57th Annual Meeting

The 57th Annual Meeting of the Myasthenia Gravis Association of the Heartland was held on November 18, 2017 at St. Joseph Medical Center in Kansas City, MO. We were honored to have Dr. Mamatha Pasnoor, neurologist and Assistant Professor at the University of Kansas Medical Center with us. Dr. Pasnoor stepped in at the last minute to be the keynote speaker when our scheduled speaker had to cancel due to illness. Attendees heard about updates in research and treatment options and asked their questions of our neurologist panel led by Dr. John Sand. The Volunteer of the Year Award went to Kyle Flander for his work on the MGA Triple Crown Showdown 5K Committee and his networking which led to the Kansas City Iowa State Alumni Club selecting the MGA as their charity of choice. The Stackhouse Award went to nurses, Judy Ray, Jessie Melton and Aubrey Grover of KU Neurology for their dedication to the MGA Clinic and its patients at KU as well as their participation in Kansas City MGA support groups. Appreciation was also given to Social Heart for their partnership in 2016 for the MGA Date Auction.
Cheap Towels

By Willeke van Linden Tol, Member, Myasthenia Gravis Association of British Columbia

Over the last 20 months I have learned to “manage” my daily activities around my MG and I wanted to share some of them. They are true for me, but it could be different for you. I just hope it creates some awareness in your own daily life.

1. How dirty are you? Unless you have been wallowing in mud, a sitting bath for all the strategic places should be sufficient.

2. Or, if you have slightly more energy, the WW2 ration of a 5 inch bath is enough to splash yourself to get clean.

3. If you do take a real bath, do not use hot water and do not stay too long. A little oil will save you body lotion application. Just be safe getting out of the slippery bath.

4. Forget expensive 300-thread towels -- they are too heavy. Cheap thin towels save your muscles at bath and laundry times. Also, do not go for the heavy luxurious bathrobe either -- it will weigh you down.

5. Rest after washing, otherwise you are behind the eight ball from the start.

6. Eat a hearty breakfast. It might be the only meal you can swallow that day. Eat little portions during the day.

7. Do not waste energy getting to places. Use a car to get to your destination. Wheelchairs are also for myasthenics, as are handicapped stickers.

8. Most valued tools on weak days and in the hospital: eye bag and iPad! My eyes are the first to get tired, making reading, computer or TV impossible. I lay down with a good book on my iPad & get lost in the story with an eye bag to still my eyes. Sometimes it only takes ½ hour to recover. If I would have tried to push myself, I’d be in bed full time.

9. Light and noise are a huge issue for me. I carry earplugs and sunglasses for noisy places and restaurants.

10. When having a conversation, ask people to sit down. Ensure you’re on the same height or place them lower. “Looking up” is a sure way to get tired eyes and a fallen face with drooping mouth. As soon as I start to feel like I am looking from under a baseball cap, I know I have to rest. Do not apologize. Go and retreat. Friends do understand.

11. I avoid big dinner parties with multiple conversations. A group of four at the dinner table is more manageable. I often ask to have one conversation at a time. Big lesson with MG is to learn to be assertive.

12. Do not look up to television. You’re wasting energy. Slightly downward gaze with your eyes is more comfortable.

13. Reinvent yourself! Due to medication (prednisone) I was swollen to twice my size, a nice round moon face with a good red flush. Nothing fit and dressing was an ordeal. I rearranged my closet and went out to buy or borrow clothing without zippers or buttons. I chose new colors to suit my new face. Changed my hair color and make-up to suit my new complexion. Beautiful scarves hide my buffalo neck. These are ideas to turn something negative into positive; you can embrace the change.

14. Ask for help. You do need a good advocate who can speak on your behalf on bad days and in the hospital. Also, friends & family will be happy to actually be able to do something for you. I have re-organized my pantry, closet & kitchen for easier access. I wipe but do not scrub, and sweep but do not vacuum. I have friends & family (thank you, Kees & kids) who do the heavy cleaning.

15. Be your own Advocate. Be aware of your triggers. Keep a journal for medications, treatments & symptoms of a weak day. It took a long time for me to connect the dots, to realize the consequences of my actions. I thought I would save you some time so to have some extra muscle for the fun things in life. A journal is a good place to get the bad thoughts off your chest! It might help with difficult days.
A FAREWELL MESSAGE FROM THE MGA’s EXECUTIVE DIRECTOR

As many of you have already heard, it is with a very heavy heart that I will be stepping down as the MGA’s Executive Director to join my husband as we continue to build our business at KC Truck Repair. I have spent the past five of the most meaningful years of my life here with you. You all have become my community of dear friends and neighbors. It is because of you that I woke up every morning looking forward to the day ahead and helping those that we could help fight in this scary battle with MG.

Look at this as a farewell and not a goodbye. While my full time job won’t be focused on the MG community anymore, I will still be involved with this amazing organization through volunteering. It has been a pleasure working with each of you and thanks for making my work more meaningful!

Our current Board President, Allison Foss, will be taking over as our new Executive Director and I have great confidence that she will lead our organization into a bright future! Allison was the founder of the MGA Triple Crown Showdown (5K and Walk) and has a deep passion for our mission.

Please feel free to reach out to the MGA to get my personal contact information if you would like to stay in touch. I will miss each and every one of you!

Danielle Kempker

Allison Foss joins the Myasthenia Gravis Association as the Executive Director. Allison is no stranger to Myasthenia Gravis. Diagnosed at age 5, she is one of those rare MG patients with the MuSK antibody. Raised in southeastern Iowa, Allison graduated from Iowa State University with a Bachelor of Child & Family Services. She has spent the last 18 years working with and advocating for individuals with developmental disabilities and special needs. She comes to the MGA from Johnson County Developmental Supports where she was a Service Coordinator.

Allison began her partnership with the MGA in 2010 when she founded the MGA Triple Crown Showdown (formerly the MGA Walk Run and Roll). Allison has worked as a volunteer to help spearhead the MGA Triple Crown Showdown for the last 7 years. In Allison’s time as a volunteer the Run has grown from just under 200 participants to around 500 participants and raised more than $200,000. Allison has been an active member of the MGA Board of Directors for the past two years, serving as Board President in 2017. Allison brings to the MGA her passion for community spirit and recognition of those in need. She has been an active mission partner at Holy Cross Lutheran Church in Overland Park and a past board member of HopeBUILDERS KC. She has previously been active in PEO Chapter HF and Gamma Phi Beta Alumnae. Allison is excited to hit the ground running, to raise awareness and make new connections in the Heartland.

Allison is the daughter of Craig and Barb Foss of Fairfield, Iowa. In her spare time, she loves to spend time with her family, her dog, Ries, tackle yard projects, attend Iowa State sporting events, blog, travel, cook and enjoy a good glass of wine with friends on a patio.
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ARJ is proud to be a dedicated supporter in the fight against myasthenia gravis. We continue to support MGA and the awareness it brings to the community.

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SSDI vs. SSI

By Abbie Cornett (reprinted from IG Living magazine, December-January 2018)

Over the years, I have discovered many patients and their families don’t understand the difference between Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), nor which benefits they are entitled to and when they should apply. While both federal programs are for people who are disabled, they have little else in common.

From a historical perspective, SSDI is an insurance program implemented in 1956 under Title 2 of the Social Security Act. SSI is an income supplement program implemented in 1974 under Title 16 of the Social Security Act. SSDI pays a benefit to disabled individuals as long as they qualify by having worked long enough and paid enough Social Security tax. To be eligible, individuals must have worked at least five of the last 10 years, or 20 out of the 40 quarters before they became disabled. For individuals under 30 years old, the requirements are somewhat different since they have not been in the workforce as long. The SSDI benefit is funded by general tax revenues.

Individuals qualify for SSDI and SSI based on different income requirements. SSDI is based on work history, has no asset restrictions and allows recipients to return to minimal work. SSI payments are made to the blind, elderly and completely disabled who have a demonstrated financial need. For individuals to qualify for SSI, there are strict asset limitations (less than $2,000), and working reduces the benefit. Since SSI is a need-based program, assets must be taken into account, whereas SSDI is a benefit workers pay and qualify for through contributions paid into Social Security. Both programs require that applicants be disabled. The law defines disability as an inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months. (For the SSA disability qualifications for MG, go to: https://www.ssa.gov/disability/professionals/bluebook/11.00-Neurological-Adult.htm#11_12).

Before individuals are approved for SSDI or SSI, the Social Security Administration (SSA) will evaluate their claim. During this process, SSA will look at all factors affecting the individual’s ability to work such as the severity of the condition(s), age, education, past work experience, transferable skills and whether any other substantial gainful activity can be accomplished.

Applying successfully for SSDI or SSI is dependent on establishing a paper trail. A number of preliminary steps are required to be successful in obtaining benefits:

- Speak to a doctor first. Make sure the doctor and patient are in agreement that the patient is no longer able to work.
- Gather all clinical data and test results. To obtain benefits, an individual must have a severe impairment that is supported by medically acceptable clinical and laboratory findings.
- Document all work restrictions and accommodations. It is important for the patient to demonstrate he or she is unable to continue working.

In fact, a majority of people who apply for SSDI or SSI are denied the first time. This doesn’t mean patients should give up. When an application is denied, a letter will be sent to the applicant explaining why and how to appeal the decision. An appeal must be filed within 60 days of the date the disapproval letter was received. Because many applications are denied for technical reasons, patients may want to seek legal help. Disability attorneys are familiar with the application process and can help patients with the necessary documentation.

It’s important for patients to start the application process early, and not wait until they can no longer work. Many patients postpone filing for disability as long as they can, often to their own detriment. Many times, this is because they are embarrassed about being ill or feel a sense of guilt about being unable to work. But, it is important to remember these programs were established to help the chronically ill and their families.
Additions to the Medical Advisory Committee

We are pleased to announce that Constantine Farmakidis, MD, and Jacob McGuire, DDS, PhD, have joined our Medical Advisory Committee.

Constantine Farmakidis, MD

Constantine Farmakidis, MD, joined the faculty of the University of Kansas Medical Center in September 2017. Prior to that he was at Albert Einstein College of Medicine in New York City for six years which was his first position after completing fellowship training. At KU, Farmakidis sees patients with a broad spectrum of neuromuscular conditions including those with myasthenia gravis. He particularly enjoys working with MG patients, no less, because there are many treatments to offer and many patients have good outcomes.

Jacob McGuire, DDS, PhD

Jacob McGuire, DDS, PhD, is a clinical assistant professor at the University of Missouri Kansas City School of Dentistry. He obtained his dental degree from UMKC and his advanced specialty training in endodontics from the UCLA School of Dentistry. He also completed an interdisciplinary doctor of philosophy (PhD) in Oral and Craniofacial Sciences and Pharmacology at the UMKC School of Graduate Studies.
Clinical Trials

Kansas University Medical Center in Kansas City, KS, is participating in several clinical trials relating to myasthenia gravis (see below). If you are interested in participating in a trial or would like more information, go to clinicaltrials.gov, and enter the NCT number related to the specific trial. You can also call KU directly and talk to Laura Herbelin 913-588-5095.

1. Open Label Study of Subcutaneous Immunoglobulin (SC Ig) in Myasthenia Gravis - #NCT02100969
2. Efficacy and Safety of IGIV-C in Corticosteroid Dependent Patients With Generalized Myasthenia Gravis - NCT02473965
4. Study to Test the Safety, Tolerability, and Efficacy of UCB7665 in Subjects with Moderate to Severe MG - NCT03052751

2018 MGA Board Members & Staff

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Vice President: LaDonna Diller
Secretary: John Sand, MD
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Joe Bant
Ray Olsen
Christopher Roper
Lisa Sackuvich, RN
John Wilkinson

Executive Director: Allison Foss
Program Coordinator: Anne Strader

Reader’s Corner:
“Chronic Illness Can’t Beat My Superhero Mommy”

Author: Kristi Patrice Carter, JD
Publisher: Amazon Digital Services

(We thought this book might be of interest to some of our MGer moms and their families).

When 7-year-old Danielle’s wonderful, loving, energetic mother was diagnosed with chronic migraines and fibromyalgia, she struggled to understand how much their lives would change. But just as they’d always done before, they adjusted. During a migraine or fibromyalgia pain flare, Danielle’s family encouraged mom to rest, assisted her with household tasks, gave gentle hugs and worked hard to support her on the days she didn’t feel well. Soon, Danielle learned just how amazing her mother really was. A chronic illness didn’t change her family’s love. It didn’t take away the mommy they’d come to know. It didn’t change her family’s hearts. Instead, it showed Danielle how strong and courageous her superhero mom was. Although fibromyalgia and migraines may steal her mom’s energy, it will never change her heart.
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**Diagnostic utility of cortactin antibodies in myasthenia gravis**

Patients with MG without antibodies to the acetylcholine receptor (AChR) or muscle-specific tyrosine kinase (MuSK) have been classified as having double-seronegative myasthenia gravis (dSNMG). Spanish researchers used the blood from six dSNMG patients with positive immunohistochemistry to screen reactivity with 9000 human proteins. They identified cortactin, an intracellular protein that interacts with agrin/MuSK favoring AChR aggregation, as a new antigen in dSNMG. Looking further, they found that 19.7% of dSNMG patients had anti-cortactin antibodies. In contrast, patients with AChR+ MG or other autoimmune disorders and healthy controls were positive at significantly lower rates. Five percent of healthy controls were positive. In a recent study, they screened sera from 250 patients (AChR+ MG, MuSK+ MG, dSNMG) and 29 healthy controls. Cortactin antibodies were identified in 23.7% of dSNMG and 9.5% AChR+ MG patients. None of the MuSK+ MG patients, patients with other autoimmune disorders, or healthy controls had antibodies against cortactin. Patients with dSNMG cortactin+ MG were negative for anti-striated muscle and anti-LRP4 antibodies. Patients with dSNMG cortactin+ MG presented ocular or mild generalized MG without bulbar symptoms. They concluded that cortactin autoantibodies are biomarkers of MG that, when present, suggest that the disease will be mild. To read the full abstract, go to: [https://www.ncbi.nlm.nih.gov/pubmed/29068555](https://www.ncbi.nlm.nih.gov/pubmed/29068555)

**Efficacy and Safety of Tacrolimus in Myasthenia Gravis: A Systematic Review and Meta-analysis**

Chinese researchers studied 13 prior research studies with two randomized controlled trials (RCTs) and 11 prospective open-label single-arm clinical trials to study the steroid-sparing effect of tacrolimus in maintaining minimal manifestations, and the effect of tacrolimus in reducing the severity of MG. One of the RCTs showed a positive effect and the other RCT showed a negative result. The meta-analyses of the other 11 trials showed a benefit effect, overall. Their findings suggest that there might be a potential beneficial role with no serious side effects of tacrolimus, and additional better RCTs including larger sample sizes and long-term study are needed to confirm or refute the results. To read the full abstract, go to: [https://www.ncbi.nlm.nih.gov/pubmed/29184334](https://www.ncbi.nlm.nih.gov/pubmed/29184334)

**Responsiveness to low-dose rituximab in refractory generalized myasthenia gravis**

Chinese researchers investigated the effect of a low dose of rituximab (RTX) in improving the clinical symptoms of refractory generalized MG. Eight patients with refractory generalized MG were treated with a low dose of 600mg RTX. Patients were evaluated by serial clinical scales, flow cytometry of peripheral blood B, T and NK cells, immunoglobulin, complement levels and antibody titer. The quantitative MG score (QMGS), manual muscle testing (MMT), MG-related activities of daily living (MG-ADL) and MG-specific quality-of-life (QOL) were recorded at baseline as well as 1, 3, and 6 months after RTX infusion. The initial improvement was recorded at one month after treatment. QMGS, MMT and MG-ADL were significantly improved and the average steroid dosage reduction was 43% at 6 months. 600mg RTX was sufficient to deplete B cells and maintain low B-cell counts until 6 months after infusion. The study found successful B cell depletion was parallel to symptoms remission and change in serum C3 and C4 levels. Serum AChR antibody levels were independent of clinical response and not influenced by RTX. Therefore, low dose of 600mg RTX may be sufficient in depleting B cells, maintaining low B-cell counts and improving the clinical symptoms of MG in six months. To read the full abstract, go to: [https://www.ncbi.nlm.nih.gov/pubmed/28789841](https://www.ncbi.nlm.nih.gov/pubmed/28789841)
In Memoriam

Iva Wilson
Kansas City MO

Caryl Herman
Overland Park KS

Laughs and Fun at the Annual Holiday Party
A great time was had by all at the MGA Annual Holiday Party on Saturday December 9th at St. Joseph Medical Center. Guests enjoyed rounds of bingo led with gusto by Lonnie Kersey of ARJ Infusion, raffle prizes, friendship and lunch from Michael Forbes. Thank you to all who joined us. We hope you all had a very festive holiday season!
MG Research and Clinical Trials

Several new drugs have been either approved for MG or are in development. Here’s a recap:

Alexion’s Soliris approved by FDA - In October, 2017, the FDA approved Soliris (eculizumab) as a treatment for adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AchR) antibody-positive. In the Phase 3 REGAIN study, Soliris demonstrated treatment benefits for the 15% of patients with anti-AchR antibody-positive gMG who had previously failed immunosuppressive treatment and continued to suffer from significant unresolved disease symptoms. Chronic uncontrolled activation of the complement system, a part of the immune system, plays a major role in the debilitating symptoms and potentially life-threatening complications for patients with gMG who are anti-AchR antibody-positive. By selectively and effectively inhibiting the terminal complement cascade, Soliris targets a critical underlying cause of the disease. A subcutaneous, longer acting, less frequently dosed version of Soliris is also in the works.

ArgenX’s ARGX 113 - ARGX-113 is an antibody developed using Argenx’ ABDEG technology to engineer antibodies and make them attack the patient’s own antibodies. It is designed to exploit the natural interaction between IgG antibodies and the recycling receptor FcRn. It consists of the Fc-portion of an llama antibody that has been modified to block antibody recycling through FcRn binding and induces rapid depletion of the autoimmune disease-causing IgG autoantibodies. A total of 24 patients were recruited for a ARGX-113 trial. They all received the standard care for myasthenia gravis (corticosteroids and/or immunomodulatory agents) in addition to four weekly doses of either ARGX-113 or placebo. After 6 weeks, 75% of patients treated with ARGX-113 showed a significant improvement in their symptoms, compared to just 25% of those receiving the placebo. A clear improvement was seen starting from the first week after the first infusion. The data are seen as supporting further development of the drug.

Ra Pharmaceuticals’ RA 101495 - Ra Pharmaceuticals is in a Phase 2 Study seeking to evaluate the safety, tolerability, and preliminary efficacy of its complement inhibitor, RA101495, in subjects with generalized MG. Administered subcutaneously, RA101495 is designed to prevent the body’s attack on the neuromuscular junction.

GT Biopharma’s GTP-004 - GT Biopharma is in a Phase 1 trial of its investigational therapy GTP-004 for the treatment of MG. The trial’s primary goal is to demonstrate the therapy improves the gastrointestinal side effects of current treatments. GTP-004 is a fixed-dose combination tablet of two approved therapies – Mestinon and an antagonist to Mestinon’s gastrointestinal side effects.

Catalyst Pharmaceuticals’ Firdapse - Catalyst’s Firdapse is in a Phase III clinical trial for Lambert-Eaton Myasthenic Syndrome (LEMS); a trial to treat Congenital Myasthenic syndromes; and a PhaseII/III trial for treatment of anti-MuSK antibody positive MG. Firdapse contains a potassium channel blocker that prevents charged potassium particles from leaving the nerve cells. This prolongs the period of depolarization, allowing more time for the nerves to release acetylcholine and so stimulate the muscles to contract.

Nutra Pharma Corporation’s RPI-78M – This drug, originally derived from an extract of cobra venom, modulates the immune system, preventing autoimmune effects. It is thought to be effective where the activity of the nicotinic acetylcholine receptor has been compromised.
7 Ways to Protect Yourself from Outrageous Medical Bills
(reprinted from Health News from NPR)

Here are seven steps patients can take to protect themselves:

1. Make sure the proposed test or treatment is necessary. Ask what might happen if you don't get the service right away.

2. Ask the price before the test or treatment. (Prices may not be negotiable if they're set by an insurance company contract.)

3. Write on your financial agreement that you agree to pay for all treatment by providers who are ‘in-network’, which means they have set rates with your insurance company. (The medical providers may not accept the altered form.)

4. If possible, get the billing codes the medical provider will use to charge you and contact your insurance provider to make sure that each code is covered.

5. If you are having a procedure, try to get the National Provider Identifier and/or Tax ID number of the surgeons, anesthesiologists and their assistants. Contact your insurance company to see whether the providers are in-network, which results in the negotiated rates.

6. Demand an itemized bill and then look at each specific charge. Medical bills are often riddled with errors.

7. Ask whether the provider has a financial assistance policy, which could result in a sliding scale discount. Many people qualify, and discounts can range from 20 percent to 70 percent.

MGFA’s New ‘MG Friend’ Program

Receive a call from an MG Friend! The MGFA now offers a free patient-to-patient phone support service across the USA. MG Friends are trained volunteers who assist patients, family members and caregivers within the MG Community. Volunteers connect with patients to provide resources, advice and lend an understanding ear, as well as provide emotional support for those who are facing the challenges of living with MG.

If you are interested in being connected with this program, you can fill out the online referral form by going to the MGFA website (myasthenia.org), Support Group Calendar link under Support Groups or call the MGFA office at 1-800-541-5454.

If you are interested in becoming an MG Friend, apply to be a volunteer at: http://myasthenia.org/HowcanIhelp/Volunteer.aspx
Leinenkugel’s Selects the MGA for FILLanthropy Campaign

The MGA has been selected by Leinenkugel’s as one of its 1st quarter 2018 charities to support as part of their FILLanthropy Campaign. Nestled in the Power & Light District at 1323 Walnut, Kansas City, Leinenkugel’s is open from 11am-12am daily and will donate to the MGA 10% of all sales on the following selected Tuesdays: January 23rd, February 20th and March 20th. Please consider visiting Leinenkugel’s on one of these Tuesdays to participate in FILLanthropy and support the MGA.

Save the Date for 2018 Events

January 23rd - MGA FILLanthropy at Leinenkugel’s
February 20th - MGA FILLanthropy at Leinenkugel’s
February 25th - CycleBar Leawood Cyclegiving, 1pm
March 20th - MGA FILLanthropy at Leinenkugel’s
May 20th - MGA Triple Crown Showdown
November 17th - MGA Annual Meeting
December 8th - Annual Holiday Party
Cy’s Crown Town Trivia - TBA
Wichita Walk for Awareness - TBA

Call the MGA office for details on any of these events.
816-256-4100
Are you newly diagnosed and looking for support and answers? Have you lived with MG for years and want to share your experiences? For anyone looking to talk to others who have MG, we have MGA Connections! Give us a call and we will send you the full list or help make suggestions of people you may benefit connecting with by email or phone.

The MGA Triple Crown Showdown is quickly approaching! Please join us for our 8th year! The MGA Triple Crown Showdown will be held on Sunday May 20, 2018 at Town Center Plaza in Leawood. If you are someone with MG, remember that you can register for free by calling 816-256-4100. Your family and friends can register for 20% off by using code MGAFAMILY18 when registering at www.mga5k.com. You won’t want to miss this morning of entertainment, food, kids activities, mini horses, and a little walking, running or tot trotting as you desire! Coming from out of town? We have a hotel block at the Courtyard by Marriott - OP Convention Center. Email Allison Foss at allisonfoss@mgakc.org for details. Want to help us fundraise for the MGA? Once you register, set up your fundraising page at www.firstgiving.com/mgakc.

We also need approximately 130 volunteers to help with the MGA Triple Crown Showdown! Volunteer by going to www.mga5k.com and click ‘Volunteer’.

**MGA CONNECTIONS**

Are you newly diagnosed and looking for support and answers? Have you lived with MG for years and want to share your experiences? For anyone looking to talk to others who have MG, we have MGA Connections! Give us a call and we will send you the full list or help make suggestions of people you may benefit connecting with by email or phone.
Thank you to those who have become members since our last newsletter!

- GE Foundation
- Ann Ford
- James & Shurla Dickinson
- William & Eleanor Bellais
- Roger Huff
- Janet Hughes
- Ann Stinson
- Ann Dault, in honor of
- Howard & Nikki Applebaum
- Pam Stucker
- Mary Ellen & Ken Hummel
- Don & Norma Thomas
- Edsel E. Noland
- Kent & Joyce Raymond
- Terry & Mary Mayhew
- Robert & June Bergeron
- John & Sally Mayne
- John O’Benar
- Pamela Zurweller
- Winston Seeman
- Marta and Mike Howard
- Pam & Dale Harrington, in memory of
- Mary Lula Parks
- Wayne & Bonnie Hammack
- Lynda Hirsekorn, in memory of Sheldon Hollub
- Charles & Jim Bales
- Dale Schruben
- Donnie Davis
- C.C. & Karen Swarens
- Carol & David Jones
- Radean & Phyllis Reade
- Kenneth & Diane Cunningham
- Mark and Diane Lindsay
- Norma & Ann Covington
- Ann and Steve Mowry
- E.R. & Neomia Harvey
- Ed and Karen Stambach
- Martha & Howard George
- Ray & Betsy Olsen
- Robert & Sandra Cottles
- Glen Hadaway
- D. Maddox
- Gary & Sandy Gardner
- Ken and Diane Cummings
- Virginia & George Turner
- Wayne Gerhart
- Navelle Gossman
- Ellen Burrough
- Janice & Todd Bleakley
- Vickie & Manul Vardakis
- Jimmie Harbour
- Fred and Margie Dattel
- Robert & Pamela Kennedy
- David Wilson, in memory of Iva Wilson
- Gary LeGrange
- Mary & Bill Little
- Ronald Stos
- Dianne Deckert
- John Wilkinson
- Richard & Deanna Palone
- Sue & Robert Strickler
- Jimmy L. Williams
- Janet Moore
- Michael Cardella

Please become a 2018 member & receive a tax deduction!

PLEASE PRINT

Cut & enclose in envelope & mail to:

Name ________________________________________________________
Address __________________________ City____________State___ Zip______
Phone________________________ Email ___________________________

I want to help support the MGA by becoming a 2018 member or making a contribution:

☐ $ 25 Basic Membership
☐ $ 58 (58th Anniversary Membership)
☐ $ 100 Sustaining Membership
☐ $ 500 Patron Membership
☐ $ 1,000 Lifetime Membership
☐ $_____ In Memory of:
☐ $_____ In Honor of:

Thank You!

If you’d rather pay with a credit card, visit www.firstgiving.com/mgakc/membershipdrive2017
If you would like to be removed from or added to our mailing list, or if you have or will have an address change, please send a note to:

Myasthenia Gravis Association
2340 E. Meyer Blvd.
Building 1, Suite 300A
Kansas City, MO  64132

Call us at: (816) 256-4100
~ or ~

Phone: (816) 256-4100
Email: mgakc@sbcglobal.net
www.mgakc.org

The Myasthenia Gravis Association (MGA) is dedicated to improving the quality of life for those who are affected by this autoimmune, neuromuscular disease, through awareness, education and patient services.

Strength and Hope through Connections

The Mission of the MGA