

Seeking answers online

Have questions? Go to www.myositis.org

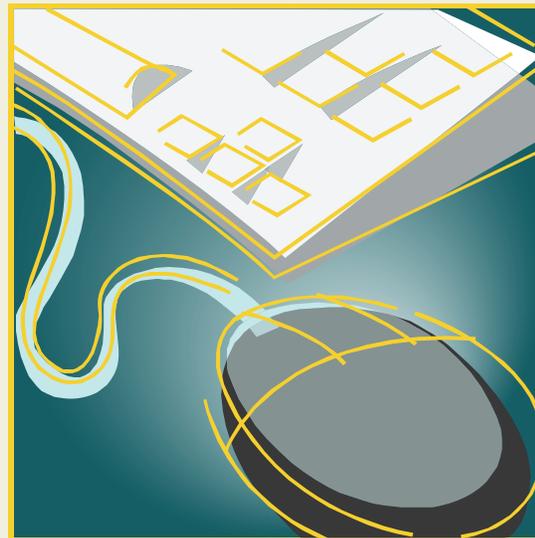
The Myositis Association website provides a comprehensive, searchable collection of information and resources of use to myositis patients and their families. Make www.myositis.org your first stop for accurate and up-to-date information on the diagnosis and management of your disease. There's more, too: coping skills, skin care, ongoing research, transcripts of live discussions and digital newsletters for members. New information is added frequently, so re-visit the site often.

If you're unsure where to find an answer, type a keyword in the search box. If you are a member and do not have access to the internet, ask your KIT leader or a TMA staff member to send you a printed copy of the information you need. TMA receives many emails and phone inquiries asking questions that are answered in depth on the website. Here are some of the most common, along with directions for finding answers on www.myositis.org.

How can I find a doctor familiar with myositis?

There's a section on TMA's website dedicated to the questions you have when you are first diagnosed. Under the tab, "Patients and Families," the "Newly Diagnosed" web page has tabs for "Find a Doctor," and "Find a Physical Therapist." TMA provides a link to our list of medical advisors, to the professional organizations of doctors who treat myositis, and to organi-

zations and institutions that have the resources you need. You'll also be directed to our "Community Forum" where you can ask TMA members in your area for frank opinions about their own physicians. Patients who come to this section of TMA's website also find links to:



- Frequently asked questions
- Information on conventional treatment for myositis
- Understanding autoimmunity
- Notes on antibody testing for disease specifics
- Tips for living with myositis
- Complications that may arise from your disease or its treatment
- Definitions of myositis terms
- Support from The Myositis Association online community

Also under "Patients and Families,"

find information of use to those in any stage of their disease:

- "Children and Families," with information as well as helpful tips for emotional support and family dynamics, whether you're a parent of a child with juvenile myositis, a teen or a child under 12 years old. The material is written in age-appropriate language, with links to resources both on the TMA site and elsewhere.
- "Patients living with Myositis" for adults with the disease, linking you with an array of resources that address both your practical and emotional concerns.
- "Caregivers" for those who care for an adult with myositis, with advocacy information, practical tips and emotional support.

Want to go directly to "Patients and Families?" Type <http://www.myositis.org/template/page.cfm?id=42> in your browser window.

How can I find a trial testing a new drug for my disease?

TMA will let all members know of important trials recruiting patients for treatment in a variety of ways. Trials recruiting patients are posted prominently on TMA's website on the first page, and publicized in newsletters and emails. They're also filed in the

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New members for medical advisory board

Six myositis experts were added to The Myositis Association medical advisory board for 2009, replacing members whose terms expired in 2008. The new advisors are acknowledged leaders in myositis research and treatment. The specialists -- a pediatric rheumatologist, three rheumatologists and two neurologists -- replace outgoing board members Walter Bradley, Marinos Dalakas, Chester Oddis, Ann Reed, Lisa Rider and Victoria Werth. The new medical advisory board members are:

■ **Adam Michael Huber, a pediatric rheumatologist.** Dr. Huber is an associate professor in the Division of Pediatric Rheumatology, Dalhousie University, Halifax, Nova Scotia, Canada, and participated in the juvenile dermatomyositis disease activity collaborative study group. Dr. Huber is presently conducting research into pain in the juvenile dermatomyositis population and steroid-induced osteoporosis in children. He also participates in the "Rituximab in Refractory Myositis" study.

■ **Mark F. Gourley, a rheumatologist.** Dr. Gourley is the program director and clinical care coordinator for the fellowship training program in rheumatology at the National Institute of Arthritis and Musculoskeletal and Skin Diseases at the National Institutes of Health, Bethesda, Maryland. He is the principle investigator for two current studies: "Natural History of Rheumatic Disease in Minority Communities" and "A Randomized, Double-Blind, Placebo-Controlled Trial of Infliximab in Patients with Dermatomyositis and Polymyositis."

■ **Alan Pestronk, a neurologist.** Dr. Pestronk is a professor in the departments of neurology and pathology, director of the neuromuscular division, and director of the neuromuscular clinical laboratory at Washington

University School of Medicine, St. Louis, Missouri. Dr. Pestronk writes and speaks frequently about the inflammatory myopathies, neuromuscular diseases, neuropathies and autoimmunity. His most recent peer-reviewed publication, "Inflammatory Myopathies with Mitochondrial Pathology and Protein Aggregates," was in the *Journal of Neurologic Science*, December, 2008.

■ **Dana Preis Ascherman, a rheumatologist.** Dr. Ascherman is an assistant professor at the University of Pittsburgh School of Medicine. Dr. Ascherman has written extensively about myositis and other autoimmune diseases, including "Pulmonary Complications of Inflammatory Myopathy" and "The Role of Jo-1 in the Immunopathogenesis of Polymyositis: Current Hypotheses," both for *Current Rheumatology Reports*; and "Animal Models in Myositis" for *Current Opinion in Rheumatology*.

■ **Lisa Christopher-Stine, a rheumatologist.** Dr. Christopher-Stine is the co-director of the Johns Hopkins Myositis Center and an assistant professor of medicine in the Division of Rheumatology at the Johns Hopkins University School of Medicine in Baltimore, Maryland. She was a presenter at TMA's 2008 Annual Conference in Denver, Colorado. Dr. Christopher-Stine has written extensively about myositis, including "Statin Myopathy: An Update" and "Myositis: An Update on Pathogenesis" (with Paul Plotz, M.D.) both for *Current Opinion in Rheumatology*, and "Adult Inflammatory Myopathies," also with Dr. Plotz, for *Best Practice and Research in Clinical Rheumatology*.

■ **Tahseen Mozaffar, a neurologist.** Dr. Mozaffar is an associate professor of Clinical Neurology at the University of California at Irvine and the director of the UC-Irvine

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“Research” section of the website, under “Clinical Trials,” where you’ll find trials recruiting patients with your type of myositis. Also find peer-reviewed articles about myositis under “Published Research.” This section is constantly updated as new studies are released. Keep up with TMA-funded research under “TMA Grants and Fellowships,” also in this section.

If you’re interested in research that has not reached the patient trial stage yet, TMA gives updates in newsletters and at Conferences. For instance, you’ll find an illustrated presentation of Jerry Mendell’s work with gene therapy in IBM under the 2008 Annual Conference agenda. When Dr. Mendell’s work moves to the recruitment stage, TMA will let members and other patients with myositis know, via email, newsletters and prominent website alerts.

Go directly to “Research” by typing <http://www.myositis.org/template/page.cfm?id=70>.

I’m concerned about all the medications I’m taking. How can I learn more about them?

Information about myositis drugs, including descriptions and side effects, is found under the “Treatment” section of the “About Myositis” tab to the far left on the home page. Physical therapy and supplements for myositis patients are also discussed in this section. Also under the “About Myositis” tab, you’ll find:

- Types of myositis, with information about your specific disease
- Diagnosis, including clinical and laboratory diagnostic tools
- Complications, including lung and swallowing problems, cancer and overlapping autoimmune diseases
- Frequently asked questions, linking you to on-site resources and outside sources

Go directly to “About Myositis” by

typing <http://www.myositis.org/template/page.cfm?id=2>.

What should I know about beginning an exercise program?

The “Physical Therapy” section under “Treatment,” above, has links to the presentation of TMA medical advisory board member Michael Harris Love on “Exercise for Every Level.” In this illustrated presentation, Dr. Harris Love and Joseph Shrader of the National Institutes of Health discuss aging, rehabilitation and assisted exercise, at every level of function. This is a valuable guide for myositis patients and their therapists.

Go directly to “Exercise for Every Level” by typing http://www.myositis.org/pdf/CONF06/2006AC_exercise1.pdf.

I am not able to go to the Annual Conferences. How can I find the information presented there?

Although each Annual Conference differs somewhat in tone and content, there are always sessions on treatment, research, emotional implications of chronic disease, rehabilitation, alternative therapies and myositis basics. TMA sends daily updates from each Conference, and posts presentations on the website as soon as they are available. The most recent Conference reports are linked from TMA’s front page for several months after the Conference, then filed permanently on the website. You can find the most recent Conference reports, and reports from previous Conferences under “News and Events” at the top right of TMA’s website. There’s a separate page for each Conference, and links to each presentation. Under the “News and Events” tab you’ll also find:

- TMA’s “Newsroom,” with recent news coverage and announcements about myositis.

■ TMA’s event calendar, with news about events happening around the country.

■ Information about National Myositis Awareness Day, set for September 21 by the United States Congress. Learn more about what you can do to organize an event or get recognition of September 21 as Myositis Awareness Day in your community.

Go directly to “News and Events” by typing <http://www.myositis.org/template/page.cfm?id=270>.

How do I find out how to contact members of the TMA medical advisory board, board of directors or staff?

At the far right of the TMA home page, you’ll find a tab, “About TMA,” that provides links to the TMA board of directors, medical advisory board and staff. Each link opens to a page with names and contact information for each of these groups. Under this tab, you’ll also find TMA’s history, financial statements and a description of TMA programs.

Go directly to “About TMA” by typing <http://www.myositis.org/template/page.cfm?id=24>.

I’d like to become a member of TMA. How can I do this online?

You’ll see a tab on the top of TMA’s home page that says “Get Involved.” Click here to become a member, volunteer, make a donation and find other ways to support TMA and those living with myositis. There are also other opportunities throughout the site to become a member of TMA.

How can I connect with other myositis patients?

Use the “Community” tab at the top of the myositis home page for several

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Help for chronic itching, sore fingers, sun damage

For many DM patients, skin problems persist even after muscle weakness improves. TMA Medical Advisory Board Member David Fiorentino, a Stanford University dermatologist, addresses these concerns in the following excerpts from his 2008 Conference Session and his recent live discussion with TMA members. Find the full discussion on TMA's website under "Community" and the full Conference presentation under "News and Events."

My scalp itch is driving me crazy. What can I do?

Dr. Fiorentino: Redness, itching, and sometimes flaking of the scalp are some of the most troublesome problems for patients suffering from dermatomyositis. We do not yet understand why the inflammation of dermatomyositis is so often associated with debilitating itch.

There are many ways to attack itching, no matter where it occurs on the body, and no matter what the cause. The first thing to remember is that it is critical to keep the skin moisturized, as this will help itch of all types. For the scalp, this means choosing shampoos that are not overly drying. Do not use shampoos, for example, that are targeted for oily scalps. Shampoos and soaps are basically detergents that dissolve oil. The critical barrier on your skin, the stratum corneum, provides all of your skin's ability to keep moisture trapped in the skin, and it is made of a mixture of dead cells and oils. Any soap dissolves these oils and compromises the function of the stratum corneum, and thus results in moisture loss and increased itch. I would consider the use of mild conditioners (fragrance-free), or even a small amount of baby oil or mineral oil to be washed into the scalp following shampoo. A more aggressive way to moisturize the scalp would be to use baby or mineral oil

on a damp scalp following a shower at night, and then wear a shower cap to bed. This regimen, though a bit messy, can help with reducing the flakes and scales. A prescription product, Dermasmoothe, can be used for this purpose, and has the added benefit of containing cortisone to reduce the inflammation of the scalp.

Several medications to help itch are available in various over-the-counter preparations. The first is pramoxine, available in Prax lotion, or Pramosome. In addition, preparations of phenol, camphor or menthol (e.g. Sarna lotion) can relieve itch. These preparations are generally temporary and do not address the underlying cause of the itch. However, they are safe and can be used long term with the caveat that it is possible to develop irritation or skin allergy to these agents over time.

Topical cortisone-containing medications can be quite helpful for scalp itch. Remember that these medications come in differing strengths and in different vehicles. In general, given the fact that this is (usually) a hair bearing area, these medications are put in either a foam or solution for use on the scalp. These are often well-tolerated, but sometimes they can burn the scalp, especially if there are open fissures and sores from the extensive inflammation. In this instance, I would recommend a trial with an ointment, if possible, before bed.

Note that the effectiveness of any topical cortisone depends on several factors, in addition to the strength of the cortisone. First, the vehicle is important. Ointments and oils are more effective than creams, which are more effective than lotions or gels, even if they contain the same medication. Second, the steroid will be more effective if, following application, the skin (scalp) is covered---preferably with a cover such as a bandage, plastic wrap, or a shower cap. An impor-

tant reminder is that, with increased strength, there also comes the increasing risk of side effects. The main things to watch for with the topical cortisones are thinning of the skin, and an increase in blood vessels.

One good regimen for bad scalp itch is to shower before bedtime, and while the hair is still damp, apply a cortisone-containing solution (one popular choice is clobetasol) to the damp scalp, and then immediately wrap the scalp with a towel, clip it in place, and go to sleep. You could also wear a shower cap instead of the towel. If this is done every night for one to two weeks, it can reduce the burning itch.

One final thought: the skin (including the scalp) of dermatomyositis patients is quite sensitive and easily irritated. Given this, I hesitate to recommend some of the products used to treat scalp itch associated with other conditions. These would include the anti-dandruff shampoos (such as Nizoral, T-gel, T-sal, Selsun Blue, etc) because they can be irritating and worsen the itch. These can help some patients, but I want to warn you all about this. In general, the shampoos and skin preparations that contain salicylic acid, alpha hydroxyl acids, or urea should be avoided.

How can I help my painful ragged nails and fingertips?

Dr. Fiorentino: Painful cuticles and fissures on the fingertips are difficult problems. The first thing is good nail care. Avoid manicures, false nails and polish. You should apply an ointment (such as Aquaphor) all around the cuticles several times daily. This will help minimize the fissures. Beyond this, you may need further therapy. You would need to see your doctor about this because the fissures can be due either to inflammation or to a lack of blood supply to the fingers. Each case would be treated differently. For

inflammation, you can try using a strong topical cortisone preparation (such as clobetasol) and then putting on a bandage or gloves. Often, more aggressive systemic medicines might be required for the inflammation. If it is a blood vessel problem, the use of blood thinners (aspirin and others) can help. In general, keep the fissures covered with ointment at all times and do not allow them to dry out.

For knuckles, I recommend a strong topical cortisone (clobetasol) under a bandage. Again, if there are open sores, this could be due to either of the two reasons mentioned above and I recommend assessment by an experienced dermatologist. We sometimes recommend using cyanoacrylate (Krazy Glue!) to bond together deep painful fissures so they can grow out and don't keep re-opening. You obviously need to do this with caution, however, and make sure you only apply it into the fissure.

I itch all over. What can I do?

Dr. Fiorentino: Let's talk further about itch in dermatomyositis. See general dry skin care under scalp itch, above. A few other tips to help keep the skin moisturized well and hence decrease itch: first, make sure you are using a gentle soap that moisturizes and is fragrance-free (examples include Dove, Oil of Olay, Aveeno, Purpose—NOT Dial, Ivory, or Lever 2000!); second, consider the use of either a central or portable humidifier, especially in the winter, which tends to be the most drying time of year; third, minimize use of your heater in the winter, which dries out your skin; fourth, try to shower or bathe for no longer than 10 minutes, and preferably with lukewarm water; fifth, remember to apply a moisturizer to your skin IMMEDIATELY following bathing, while your skin is still wet. In general, the efficacy of moisturizers is; ointments (Vaseline) are better than oils, which are better than creams (Eucerin, Cetaphil, and many others), which are better than lotions.

Moisturizers optimally should be applied 2-3 times daily (and always after the shower or bath).

Heat, water, and detergents all serve to compromise the ability of your stratum corneum (the outer layer of the skin) to retain moisture in the skin.

Other things that can temporarily help itch are cool packs or even cool water baths. Remember to always follow a bath with a moisturizer.

Nothing topical helps me. Is there a systemic medicine that might help?

Dr. Fiorentino: Sometimes topical treatment is not enough, and systemic therapies for itch will be needed. These fall into two classes: anti-itch medications and anti-inflammatory medications. The former group is comprised largely of anti-histamines (Atarax, Doxepin, Claritin/Clarinet, Allegra, Zyrtec, and many others). In general, the more sedating ones (Atarax and Doxepin) are the most effective for itch. One common mistake is that the dose of these medications is not increased high enough—these are generally quite safe and dosing is limited only by sedation.

Another treatment that can help itch is gabapentin (Neurontin). We have found that this can be successful in a small minority of patients. It can be associated with side effects (sedation, dizziness) so discuss this with your doctor.

New research is showing that some classes of opiates stimulate certain receptors, thus alleviating itch. The major ones include mirtazapine (Remeron), and naltrexone (Revia). There can be side effects (usually nausea, liver dysfunction, sleep difficulty, ineffective pain control.) There are new exciting medications. One is called butorphanol, which is given by a nasal spray and is FDA approved for the treatment of pain, but there are now reports that it can be an effective therapy for severe itching. This also

has potential side effects (nausea, sedation) and, because it is a member of the opiate family, it has a (low) potential for addiction. The problem with this medication is that it is designed for acute (e.g. brief) itch or pain, and not chronic, ongoing itch with dermatomyositis. Researchers are currently working on formulating this drug in a lotion that will allow longer term levels of the drug in the blood.

Finally, often the most important way to control itch is to use agents that suppress the inflammation that causes itch in the first place.

Can you explain more of the relationship between dermatomyositis and direct sunlight?

Dr. Fiorentino: Sunlight can cause not only skin flare but an increase in fatigue and systemic symptoms in patients with dermatomyositis. We do not exactly understand the relation of sunlight and dermatomyositis. There are likely many reasons why ultraviolet light makes the disease worse. One major theory is that dermatomyositis represents a situation where your body is attacking your skin and muscle. UV light can cause a situation in your skin where proteins that are normally not “seen” by your immune system get transformed to a state where they are now recognized by your immune system. And, if you have the right genetic background such that your body cannot “put the brakes” on this recognition, a cascade of events occurs that results in inflammation and redness in the skin. We think that UVB wavelengths are most harmful, but there is evidence that also UVA (and even visible) light also can have this effect. This is why you need to have sun protection for all wavelengths. Remember, the SPF factor only refers to protection from UVB. You need other agents—titanium dioxide, zinc oxide, mexoryl, parsol 1789, or clothing—to block out other wavelengths.



Scientific meeting features research reports, continuing education

TMA invited medical advisory board members and TMA-funded researchers to a two-day scientific meeting in Baltimore January 16 and 17. The meeting combined the annual review of ongoing projects funded by TMA members and the discussion of future research with a new feature – a continuing education symposium for the medical advisory board.

Medical Advisory Board Chairman Robert Wortmann commented on recent advances in myositis research. “This is an explosion of collaboration and progress compared to the past,” Dr. Wortmann said. “We have major multi-center studies, international participation and greater understanding of genetic and environmental contributions to the disease process than ever before.”

At the symposium, held at the Baltimore Sheraton City Center, Steven A. Greenberg of Brigham and Women’s Hospital in Boston presented “Interferon and Myositis.” Dr. Greenberg has done extensive work on the role of interferon in inflammatory muscle disease.

Fred Miller presented “Genetics and Myositis,” an update of what we know about genetic predisposition to myositis and related diseases. Dr. Miller is the Director of the Environmental Autoimmunity Group at the National Institutes of Health and a long-time TMA medical advisor.

Four researchers presented abstracts of ongoing research projects:

■ Kanneboyina Nagaraju, a medical advisory board member, presented the “Role of Adenine Nucleotide Catabolic enzymes in mediating muscle weakness in Myositis.” Dr. Nagaraju is the Director of the Pre-clinical Drug Testing Facility Research Center for Genetic Medicine at Children’s National Medical Center.

■ Ann Reed presented “IL-17 and IFN-Regulated Genes and Chemokines pathways in Adult and Pediatric Dermatomyositis.” Dr. Reed worked with seven co-authors on this study.

■ Victoria Werth presented “Modification of the Cutaneous Dermatomyositis Disease Area and Severity Index (CDASI), an outcome instrument.” Dr. Werth worked with Drs. Mina Yassaee, David Fiorentino, Lynne Taylor, Chris Coley, Andrea Troxel and Joyce Okawa on this study.

■ Lauren Pachman presented “The role of type 1 interferon in the induction of DM muscle disease.”

At the medical advisory board meeting, the research committee heard reports from TMA grantees about research progress:

■ Terry Oh presented preliminary results of her “Application of Stance Control Orthosis in Patients with Inclusion Body Myositis.” Dr. Oh is a researcher at the Mayo Clinic in Rochester, MN. The “smart brace” she is testing is designed to prevent falls while sustaining normal walking in IBM patients. Dr. Oh’s power point presentation is on TMA’s website under “research.”

■ Valerie Askanas sent updates of her TMA-funded project, “Role of PPAR-γ in pathogenesis and potential treatment of sporadic inclusion-body myositis.” Dr. Askanas submitted several research reports. Dr. Askanas has

an extensive body of work in the pathogenesis of IBM, much of which is presented on TMA’s website under “research.”

■ Dr. Lisa Rider, chair of TMA’s research committee, presented the results of TMA’s 2008 round of grant and fellowship proposals. The medical advisory board recommended, and the TMA board of directors approved the following:

■ To Micaela Iantorno, in the lab of Dr. Kenneboyina Nagaraju at Children’s National Medical Center, Washington, DC, a two-year fellowship at \$50,000 each

year, to study the effects of different modes of exercise in a mouse model of inflammatory myopathies. Dr. Iantorno will gather information on the benefits and risks of exercise to be applied to human patients. This preclinical information will help identify safe and effective parameters of exercise in myositis patients, and find out if certain exercise protocols may significantly help to reduce the muscle damage and dysfunction and improve muscle function in myositis.

■ To Jerry Mendell, of the Columbus Children’s Research Institute, a two-year grant at \$100,000 each year to continue research on the follistatin gene and its role in building muscle mass and strength. Dr. Mendell plans to take this research to a phase I clinical gene therapy trial, beginning with the quadriceps muscle to help patients with sIBM continue to walk.



Keeping in Touch With the KIT Groups

By Quineesa Smith

The New Year continues with KIT groups meeting to offer support to myositis patients around the country. KIT (Keep In Touch) groups are support groups for myositis patients and their family and caregivers. KIT groups have existed for 15 years and are an invaluable service for patients needing to learn more about myositis, meet others diagnosed with this rare disease, and share helpful information.

New KIT groups will be underway this year in Wisconsin, Southern Colorado, Eastern Pennsylvania, and Ontario, Canada. The growth of the support-group network is evidence of the continued need for patients to “talk it out” with others who relate to being diagnosed with myositis. It remains an ongoing goal of TMA to have active support groups in all 50 states—and internationally. If you are interested in starting or joining a support group in your area, call TMA at 1-800-821-7356 ext. 502.



TMA “racing stable” doubles in size

The Myositis Association received some wonderful news at the end of 2008 in its efforts to draw national attention to myositis. The owners of Airdrie Stud, a major thoroughbred breeding and racing farm, informed TMA that they will name one of their young racehorses “Stop Myositis” to help draw attention to the cause.

Airdrie is owned by former Kentucky Governor Brereton Jones. Governor Jones gained considerable attention in the national spotlight last year as his filly, Proud Spell, was named champion three-year-old filly following stirring victories in several major stakes races throughout America.

Stop Myositis is by the same sire (father) as Proud Spell but from a different dam (mother). TMA members will be kept abreast of the progress of Stop Myositis and TMA’s other “myositis horse,” Myositis Miracle, owned by Spendthrift Farm, as they prepare to race later in 2009. Each farm has generously offered to share with The Myositis Association a portion of the purses won by their “myositis horses.”



Aisha Morrow joins TMA staff

We are pleased to announce that Aisha Morrow has joined The Myositis Association as operations manager. Aisha comes to TMA from the American Red Cross where she served in the customer service department for five years. Aisha fills the staff position previously held by Jami Latham. Jami departed the TMA staff at the end of 2008, following seven years at TMA, to join her husband in Los Angeles and to begin a new career in sunny California.



New members, from page 2

Neuromuscular Program and the UC-Irvine Muscular Dystrophy Association, ALS, and Neuromuscular Center. Dr. Mozaffar was a presenter at TMA’s 2007 Conference in Bellevue, Washington. He was elected as a “Physician of Excellence” by the Orange County Medical Association in 2008 and is a researcher as well as an educator and clinician.

Many of TMA’s medical advisory board members accept new patients. Their names, as well as their contact information, are listed on TMA’s web site at http://www.myositis.org/health_professionals/mab.cfm.

TMA’s medical advisors also make themselves available to consult with your physician if he or she requests it. Most board members prefer to be contacted by email.



Answers online, from page 3

ways to meet, learn from and support your fellow myositis patients. On this page, you’ll find out about TMA’s support network. You’ll be directed to TMA’s “Community Forum” where members post questions, share ideas and benefit from the mutual support. There are several different sections of the forum, and the public is invited to each of them.

Some parts of the “Community” section are restricted to TMA members. The “live discussions” are a benefit of membership, as is access to the geographic listing of myositis patients near you. Once you join TMA, you’ll have access to these sections, as well as to “My TMA,” where you will find copies of current and past myositis publications.

Go directly to “Community” by typing <https://www3446.ssldomain.com/myositis/template/page.cfm?id=39> in your browser window.

How can I get myositis books and promotional material?

TMA stocks an online store for your convenience. Order carefully selected educational materials as well as novelty items unique to TMA from the “TMA Marketplace” at the top right of TMA’s home page.



MATCHING RESEARCH CHALLENGE RAISES \$700,000

The Matching Research Challenge has now raised more than \$700,000 for myositis research during the past two years. Initiated by a TMA member, the MRC matched research donations dollar-for-dollar in the first year. In 2008, the TMA member offered to match donations of \$150 or more dollar-for-dollar and generously offered to match donations of \$15,000 or more 2:1. Several donations of \$15,000 or more were received in 2008 to take advantage of this opportunity.

TMA's research program is entering its 8th year with more than 30 grants and fellowships awarded, totaling more than \$3 million. Thank you to all those who have participated in the MRC and supported myositis research. Each donation brings us one step closer to a cure for myositis.



THE MYOSITIS ASSOCIATION

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THE OUTLOOK