



MARK SELIGER

ACCELERATING THE CURE

The newsletter for friends and supporters of
 The Michael J. Fox Foundation for Parkinson's Research

FALL 2010

The Parkinson's Progression Markers Initiative:

MJFF's landmark study to find biomarkers of PD, which could speed development of life-transforming treatments

The Michael J. Fox Foundation has launched a landmark five-year international clinical study aiming to identify biomarkers that reveal the progression of Parkinson's disease — critical to developing long-awaited disease-modifying treatments that will transform patients' lives.

PPMI is the first-ever large-scale study exclusively focused on establishing the scientific infrastructure necessary to develop Parkinson's disease biomarkers. These tools are critical to accelerating the development of disease-modifying therapies that can transform patients' lives.

Currently, Parkinson's patients have access only to treatments that temporarily alleviate symptoms. If a biomarker is found through PPMI, researchers will have a critical tool to aid the quest for disease-modifying therapies that can slow or stop the progression of the disease.

Speaking to the *Wall Street Journal* about PPMI, Katie Hood, CEO of The Michael J. Fox Foundation, said: "We need treatments that slow or stop progression of PD, but without developing biomarkers we're not going to get there. This is the biggest impediment to finding a cure."

The connection between biomarkers and next-generation treatments

A biomarker is a substance, process or characteristic in our bodies that is associated with the risk or presence of a disease, or that changes over time in a way that can be linked to the progression of a disease. Reliable and consistent biomarkers allow scientists to predict, objectively diagnose and monitor diseases as well as definitively determine which medications work and which do not. There is no currently known biomarker for the progression of Parkinson's.

PPMI aims to significantly speed the development of biomarkers by allowing PD researchers, for the first time, to study biomarker leads in a single, large, well-characterized cohort of Parkinson's patients and controls over time.

MJFF has long championed biomarker discovery and development, with investments of over \$28 million since 2002. MJFF is sponsoring PPMI now because, for the first time, the Parkinson's field has amassed enough biomarker leads and initial data to justify development of a comprehensive biomarker validation infrastructure.

"With PD progression biomarkers in hand, it will be possible to establish objective endpoints for clinical trials of disease-modifying Parkinson's treatments," said Kenneth L. Marek, MD, principal investigator of PPMI. "Endpoints are

concrete ways to demonstrate that a candidate therapy is, or is not, slowing disease course in PD patients, as opposed to simply treating disease symptoms. Without a biomarker, this sort of evidence-based decision-making is not possible."

While there is no guarantee that validated biomarkers will result from the PPMI study, MJFF believes the importance of these tools to therapeutic progress requires that we accept this risk.

"It is an expensive, high-stakes investment," said Sohini Chowdhury, Associate Director, Team Leader, Research Programs, MJFF, "but the ultimate payoff could be life-transforming treatments for patients, something that they and their loved ones would argue is well worth the risk."

The study needs volunteers

PPMI can't get started without a diverse group of volunteers — men and women of all races and ethnicities. The study will be carried out over the next five years at 18 clinics in the United States and Europe. Study participants are now being actively screened and recruited. Sites need 400 people who have been diagnosed with Parkinson's but who have not yet started taking medication, and 200 who do not have Parkinson's.

PPMI is an observational study as opposed to an interventional trial. No experimental drugs will be measured or used in this trial. Participants will be contributing to a large body of data and biological specimens that can be used to further biomarker research.

Participants' health will be closely monitored by a team of experienced doctors and nurses. They will be compensated for travel and time in the study. And their privacy will be closely guarded. Most importantly, they will have the personal satisfaction of being part of a study that may help speed a cure for Parkinson's disease.

Learn more and spread the word

This special edition of *Accelerating the Cure* is entirely devoted to PPMI. Read on for biomarker basics, interviews with key study leaders, and profiles of people who have already stepped up to be involved. Help raise awareness about the study — pull out the poster on page 7 and post it on a public bulletin board at your office, gym, community center or place of worship. (Be sure to ask permission before posting.) Visit www.michaeljfox.org/PPMI or call (877) 525-PPMI to learn more.



ELENA OLIVO

NEWS FROM THE CEO

I'm frequently asked what science I think is most important in the search for life-transforming treatments for Parkinson's disease. While there are many valid answers to this question, I most often find myself emphasizing the critical need for PD biomarkers.

Many people are aware that biomarkers would make earlier diagnosis possible. What is less well known is that biomarkers are also vital to developing drugs. Our Foundation has long believed biomarkers are the key advance needed to develop next-generation treatments for PD — those that could slow or stop progression, not just mask symptoms. They are the missing link in researchers' ability to speed clinical testing of potential breakthroughs that might dramatically improve patients' lives.

That's why, on the heels of \$28 million in biomarker investments since 2002, our Foundation is launching its most ambitious effort to date, the Parkinson's Progression Markers Initiative (PPMI). This landmark \$40-million clinical study will be carried out over five years at 18 sites in the United States and Europe. Like the Alzheimer's Disease Neuroimaging Initiative (ADNI), a groundbreaking Alzheimer's study recently in the news for the success it is seeing, PPMI will employ an "open source" model of collaboration and data sharing to speed progress.

This special edition of *Accelerating the Cure* is entirely focused on PPMI. We hope it will give you a solid understanding of why MJFF, with the help of industry partners and generous donors, is supporting top-flight research to find a biomarker. Just as important, the study needs volunteers in order to get started. Both newly diagnosed Parkinson's patients and people who don't have the disease can take part. People are already stepping up to help (read about two of them on page 6). There's even a way to jump in today — pull out the poster on page 7 and hang it in a prominent place to raise awareness.

As always, thank you for getting involved however you can in our shared mission to make PD history.

Warm regards,

Katie Hood, CEO

One Step Forward, Two Steps Back?

By Michael J. Fox



It goes without saying that biomedical research is complicated. For patients, the pace of progress can often be frustratingly slow. This summer's announcements about biomarkers and stem cells left many of us feeling that for every promising discovery, there are even greater setbacks.

more precious time for the millions of people suffering from chronic diseases.

As a person with Parkinson's, it's hugely frustrating to think that one decision can actively hold back research that holds promise to

therapies that simply mask symptoms. Disease-modifying therapies create the possibility of newly diagnosed patients never having to experience full-blown disease.

The Michael J. Fox Foundation has long championed the scientific freedom to pursue all promising paths to finding these treatments. Biomarker discovery and stem cell science are among the innovative areas of biomedical research that hold potential to speed progress. So while our Foundation gears up to launch its most ambitious biomarker discovery project to date, the Parkinson's Progression Markers Initiative, we'll also be standing with Parkinson's patients, their loved ones and the majority of Americans who want us to move beyond political agendas and advance the promise of stem cell research.

This piece originally appeared on CNN.com. It is reprinted with permission.

“The Michael J. Fox Foundation has long championed the scientific freedom to pursue all promising paths to finding disease-modifying treatments.”

We started August with good news about the discovery of an Alzheimer's biomarker. It may not sound sexy. But for Alzheimer's patients and their loved ones, the significance of this finding is hard to overstate.

transform lives. Patients with neurodegenerative diseases dream of the day when disease-modifying treatments are found, instead of

Biomarkers, which are substances or characteristics in our bodies that are associated with the risk or presence of disease, are critical tools in the quest for therapies that can slow or stop the progression of neurodegenerative diseases. Until now, Alzheimer's researchers, like those in the Parkinson's field, have not had the benefit of a biomarker to guide their discovery.

This major breakthrough was the result of data sharing and collaboration. A consortium of scientists and executives across academe, government, industry, and the nonprofit world pooled their collective interests into one larger, collaborative platform. And in just six years — a relatively short time period in biomedical research — they announced success.

But with this one step forward came two steps backward when, later in August, a U.S. judge granted a preliminary injunction to halt federal funding for embryonic stem cell research. This ruling — which is even more restrictive than President Bush's policies — goes against the beliefs of the majority of Americans and wastes

BIOMARKER BASICS

They're the most critical piece of the drug development puzzle that you've never heard of. Brush up on biomarkers and why they matter so much to Parkinson's drug development that MJFF is sponsoring a five-year, \$40-million study to find them.

While the field has not yet uncovered any confirmed biomarkers of Parkinson's disease, several promising candidates have emerged in the past decade (due in no small part to MJFF investments totaling over \$28 million). For example, research has now established that levels of the protein alpha-synuclein are altered in people with Parkinson's. PPMI will now serve as a first-of-its-kind testing ground to validate these promising leads in a well-characterized, diverse population of people with and without Parkinson's over time. This collaboration will help increase the pace of biomarker validation and clinical testing as well as accelerate the pace of discovery.

How and where will PPMI researchers look for PD biomarkers?

PPMI will focus on identifying three types of biomarkers:

- Clinical biomarkers including cognitive activities such as thinking and memory, mood and heart rate will be tracked and measured over time.
- Imaging biomarkers use very sensitive neuroimaging tools called PET or SPECT cameras to let researchers “see” and track changes in the brain of a Parkinson's patient.
- Biological biomarkers are chemicals in body fluids including urine, blood and cerebrospinal fluid. PPMI will analyze cerebrospinal fluid especially closely. This is the fluid that bathes the brain. Because of its proximity to the primary organ affected in PD, it is expected to be a critical source of potential biomarkers.

Where can I learn more?

Check out www.michaeljfox.org/ppmi for in-depth analysis of biomarkers progress and challenges, including a podcast with PPMI principal investigator Ken Marek, MD, and a detailed Q&A.

What is a biomarker?

A biomarker is any measurable physical characteristic or process that can be used to objectively track and measure the presence and/or progression of disease. For Parkinson's disease, it could be a molecule found in bodily fluids such as blood or cerebrospinal fluid, a substance or process in the brain visible with advanced neuroimaging techniques, or even a change in a bodily function such as the sense of smell. It must be objective and measurable through a standardized lab test, imaging procedure or behavioral assessment.

Isn't a biomarker basically a gene?

No — in fact, a biomarker does not have to be a gene or genetic mutation. (Remember, it's possible to have one or more genetic irregularities linked to PD but never get the disease.) Genetic research can lead scientists to certain biomarker candidates, but many other physical and cellular characteristics are valid as possible biomarkers if they are measurable and provide an accurate window into disease risk, presence or progression.

MJFF PODCASTS

Go in-depth on biomarkers with Ken Marek, MD, principal investigator of PPMI, and learn more about MJFF's work to speed a Parkinson's cure at www.michaeljfox.org/podcasts.

Subscribe to our podcast series free of charge at iTunes.



“Disease-modification is the holy grail”

The development of PD biomarkers requires such a major and systematic infrastructure investment that no single entity could ever do it alone. PPMI will be made possible by a consortium of industry partners and generous donors including Pfizer, GE Healthcare and MJFF Board member Mrs. Lily Safra. John Dunlop, PhD, a senior member of Pfizer’s global neuroscience team, talked to MJFF about Pfizer’s commitment to PPMI — and what biomarker development means for people with Parkinson’s.



John Dunlop

From industry’s point of view, what would you say are the key opportunities in Parkinson’s disease drug development today?

I think the key opportunity lies in defining what disease-modification really looks like, and making it a reality. There is definitely still a need for strategies to better manage motor and non-motor symptoms of the disease, but right now disease-modification is the holy grail — for patients as well as drugmakers, needless to say.

What are some of the key challenges companies face in achieving this?

The major challenge we face right now is that by the time we’re treating patients for Parkinson’s disease, it’s very late in the progression of the disease, especially in terms of the neuropathology. We’d like to be able to identify patients long before they show symptoms and start them on treatments earlier. But biomarkers

matter for everyone with PD, not just those who are yet to be diagnosed. That’s because biomarkers are also needed to test potential new treatments in clinical studies. These tools would predict the effect our agents would be likely to have in a person with Parkinson’s. This is something we’re trying to achieve in several disease areas, but it is going to take a lot of collaboration between industry and academic researchers, funders and regulators to get there.

That’s why PPMI is designed with an “open source” collaborative/data-sharing model. Can you talk about how this model is different from the way science has traditionally been carried out, and how Pfizer believes it will help speed progress?

Historically, many people have tried to achieve the goal of finding a biomarker. But because of the scope of the work required to put together the comprehensive infrastructure this requires, no single entity can pull it off alone. Working together is the only way to get where we need to go. What really matters is that large initiatives like PPMI drive toward tools that every stakeholder agrees can be useful in early clinical development.

The Alzheimer’s Disease Neuroimaging Initiative (ADNI) has validated this collaborative approach, and ADNI has been in the news recently making strides toward biomarkers for early Alzheimer’s disease diagnosis and its progression. Unfortunately, Alzheimer’s disease has also been in the news highlighting the challenges of clinical trials whose results people were eagerly anticipating. Some of the agents currently in late-stage clinical testing were not able to take advantage of the biomarkers emerging from

ADNI. If those tools had been available 10 years ago, the field would have benefited greatly in terms of trial design, early predictions of efficacy and perhaps earlier intervention.

On the bright side, this is another lesson PPMI has been able to absorb from ADNI: That now is the time to plan proactively for success in preclinical development, in order to ultimately get treatments to patients faster. Do you agree?

That is exactly right, and Pfizer absolutely believes that this is the right time to invest in PPMI. The study is entirely complementary to our investments in our own full portfolio of agents targeting Parkinson’s, which we hope to turn into breakthrough treatments sooner rather than later. At the moment, we are able to develop those agents to some extent, but we don’t have a good strategy for testing whether they will work in human patients, especially with the goal of disease modification. It is exciting and timely to build the tools that will let us more clearly understand and predict these agents’ potential impact for patients. That will allow us to invest the resources required to get into the clinic sooner.

I must add that the role of The Michael J. Fox Foundation in conceiving PPMI and shaping its course has been extremely innovative. PPMI is structured similarly to ADNI, but in terms of championing the study, ADNI had no corollary to Fox. It’s truly impressive how the Foundation has brought the community together on this study and Pfizer is proud to be part of it.

John Dunlop is Executive Director, Pfizer Global R&D, Neuroscience Research Unit, Groton, Connecticut

WHY DOES A STUDY LIKE PPMI NEED PEOPLE WHO DON’T HAVE PD?

People who do not have PD may be surprised to learn that they can take part in a study like PPMI. In fact, control subjects provide researchers with important information for comparison with people who have specific illnesses (in this case, PD). While recruiting control participants is critical to the success of a trial like PPMI, it is often much harder than recruiting people with a disease, whose interest and motivation to be part of a study of their disease may be naturally high.

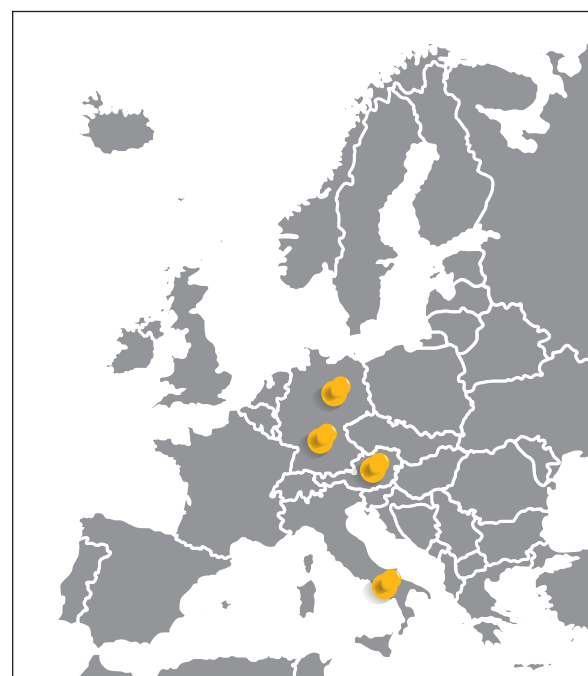
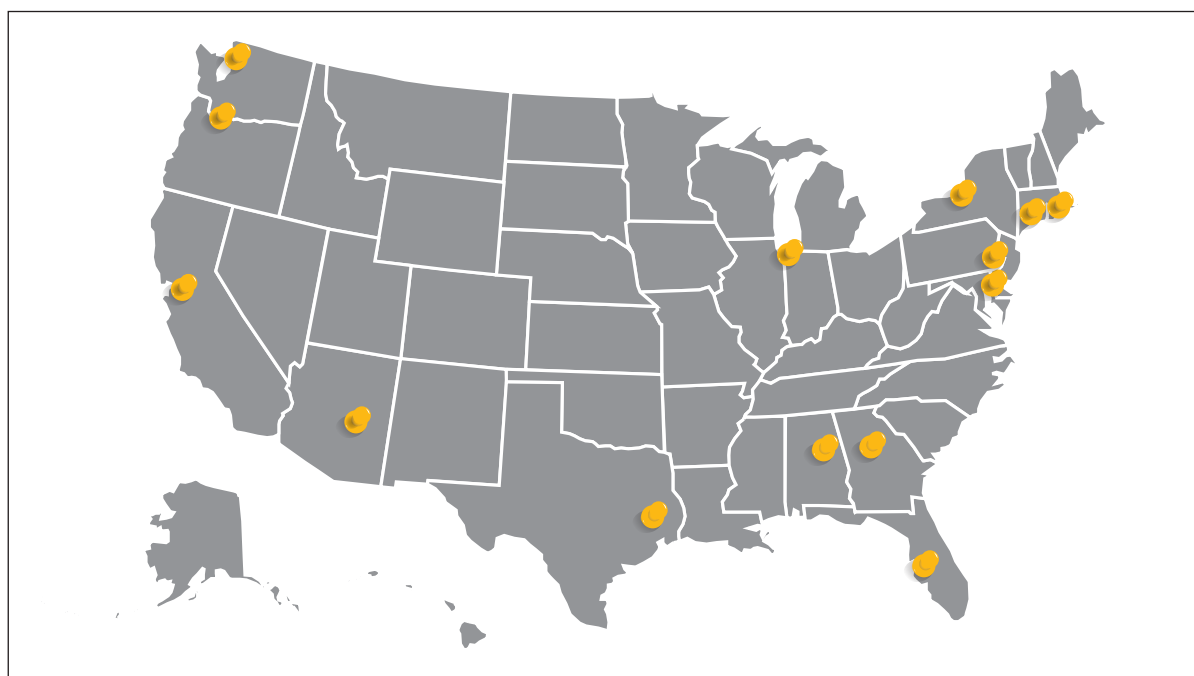
Data and samples collected from people with Parkinson’s can be analyzed and fully understood only when compared to the same data and samples collected from people of similar ages and genders who do not have Parkinson’s. By comparing information

from people with and without disease, researchers have a better chance of identifying differences between these two groups in biofluids (blood, urine and spinal fluid), behavioral and clinical aspects involved in Parkinson’s (such as sense of smell, or cognitive function) and images of the brain. These differences ultimately could lead to the discovery of a reliable and consistent biomarker of PD.

Visit www.michaeljfox.org/PPMI or call (877) 525-PPMI to learn more.

Where PPMI is happening

PPMI is an opportunity to be part of a new model focused on collaboration and knowledge-sharing that may create the tools to enable development of transformational therapies, and ultimately a cure, for Parkinson's. PPMI is being carried out at sites in the United States, Germany, Austria and Italy.



U.S. Sites

- Atlanta, Georgia
- Baltimore, Maryland
- Birmingham, Alabama
- Boston, Massachusetts
- Chicago, Illinois
- Houston, Texas
- New Haven, Connecticut
- Philadelphia, Pennsylvania
- Portland, Oregon
- Rochester, New York
- Seattle, Washington
- Phoenix, Arizona
- Sunnyvale, California
- Tampa, Florida

European Sites

- Innsbruck, Austria
- Kassel/Marburg, Germany
- Naples, Italy
- Tübingen, Germany

Anatomy of a Biomarker Candidate

MJFF has long championed biomarker discovery and development, with investments of over \$28 million to date. This timeline illustrates the path of one promising biomarker candidate chaperoned through development by MJFF since 2002.

2002

Michael Schlossmacher, then at Harvard University, receives MJFF funding to develop a lab test that can measure blood levels of the protein alpha-synuclein, whose abnormal function is implicated in the onset and progression of Parkinson's disease.

In a pilot study of 30 people, the test picks up on altered levels of alpha-synuclein in PD patients — the proverbial first step of a thousand-mile journey. This result requires validation, but points the way toward a potentially reliable, consistent and inexpensive test to detect Parkinson's disease and track its progression. That in turn would open new avenues to develop treatments capable of blocking this progression.

2004

MJFF renews Schlossmacher's funding to validate his findings in a larger population. Once again, his test detects altered alpha-synuclein levels in PD patients versus age-matched controls.

This brings the test one step closer to practical application in clinical and research settings.

Frequently Asked Questions about PPMI

AM I ELIGIBLE TO PARTICIPATE IN PPMI?

Your eligibility will be determined by staff at the study site during your screening visit. We are seeking 400 PD participants — recently diagnosed Parkinson's patients who are not currently taking standard medications for Parkinson's disease — and 200 control participants — adults who do not have PD and do not have a first-degree relative (parent, child or sibling) with PD.

HOW LONG WILL THE STUDY LAST?

PPMI will be conducted over the course of about five years. For individual participants, the duration will range from three to five years depending on their particular study entry date during an initial two-year enrollment period.

HOW OFTEN WILL STUDY VISITS TAKE PLACE?

After the first (screening) visit, you will visit the site upon enrolling and again at 3, 6, 9 and 12 months. Visits will then occur every 6 months until the study is over.

WILL I BE PAID FOR MY TIME AND TRAVEL?

Participants will be compensated upon completion of each visit — \$50 / 38 for each short visit and \$200 / 150 for each long visit. Additionally, all travel expenses will be reimbursed.

IF I ENROLL, DO I HAVE TO STOP SEEING MY CURRENT PHYSICIAN?

No, you are encouraged to maintain your relationship with your doctor. When you come for study visits as a PPMI participant you will be evaluated by an experienced clinical research team. All other decisions about your medical care outside of the study are up to you. PD patients who enroll in PPMI may elect to have the PPMI study site share test results and clinically relevant findings with their personal physician.

WHAT IF MY DOCTOR SUGGESTS THAT I TAKE MEDICATION FOR MY PARKINSON'S AFTER I ENROLL?

Your health is of the utmost importance. While our hope is that participants will not begin taking Parkinson's disease medications for the first 6 to 12 months, physicians and patients should make the decision to begin a new medication regimen independent of participation in PPMI.

I DON'T QUALIFY FOR PPMI, BUT I STILL WANT TO HELP. WHAT CAN I DO?

Please help us spread the word to people who might be interested in participating. If you know someone recently diagnosed with PD, or someone who does not have PD and is not a first-degree relative (parent, child, sibling) of a PD patient, please refer them to www.michaeljfox.org/PPMI. You should also contact your nearest study site as they very likely are conducting other trials for which you may be eligible.

Find answers to more FAQs at www.michaeljfox.org/PPMI.



VISIT THE PPMI SCIENTIFIC WEB SITE

Want to take a deeper
dive into the science
of PPMI? Stay up to
date on data and
results in real time at
www.ppmi-info.org.

2007

Schlossmacher, now at Canada's University of Ottawa, teams up with investigators Omar El-Agnaf of United Arab Emirates University and Brit Mollenhauer of Georg-August University (Germany) to further validate the findings.

The international team studies a population of over 400 subjects diagnosed with various neurodegenerative conditions, aiming to determine whether their test can tell the difference between Parkinson's disease and other neurological conditions. In a high percentage of cases, the test correctly identifies patients who have been clinically diagnosed with PD, distinguishing them from the other patients in the study.

2008

MJFF furnishes additional funding for the next phase of the project: partnering with contract research organizations (CROs) Open Biosystems, Inc., and Epitomics, Inc., to begin the work of creating a standardized version of the test that will perform consistently when used by different investigators and labs.

2009-10

Schlossmacher's test becomes a final candidate for use in the Parkinson's Progression Markers Initiative. If selected, it will be used to test alpha-synuclein levels in the blood and cerebrospinal fluid of PPMI participants.

Differences between PD patients and controls in the study may help researchers understand how the alpha-synuclein protein changes over time in people with PD, speeding development of treatments that could exploit these changes to slow or stop the progression of the disease.

In their own words: PPMI participants reflect on being part of PPMI

Here, in their own words, are the stories of two people — one with Parkinson's, one not — who have committed to be part of PPMI.

Erika Forte: “The more we can do to help figure this out, the better off we all will be”



Erika Forte and her husband, Michael.

AS SOMEONE WHO DOESN'T HAVE PARKINSON'S, I was glad to have a way to help this cause, to help scientists find out more about Parkinson's, to help others. I haven't participated in medical research before; this is my first time. It's a five-year commitment, but I think that will be fine. The nice thing is that my site agreed to work around my schedule. They will be available at times that are more convenient to me. That was a concern to me, because between my work and my family, I don't have a lot of time.

My husband, Michael, was in his early 40s when he was diagnosed. He was having tremendous leg pain in the middle of the night. He had tremors and other symptoms, but because of his young age nobody understood what was going on. Our primary care physician sent him to a neurologist, and then he was referred to another neurologist and another. At one point he needed knee surgery, and he was convinced that that would take care of everything. The surgery did take care of the knee, but nothing else. We continued to look for neurologists. My husband's first cousin had passed of ALS the year before. That was weighing on our minds.

We finally got a connection to Ken Marek, who was able to diagnose him with Parkinson's. It took us some time to wrap our heads around it, but we were relieved to have a diagnosis, and we knew it was something we could deal with. Ken said to Michael at the very beginning: “This is just going to be re-planning your next 40 years. This is something that's going to change the way you live your life, not end your life.” We felt really encouraged by that. Our primary care physician said, “Thank God it's Parkinson's.” That made us appreciate that the diagnosis certainly could have been worse.

In the years since Michael's diagnosis, we've been told many times that research is on the cusp of a breakthrough in diagnosis and treatment. It's really important to me to help in any way I can. I would love to hope that my participation in PPMI will help my husband in particular, but I think the greater opportunity is to help people down the road. Maybe as a result of my participation, there will be new ways for people to plan and get help and change the disease before it progresses. Michael had deep brain stimulation surgery in 2006. They didn't have that 20 years ago. Studies were done to help make that a reality. I am hoping that this study will help promote other new avenues to help patients and their families.

I'm hoping that this might be something my friends want to participate in down the line, because I think it's important to help find better ways to diagnose and treat people with Parkinson's. This study is about Parkinson's, but its results may benefit people with other neurodegenerative diseases down the road. The more we can do to help figure this out, the better off we all will be.

Erika Forte is the principal of a school for students with serious social, emotional and behavioral issues. Her husband, Michael, was diagnosed with Parkinson's disease in 1997.

Bill Fisher: “It helps me very much to be part of the study”



Bill Fisher and his wife, Janet.

AS A FORMER SCIENCE TEACHER, I'M INTERESTED in research. So many times I read about studies in the paper or hear about them on the radio, and they prove this or that; I often wonder who was studied. Now I can be part of the study. There was no reason not to do it, outside of fear of the unknown, which is nothing. I looked at it as an honor that I was asked. I'm retired, so I have the time. I'm only a half-hour away. A lot of things fell into place.

I'm 68, and I was diagnosed with Parkinson's this year. I went for a physical and mentioned as an aside that I was getting stiff knees. I do

a two-mile walk and the first half-mile was becoming very difficult. I had also done a lot of biking — week-long trips across Indiana and Michigan. Hundreds of miles. At my age, I thought I was starting to get arthritis. I called one of the guys I ride with and asked if anyone else was complaining about stiff knees at all. They were younger than I was, some of them, but it was a no.

My physician ordered a bunch of blood tests and sent me to a neurologist. That was the first time I heard the name Parkinson's disease mentioned, and then I was diagnosed with it. To be honest, I'm still trying to get used to the idea. My chiropractor said, “Bill, you work out all the time, you eat the right foods, you volunteer.” This shouldn't be happening to you is what he was really saying. Yeah, yeah. It happened.

The hardest thing for me is the fatigue factor. I was always hyperactive if anything — even in retirement, gardening, biking, volunteer reading groups. Having that mindset far from a couch potato, always interested in things. Now, getting out of a chair is bothersome. I was in a second-grade classroom with my granddaughter and these little guys are running around and I was walking through that. That was like a minefield. It was dangerous stuff. Once I get up and get my legs under me it's better.

I'm excited to be part of the study and to work with experts in the field. I realize that it is going to be five years and I hope to stay active the whole time. I like knowing that someone will reap the benefits of what I'm doing. That's important to me. My wife supports me fully. My daughter is a nurse and she drove me to the clinic today. They are all excited and interested, partly because of Michael J. Fox. He has personalized this disease, obviously. Fox's going public has been a motivation for many people to do the same. It pays to have that. And I hope that in some way I can encourage others to join as well, in a similar way, be a model.

On a personal level, I think it helps me very much, as a patient, to be part of the study. I'm going to a place where there are experts, they'll watch me and I can ask questions. I have to admit that when I was first diagnosed, I really didn't want to know that much. I went to the library and *Parkinson's for Dummies* just seemed to pop off the rack. I pulled it down and thought: Should I bring this home? Then I realized, I'm not ready to go into this. I put it back. But, being part of this study group, I'm starting to get inclined to go back and take a look.

Bill Fisher lives in Connecticut. He was diagnosed with Parkinson's disease in spring 2010.

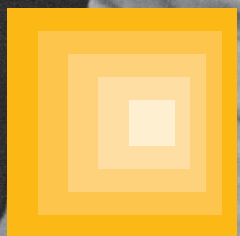
USE THIS PULL-OUT POSTER TO SPREAD THE WORD ABOUT PPMI!
You can help raise awareness about the study.
Pull out this poster (opposite) and post it on a public bulletin board at your office, gym, community center or place of worship. (Be sure to ask permission before posting.) Thanks!



A black and white photograph of Michael J. Fox, a man with dark hair, wearing a light-colored blazer over a dark t-shirt and jeans. He is sitting and looking directly at the camera with a slight smile.

We all have a lot of questions.
Now you can be part of the answer.

You have the power to do something extraordinary. Something that could change everything. The Parkinson's Progression Markers Initiative (PPMI) is an ambitious five-year study, the largest ever undertaken to pinpoint biological clues about the progression of Parkinson's disease. But it can't start without you. If you're newly diagnosed — or if you don't have Parkinson's and you're willing to participate in our study — please call (877) 525-PPMI or visit www.michaeljfox.org/PPMI. Together, we can find the answers that can lead to new and better treatments for Parkinson's.



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FALL 2010 NEWSLETTER



INSPIRED BY READING ABOUT PPMI?

Find more in-depth stories about how MJFF is working to speed life-transforming treatments for Parkinson's disease in our annual report, *Progress*.

www.michaeljfox.org/progress

The Michael J. Fox Foundation regrets the unfortunate omission of Suwyn Family Foundation and Amalia and Peter H. Lucas from the printed version of the 2009 report. We are grateful for their dedicated support.

ACCELERATING THE CURE is published three times a year by The Michael J. Fox Foundation. Two issues are mailed to donors who have given \$25 or more within 12 months. The year-end issue is mailed to friends and supporters who have given \$25 or more within three years. Past issues are available at www.michaeljfox.org. Submit questions, comments and feedback to the editor at the address at right. To subscribe or unsubscribe, please e-mail Lorri Stamile at lstamile@michaeljfox.org.

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