
Sara J. Chambers-Beno  
Cynthia P. Bishop  
Jo-Ann T. Boswell  
Gordon H. Campbell  
Sandra Lynn Carovano  
Teresa Carr  
Rose Chianta  
June E. Christensen  
Cheryl Coleman  
Colene R. Cranwill  
Lourdes B. Cruz  
Anna M. Delli  
Jill C. Frakes  
Elizabeth A. Godsey  
Tena L. Griffin  
Sheri L. Hearn  
Julissa Hernandez  
Maryann Hibbs  
Cynthia M. Hoiness  
Pamela M. Holt  
Lynn G. Howard  
Mary L. Irving  
Helen W. Isberg  
Laurie H. Jones  
Allison W. Kinnarney  
Beth B. Kushmick  
Athena M. Labrum  
Shannon M. LaMey  
Stacy M. Lane  
Joanne Law  
Diane Lijfrock  
Susan B. Lopez  
Mary C. Mahoney  
Sierra McMonagle  
Kara L. Menning  
Judith A. Minetti  
Patricia M. Mitchell  
Andrea B. Monroe  
Kim-Marie Nicholls  
Amanda L. Pegram  
Ladina L. Perrault  
Rebecca L. Popp  
Sandra K. Roberts  
Cinda B. Roland  
Yaritza M. Rosario  
Robyn L. Rossberg  
Kathleen M. Sanchioli  
Eileen A. Scheid  
Carol J. Sheldon  
Brenda L. Sims  
Ladonna R. Smith  
Martha Smith-Lightfoot  
Vicki P. Vanderlinden  
Patricia B. Weisenberger  
Erin A. Weliky  
Donna J. Whiteley  
Kerry L. Wild-Sherer  
David D. Wilt  
Nada L. Young

RECERTIFICATION NEWS

Multiple Sclerosis Certified Nurse (MSCN)
Applications for MSCN recertification must be submitted at least 3 months prior to expiration date.
Deadline: August 29th for November 30th certification expiration
For recertification guidelines, go to: www.msnicb.org/Recertification.htm

Multiple Sclerosis Certified Specialist (MSCS)
2009 is the first recertification year for MS Certified Specialists. For those who were certified in 2004, certification expires on December 31, 2009.
For recertification guidelines, go to: http://www.mscare.org/cmsc/MSCS-Recertification.html.htm.

For more information and applications for the MS Certified Nurse and the MS Certified Specialist exams, go to www.ptcny.com.

INTERESTED IN SHARING YOUR KNOWLEDGE WITH THE WORLD? JOIN THE IOMSN!

See our website at www.iomsn.org for more information on the IOMSN.
To get back issues of MS Exchange and the International Journal of MS Care, go to www.mscare.org.
meetings relevant to rehabilitation, and a calendar of rehab events. Other pages are under development and will be added in the coming months.

One of the unique features, Ms. Bobryk points out, is an instructional video on how to administer the “Timed Up and Go Test.” “This is an effective way to help educate someone who might not be in an area where they have access to other healthcare professionals specifically trained in MS care to mentor them,” she says.

The Rehabilitation Research Interest Group (RIG)
Research is now formally addressed by the IOMSRT as well. A Rehabilitation Research Interest Group (RIG) was formed in 2003 as an arm of the CMSC MS Cooperative Studies Group. The Rehabilitation RIG at that time was comprised of 16 rehabilitation professionals from North America. Their first duty was to survey rehabilitation professionals to establish the current standard of care in rehabilitation for individuals with MS. The resulting consensus statement on outcome measures for rehabilitation in MS was presented in poster format at the 2004 CMSC meeting, and the consensus was adopted by the CMSC Board of Directors in 2005 as a standard of care.

The Rehabilitation RIG members meet at the annual conference to discuss current research studies under investigation and identify networking opportunities for collaboration on clinical research projects. The group will soon have its own separate page linked to the IOMSRT website to report updates of their activities.

Becoming a Member
Currently, the IOMSRT is an informal group that does not collect dues. “If you get into our database, you are a part of the group, which is part of the Consortium,” says Ms. Bobryk, noting that this will soon be changing. The plan is to fill the positions of President, Vice President, Secretary, and Treasurer, so the organization actually has leaders in place with specific roles. “I am hoping that in my role, I can help facilitate the building of a full board by presenting it at the Rehab Roundtable at the Annual Meeting and have those positions filled by next year’s meeting,” she adds.

The development of the IOMSRT seems to be moving at a quickened pace into the future, and Ms. Bobryk is excited to be on the ground floor as it grows. “I think we have a lot to accomplish and we have many wonderful professionals around the world doing MS care. I look forward to being able to share our knowledge and expertise across all of our disciplines,” she says.

For more information on the IOMSRT, go to: www.mscare.org/cmsc/IOMSRT-Welcome.html

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The CMSC and Foundation Fund New Research

Funding research is a predominant objective of both the CMSC and its Foundation, which in 2009 are supporting a total of four new studies to benefit the future of MS care, in collaboration with the research RIGs already established by the CMSC.

Rehabilitation RIG
• “Validity, Reliability and Sensitivity of Three Gait Measures for MS,” Susan Bennett, PT, EdD, NCS, MSCS, University at Buffalo, Investigator. Supported by the CMSC Foundation/Steven Schwid Award.
• “Exploring the Potential of Nintendo Wii to Promote Exercise in Persons with MS,” Marcia Finlayson, PhD, OT(C), OTR/L, University of Illinois at Chicago, Investigator. Supported by the CMSC Foundation.

Symptom Management RIG
• “Comparison of FES Neuroprosthetic and Ankle Foot Orthosis in Persons with MS,” Seema Khurana, DO, University of Miami Miller School of Medicine, Investigator. Supported by the CMSC.
Clinical Trials Prep Program is Key to Success in Execution

Ismari M. Clesson, RN, CCRP, Director of Clinical Trials for the Research Institute of the Shepherd Center, Inc. in Atlanta, Georgia, and the Shepherd Clinical Trials Team will be hosting a special full-day training session called “Clinician to Research Coordinator—Basic Clinical Trial Principles” just prior to the CMSC Annual Meeting.

The program is aimed at providing exposure to the individual elements involved in conducting clinical trials, with experienced faculty from the Shepherd Center and Piedmont Research Institute conducting the training. Vice President of the Crawford Research Center at Shepherd, Mike Jones, PhD, will open the program with an overview of the history of clinical trials and the evolution of patient rights and informed consent. Other presentations will include HIPPA requirements, a complete breakdown of how to set up and start a trial, and a helpful hints seminar called “10 Important Things to Know About Research.”

Many nurses underestimate the extensive burden of paperwork involved in conducting clinical trials, Ms. Clesson explains. “They think it’s just a little more documentation than seeing patients in a clinical setting, but there’s so much more to it. You have to tell a complete story,” she says. The requirements to fulfill the protocol with each patient visit are extremely specific and must be adhered to strictly. Ms. Clesson has invited Marsha Hanson, RN, BSN, MSCN, CCRP, the lead MS Research Coordinator at the Shepherd Center, to review guidelines for documentation.

The next lecture will be all about recruitment, which Ms. Clesson explains can make or break a trial. “Very often we’ll pass on a clinical trial because it is virtually impossible to meet the recruitment criteria successfully,” she says. Most trials want therapy-naïve patients with very specific inclusion criteria, ranging from demographics such as gender, age at disease onset, and duration of disease, to unusual defining characteristics such as a particular occupation, lifestyle, activities, etc. “Once you eliminate the patients who don’t meet the basic criteria and those who probably should not be enrolled for a clinical reason, there are very few left and they often don’t fit the requirements.” This, Ms. Clesson points out, is something to consider before undertaking a costly trial that may never reach full enrollment.

The final session will be devoted to understanding how to work with a monitor and professional monitoring organization, called a “Clinical Research Organization” or CRO. These professional groups are very important to the success of a trial and it is vital to learn up front how to meet their expectations.

Clinical trials are a critical element in the MS knowledge base. Ms. Clesson and the Shepherd team designed this course to help clinicians quickly master the skills needed to run successful trials. This is an IOMSN-funded project that will also be presented in Birmingham, AL and Detroit, MI later this year.

For more information on this program, contact Ms. Clesson directly at ismari_clesson@shepherd.org.
Continuing Education Conference Calendar

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<td><strong>JUNE 3-6, 2009</strong></td>
<td>Canadian Association of Occupational Therapists Conference 2009</td>
<td>Crowne Plaza Hotel, Ottawa, Canada</td>
<td><a href="http://www.caot.ca">www.caot.ca</a></td>
<td>American Association of Spinal Cord Injury Nurses (AASCIN)</td>
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<td><a href="http://www.spinalcordcongress.org">www.spinalcordcongress.org</a></td>
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<td><strong>JUNE 10-13, 2009</strong></td>
<td>American Physical Therapy Association Annual Conference</td>
<td>Baltimore, MD</td>
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<td><strong>SEPTEMBER 23-26, 2009</strong></td>
<td>The 2009 Congress on Spinal Cord Medicine and Rehabilitation</td>
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<td><strong>OCTOBER 5, 2009</strong></td>
<td>International Symposium Stem Cell Transplantation in Multiple Sclerosis: Sharing the Experience</td>
<td>Moscow, Russia</td>
<td><a href="http://www.stemcellms.ru">www.stemcellms.ru</a></td>
<td>Dr.T. Ionova, PhD</td>
<td><a href="mailto:qlife@rambler.ru">qlife@rambler.ru</a> or <a href="mailto:nqolc@yandex.ru">nqolc@yandex.ru</a></td>
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<td><strong>OCTOBER 11-14, 2009</strong></td>
<td>American Academy of Neurology (AAN) Regional Conference</td>
<td>Baltimore, MD</td>
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Tell us what you think

We want to hear from you. We welcome your comments and suggestions, as well any information on meetings and studies. Please write to the editors of *MS Exchange* at:

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