First Contact is a memorable one

Warm, firm and enthusiastic handshakes circulated around the room as members of the National Pemphigus Foundation welcomed each other to the first national meeting: First Contact. Fifty-one members and guests attended the conference, which took place August 1, 1998 at the Hyatt Regency in Chicago, Illinois.

A Get Acquainted Brunch provided an opportunity for members from across the nation and Canada to share stories, tips and information. President Janet Segall welcomed the group and introduced NPF Vice President Jean Barish, who discussed financial donations. Ms. Barish suggested that members encourage donations of stocks and other interest-bearing instruments because of the financial and tax considerations for both the Foundation and the donor.

Following the meal, James Rasmussen, Ph.D., and Vice President of Research and Development, and Chief Scientific Officer for Peptimmune, a research company from Boston, made a presentation about the triggers of pemphigus. With Dr. Mohammed Lugman of Peptimmune, and under the auspices of NPF Medical Advisor Dr. Joyce Rico, Peptimmune sought blood from PV patients to use in their research to find a vaccine for pemphigus. Twenty-five members rolled up their sleeves to offer the requested 50 ml, each.

“I felt very privileged to be able to attend (the conference), said Rasmussen. “The spirit and determination of the patients I met was very inspirational. I am particularly grateful to the many individuals who donated blood and expressed their support for Peptimmune’s program to develop a therapeutic vaccine for pemphigus. Their contributions will accelerate our research progress.”

While blood was being drawn from the volunteers Dr. Joyce Rico, from the New York University Medical Center, took on all comers in a comprehensive and straightforward question-and-answer session. Many thought this was the highlight of the conference.

“I was overwhelmed by the response of participants at First Contact in Chicago,” declared Dr. Rico. “The enthusiasm, energy, and optimism of the group is infectious. The message of hope, caring, and commitment to mutual support was clear.”

Dr. Dominik Etlin, Director of the Oral Medicine Division at Northwestern University in Chicago, has been trying to make dentists more aware of pemphigus, which often first manifests in the mouth. His enthusiastic and entertaining presentation preceded the distribution of a questionnaire to help further his research.

Before the afternoon break, a video tape of a live presentation made at Johns Hopkins was shown.

Dr. James Rasmussen lifted the spirits of everyone present when he predicted a vaccine, possibly within five years.

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President's Message

Imagine my surprise, a note from ... 

In April I sent Hillary Clinton an invitation to our conference in Chicago because I had heard that she knew of a child in Arkansas with pemphigus. I didn't expect her to come, of course, but you never know until you ask. A few months later I received a letter from Mrs. Clinton's secretary wishing us well, but telling us that Mrs. Clinton had to decline our invitation due to prior engagements. "Oh well," I thought, "I tried."

Then I forgot all about it. When I arrived in Chicago, I had been expecting some packages. The front desk told me I also needed to sign for a letter. I figured it must be someone who had planned to come, but could not.

Imagine my surprise when I picked up the letter and saw that the return address said "The White House," and upon opening it seeing the letter was a special message to us from the First Lady. (See page three).

After reading the message at our conference in Chicago, I wanted to put it in the newsletter for everyone to see. I wrote a letter to Mrs. Clinton's Correspondence Secretary asking permission to publish the letter in our newsletter. A few weeks later, she called and gave us permission to print this letter, but only once. She assured me that message was indeed from Mrs. Clinton. These are her words. This is her signature.

I suppose many non-profit organizations make requests of many famous people. Most get back a note from a secretary saying "Sorry, too busy" and that's the end of it. However, I believe this message is special. We are a new organization without a famous spokesperson, without a large bank account. We work very hard to bring people with pemphigus together; to give support and hope where there otherwise would be none. Someone very, very special has taken the time to recognize our efforts and cheer us on. Whatever your political affiliations might be, I believe that this is an unusually significant honor for our organization. Thank you, Mrs. Clinton.

This connection may not go any further. Then again, the world is full of surprises. As I said in Chicago, we have come so far in four years and we are now beginning to pick up some real momentum.

Now it is time to get busy raising funds so we can continue our good work for another year. We need everyone to get involved more than ever. We can’t get complacent now! We must remember how we were before the Foundation existed. On page five we have information on how you can help. Our Holiday Fund-raising letters will be going out sometime in November. Please join us in making the Foundation the successful organization we all want it to be.

Janet Segall
President

The National Pemphigus Foundation

The National Pemphigus Foundation is a nonprofit organization. Our goals are to increase awareness of pemphigus among the public and the medical community; to provide information and emotional support to people living with pemphigus, their friends and families; to provide referrals to specialists, and to support research into advanced treatments and a cure for pemphigus. Founded in 1994.

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THE WHITE HOUSE
WASHINGTON

August 1, 1998

Dear Friends:

I am pleased to have this opportunity to send greetings to each of you attending the first national gathering of the National Pemphigus Foundation.

I am grateful for your dedication to discovering the cause, treatment and prevention of pemphigus. I commend your efforts not only to promote public awareness and education for this disease, but also to provide hope and encouragement for the men and women affected by pemphigus. It is my hope that your efforts will inspire others to help and support those who are most vulnerable in our society.

Please accept my best wishes for an enjoyable and productive conference.

Sincerely yours,

[Signature]

Hillary Rodham Clinton
New York
By Joan DeLucie

On September 10, 1998, 22 members and guests attended the New York support group meeting at New York University Medical Center.

The meeting began with the introduction of new members Melissa Gluck, Glenn Kressner and Esther Laks. The Group then shared personal experiences and challenges, as well as individual treatment regimens for Pemphigus Vulgaris, Pemphigus Foliaceous and Pemphigoid.

An overview of the Chicago trip was presented by Dr. Joyce Rico, Eli Ben-Dor and myself. Dr. Rico summarized the research project currently being conducted by Peptimmune, Inc. All agreed that the most rewarding part of the trip was meeting Foundation members and the physicians that continue to support us. Dr. Rico noted that special thanks are to be given to Janet Segall for all she has accomplished in the four short years since the inception of the NPF.

I proceeded by discussing preliminary plans for the Foundation’s second annual meeting to be held in New York City the first weekend in August 1999. We thanked Miriam Weiss, Marcia Pepper, Matthew Keening and Peg Schreder for volunteering to help with the project.

The meeting continued with Marcia Pepper discussing a fund raiser given by her company through an alliance with a coat manufacturer. In telling the success story, it is Marcia’s hope that this concept can be turned into a profitable fund raiser for the NY group.

The Group discussed establishing a Refreshment Committee, and Alex Segoura graciously accepted the leadership responsibility. In addition, the Group expressed interest in purchasing the Baltimore tape which I will look into and report on at the November meeting.

Our next meeting will be held Thursday, November 5, 1998. The guest speaker is Mitch Anderson from Presidential Life Insurance. Mr. Anderson will discuss individual life insurance contracts for Pemphigus patients. Check your mailbox for announcements in mid-October.

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Midwest
By Arlene Strauss

Hi Everyone!
Our Foundation’s first meeting in Chicago went terrifically. It was nice to meet some of the people that I have been communicating with via cyberspace, face to face. I was able to meet with some of the doctors who have been so generous with their time and efforts that they have offered to the Foundation.

There were good speakers and lots and lots of information which I’m sure Janet will discuss in this issue. This meeting held a great deal of importance by bringing the community of the Foundation together. Being that the Foundation’s small community is spread out all over the world, this was a terrific common meeting ground for everyone. Another important step for the Foundation and the community.

A great big “THANKYOU” to Janet for organizing a successful first meeting and everyone else who helped.

Our Chicago chapter is in the process of forming a Support Group. I am hopeful that our first meeting will take place in November. Anyone in the Chicago/Midwest area interested in attending can contact me:

Contact: Arlene Strauss
827 Suffield Square
Lincolnshire, IL 60069
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Baltimore

Contact: Dan Goodwill
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Los Angeles

The Los Angeles area support group is holding their meeting on October 1, too late to be included in this issue.

Contact: Marcia Kassan
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San Francisco

San Francisco is looking for someone to assume leadership of the Support Group. Those interested should contact Janet.

Contact: The Foundation
Phone: 510-527-4970
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Philadelphia

Contact: Barbara Sipe
Phone: 215-662-6446

The NPF Website

Sal Capo, Webmaster

The NPF website is nearing its first anniversary. The articles change often, so check regularly to see what’s new. It is located at www.pemphigus.org. Please let us know how we might improve our site.

Online discussion

Sandra Frank & Sal Capo, Managers

The National Pemphigus Foundation Online Discussion Group is open to everyone interested in pemphigus.

To join the list send a message to discussion@pemphigus.org. No other information is required. Our majordomo will add your email address to our group automatically.

We can’t do it alone

Last year was our most successful fund-raising effort to date thanks to the hardwork of many of our members. Because of their efforts, we have been able to not only provide the basic support systems, but expand our operation in various areas.

As we know, most physicians in this country have not seen pemphigus and as such, are not familiar with the appropriate diagnosis and treatment. Many suffer needlessly. We alone provide information, referrals and support. Some of the most important doctors and researchers in the world believe the Foundation is important enough to add their name and support to our cause. We have just this year made many alliances in the medical and political areas which will increase our visibility and effectiveness.

However, if we are to maintain this pace and offer the full range of services people with pemphigus need, we must be able to fund ourselves appropriately by reaching a broader section of our society. We need to build on the momentum we have established to reach our goal of being financially secure.

As we approach the last quarter of the year, we will start this year’s Holiday Fund-raising Campaign. Please start educating your neighbors and friends for we need all the financial help we can get. Offering services from which we have all benefited.

Support Groups

Support groups are not only excellent in providing comfort to patients, family, friends and care-givers, they are highly effective in raising funds. Last year, for example, the Los Angeles support group raised over $10,000.00 in an energetic letter writing campaign.

The best way to raise funds is for a support group to hold a local event using the skills and resources available in your group and area. For example, a fashion show, a silent auction, a concert or a casino night.

Individuals

We especially need your help. Think back to the first days when you had symptoms of your disease. Where did you turn? Who did you talk to? Where did you receive the proper information and direction? The National Pemphigus Foundation.

Here are some ideas for you to consider:

- If you work for a large corporation, find out who is responsible for making corporate donations and notify the foundation.
- Encourage your coworkers to make donations to the National Pemphigus Foundation directly or through the annual United Way fund-raising drive.
- We also need talented volunteers for the national fund-raising committee. Please contact the Foundation and one of our two Fund-raising chairpersons will contact you.
- If you do not have a local support group, consider starting one or team up with a local church, synagogue or civic organization.

We can’t do it alone.
First Contact: 'An uplifting experience'

Continued from page one

Hopkins Medical Center by Dr. Grant Anhalt in June was shown. The tape, complete with colorful illustrations explained clearly how pemphigus causes damage to the skin because of antibodies in the blood.

There were more chances to interact with physicians and fellow members during the cocktail party which preceded dinner. "Throughout the day, we all got to talk with each other. I think that was probably the best part of the convention to me," said Erin Pias of Louisiana.

Following dinner, Dr. Anhalt made a short presentation in which he noted the progress of the NPF, and praised President Segall for her "ceaseless" hard work.

A surprise guest speaker was Dr. Luis Diaz, a respected pioneer in pemphigus foliaceus research. Dr. Diaz spoke about his current work with a group of natives in the jungles of Brazil.

Cheryl Hayden, a lobbyist for the American Academy of Dermatology (AAD), of which the NPF is a member, outlined how the NPF can organize to produce more effective lobbying efforts.

"The weekend in Chicago was a tremendously uplifting experience," said Dan Godwill, Chapter Leader from Toronto.

"Having the opportunity to chat with...Continued on page seven

Counter-clockwise from above: NPF members share brunch in an atmosphere similar to "a class reunion." Dr. Joyce Rico's Q and A session covered any and all topics. Dentist Dr. Dominik Ettlin had only heard of the conference a few days before while wandering the Internet. Barbara Rollin of California came specifically to donate blood to Peptimmune to help find a cure.
Continued from page six

Dr. Anhalt, Dr. Rico, Dr. Jordan and Dr. Diaz in an informal way was tremendous. I learned a great deal from Dr. Etlin who was excellent in discussing dental issues related to PV, and from Dr. Rico who did a superb job fielding questions on PV. The work of Peptimmune is very encouraging. More importantly, being able to meet so many wonderful people...with whom I have this common bond called PV, was an experience that cannot be put into words."

Janet Segall presides over the activities:
"We share a common hope and an uncommon bond."

Below right: Members listen intently to some of the best known experts in the field of pemphigus research.
Below: Dr. Luis Diaz outlines his work with natives in the jungles of Brazil. "In one tribe the incidence of pemphigus foliaceus is as high as three percent."
Wrongful termination law suit settled in NPF member’s favor

On July 1, 1998 The National Pemphigus Foundation announced the settlement of a disability discrimination lawsuit filed by one of its members.

“This is a real success for us,” states Janet Segall, President/Executive Director of the Foundation. “It brings attention to this rare and serious disease, and sets a precedent in case another employee is fired because of an illness-related disability.”

Stephen Armstrong, (A fictitious name) says that after being diagnosed with the disease “I was in survival mode on two counts: 1. I had a life-threatening disease and 2. I was receiving chemotherapy treatments that are some times fatal. When my employer eliminated my job, it threw me into financial chaos, too.

“My manager said my position was being eliminated because of budget cuts, although the decision to cut my job was made while my division was on a cruise to Mexico. I couldn’t participate in the cruise because of my health.

“Five days after terminating me because of ‘budget cuts,’ my employer posted record earnings for the prior quarter and announced it had nearly $20 million in cash and marketable securities; an all-time high.” Armstrong’s job was the only one eliminated.

“I was completely traumatized by losing my job, more so than by the diagnosis of the disease,” recalls Armstrong. “Disease and illness are a part of life, and most people eventually deal with a major medical catastrophe of their own or that of a close family member. Although I was upset and frightened by the diagnosis, I was philosophically able and able to accept it as part of life. Losing my job at such a difficult time, especially since the company was financially sound, was beyond immoral, illegal or cruel. Today, I think of it as evil.

“According to my manager, the company was offering a ‘generous’ severance package: two months’ salary, two months’ medical, and one month of outplacement.”

At the time of his termination, there were job openings for which he was well qualified. “When I asked about those positions, my boss said they would not be filled, but they were posted on the company web site for nearly eight months after I left.” When Armstrong was diagnosed with the disease, he never imagined his employer would fabricate such an outlandish story to get rid of him.

“I was completely dedicated, so much so that I volunteered to write an employee newsletter to boost the sagging morale.” With a solid reputation as a top producer, Armstrong was promoted six months before his termination, and four months after relocating his home to accept the new job. Two months after telling his boss about his illness, he was fired.

“To add insult to injury, two months after the layoff I received an invoice from the moving company because my employer wouldn’t pay my moving bill. Ironically, our human resources manager contracted with that particular moving company for me because of her own family ties to it. Armstrong’s story is not unique. Sadly, it is a typical, everyday occurrence in corporate America, especially because he is over forty.

“Fortunately, my doctors diagnosed my illness in the early stages, and I had a mild case when I began chemotherapy. I didn’t miss that much time from work.”

But other people aren’t so lucky, and they are suffering greatly. In most cases, the disease is treatable and controllable, even though incurable. Occasionally it goes into remission but in many cases, remission does not occur. Most people live their lives on low doses of steroids or immunosuppressive drugs.

“Armstrong is not the first person to be cast out of a job because of pemphigus,” notes Segall. “Many years ago, another member of our organization broke out in blisters all over her head and on her face. She used cream in her hair to heal the blisters, and her hair looked greasy and unwashed. An employee complained about the way she looked, and she was fired.” That was years before the Americans with Disabilities Act were established, and she had no legal recourse.

Armstrong’s case was different because the ADA and California state laws protected him. Eventually, he settled out of court. He adds, “the corporation has not been profitable for most of the past year. The company’s stock has dropped from a high of $25/share to $5-6/share. About a year ago, management issued a $10 million buy-back because the shareholders were outraged.

“I settled my issues with the corporation and made my peace with their management team. Now, it’s time to go on with my life, and use this experience to help each of us with pemphigus and other employees who become seriously ill. I hope the publicity about my case will bring two positive results: 1. companies will treat seriously ill employees with more compassion and understanding, and 2. additional research funds will be granted to find a cure for pemphigus and other autoimmune diseases.

“If I’m able to help people, it will make this terrible experience worthwhile for me,” Armstrong says hopefully.
Iowa study reports new drug will reverse bone loss

The August issue of The New England Journal of Medicine reported that a team of researchers have found a drug which reverses bone loss caused by corticosteroids. The new drug is alendronate (Fosamax).

Dr. Kenneth Saag, Assistant Professor of Internal Medicine at the University of Iowa in Iowa City, reports that the one million patients who require such drugs as Prednisone now have a better alternative to calcium and vitamin D to ward off steroid-induced osteoporosis.

It is widely held that corticosteroid users are prime candidates for osteoporosis. In fact, fractures are suffered by an estimated 50% of long time steroid users. Long term use is defined as more than two months.

"The association between low bone mass and fracture risk is stronger than the association between high cholesterol and having a stroke or high blood pressure and heart attack," Saag explained.

Bone mass in the spine and two areas of the hips were studied in 477 patients in 37 sites in the United States and overseas.

"In all these sites there was significant improvement in patients from the beginning of the study to the end in those that received alendronate," Saag reported.

Post menopausal women experienced the best results with alendronate, a four percent increase in bone mass and 50% reduction in the fracture rate.

Dear Editor

The postscript of my last article was not correct. I never stated that I was too busy to continue writing articles.

I stated that I had nothing left to write about. I am never to busy to help or assist someone who is willing to do something to help themselves and take responsibility for their own health.

The postscript that was printed may give people a false impression. Please either retract it and/or print the correct statement in the next newsletter.

Best wishes,
Steve Shapiro

Attn: members

Part two of Dr. Ernst Beutner’s article will appear in the next issue.
Pemphigoid isn’t pemphigus

By M. Joyce Rico, MD
NPF Medical Advisory Board,
Dermatology Department
New York University
New York, New York

Bullous Pemphigoid is an autoimmune blistering disease which shares some features with pemphigus. Like pemphigus, patients with bullous pemphigoid (BP) develop blisters as a consequence of autoantibodies directed against a normal protein in the skin, may have significant symptoms including itch, and may require treatment with corticosteroids or immunosuppressant drugs.

Patients typically present with tense blisters on the skin, particularly the abdomen, back, arms, and legs. Less than 15% of patients with BP develop blisters on mucous membranes such as the mouth, nose, or eyes.

Some patients with BP may present with localized disease involving only a limited site such as the head and neck, or legs. Rarely patients with bullous pemphigoid may present with itchy red hive-like areas and never develop frank blisters. This variant of BP is called urticarial BP. BP most commonly affects the elderly, although children as young as several months of age have been reported with the condition.

The blistering in BP occurs at the junction between the top layer of the skin, the epidermis, and the bottom layer of the skin, the dermis. Confirming the diagnosis of bullous pemphigoid, as for patients with pemphigus, requires the appropriate clinical picture (i.e. tense blisters, or hive-like plaques), a skin biopsy showing a blistering process at the junction of the epidermis and the dermis on routine histology, and characteristic immunofluorescent findings on skin biopsy (direct immunofluorescence).

On routine biopsy, patients have blistering which can be seen at the epidermal-dermal junction as well as inflammatory infiltrate. The inflammatory infiltrate often contains a predominance of a particular white blood cell type called an eosinophil. Eosinophils can also be noted in increased numbers in the peripheral blood on a routine blood test.

By immunofluorescent testing, which detects the presence of auto-antibodies, patients have antibodies which are deposited in the linear band at the junction between the epidermis and the dermis. Seventy percent of patients also contain circulating antibodies in their blood which will bind to the epidermal-dermal junction of normal skin. The latter assay, which is called indirect immunofluorescent assay (IF), helps to discriminate bullous pemphigoid from other autoimmune blistering diseases with similar clinical presentations. The titers of antibody detectable by IF does not correlate with disease activity.

Other autoimmune blistering disease which must be distinguished from BP include:

1) cicatricial pemphigoid, a scarring blistering disease which can affect skin, eyes, mouth, throat and other mucous surfaces;
2) epidermolysis bullosa acquisita (EBA), which can clinically resemble BP or may present as a scarring process; and
3) linear IgA bullous dermatosis (LABD).

Treatment of patients with bullous pemphigoid is very similar to the treatment for patients with pemphigus. For patients with localized disease, topical steroids or intralesional steroids may be tried initially. For patients with more severe or widespread disease, systemic corticosteroids such as Prednisone are commonly used. Other anti-inflammatory drugs which have been reported successful in some patients with bullous pemphigoid include antibiotics (tetracycline or erythromycin), niacinamide, and dapsone. Gold has not been shown to be of value in the treatment of BP.

Some patients may require treatment with immunosuppressants such as azathioprine (Imuran), cyclophosphamide (Cytoxan), cyclosporine (Sandimmune or Neoral), methotrexate, chlorambucil (Leukeran) or mycophenolate mofetil (CellCept).

Up to 70% of patients with BP will experience a remission within five years of initial diagnosis. Some patients may relapse, however in general the course for patients with bullous pemphigoid is not as protracted as for patients with pemphigus. Bullous pemphigoid lesions should heal without scarring unless there is secondary infection. Appropriate wound care is important to promote healing and prevent infection and secondary scarring.

Recent advances in the laboratory have identified the target antigens present in the skin which bind the autoantibodies associated with BP. Circulating antibodies in patients with this disorder are specific for 2 distinct proteins found within the major cells of the epidermis, the keratinocytes. These two proteins are called BPAG1 (BP antigen 1, the 230 kd BP antigen) and BPAG2 (BP antigen 2, the 180 kd BP antigen).

These proteins are part of a complex of proteins which make up the hemidesmosome. Hemidesmosomes are critical for adhesion of the epidermis to the dermis. Investigators are trying to determine what parts of the target antigen are most important in turning on the immune response in patients with BP and for normal epidermal-dermal adherence.

---

Hailey Hailey or Benign Familiar Pemphigus

Hailey-Hailey is not an autoimmune disease. It is genetic, and is seen intergenerationally, and often among siblings and extended family members.

There is a cell-cell detachment that resembles the process seen in true pemphigus, but there is no autoantibody causing the blisters. The detachment is found at the cell level. The actual protein in the skin cell that is genetically mutated and causes the lesion has not been identified as yet.

Because the disease is genetic, there is no specific treatment for it. Treatment consists of oral antibiotics to control secondary bacterial infection, cool compresses and dressings. Also, topical steroid creams applied have been known to help in some cases. Oral steroids and Dapsone are tried to help severe breakouts.
The volunteers listed here are available to those who have questions or just want to talk about subjects connected to pemphigus. If you would like to volunteer, contact the National Pemphigus Foundation at the address on page two.

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NIH funding increase may come with a price

By Cheryl A. Hayden
American Academy of Dermatology

The House Appropriations Committee has completed action on H.R. 4274, the Fiscal Year 1999 appropriations for the National Institutes of Health (NIH). The bill contains a significant increase in funding for the NIH, 9.1% over the current fiscal year.

The increase for NIAMS (The National Institute for Arthritis, Muscular-skeletal and Skin Disease Research), unfortunately, comes at the expense of several other important programs; programs that are priorities for either the Administration or members of the Senate. Cuts to education programs and low-income home energy assistance must be restored, or the President will veto this measure.

The Senate Appropriations Committee is not expected to act on the bill until September 15. If the Senate does not act until that time, it is highly likely that this bill will not be enacted as an independent measure and will be incorporated into a continuing resolution.

The bill provides $296,668,000 for the NIAMS, which is $22,420,000 above the fiscal year 1998 comparable level and $1,983,000 above the Administration request.

The National Pemphigus Foundation is a member of NIAMS, which conducts and supports basic and clinical research and research training, and the dissemination of health information on the more than 100 forms of arthritis, osteoporosis and other bone diseases, muscle biology and muscle diseases, orthopaedic disorders, such as back pain and sports injuries, and numerous skin diseases.

The Committee is encouraged by recent NIAMS research success in identifying genes and mechanisms which lead to the onset of lupus, and urges enhanced research to continue this work, recognizing that lupus is a prototype for autoimmune diseases and for chronic disease management.

Lupus is a serious autoimmune disease that mainly affects women of child bearing age. African-American women are three times more likely to have the disease than Caucasian women.

While progress remains encouraging, the Committee urges NIH to apply the latest advances in biomedical research to further accelerate the search for a cure for lupus.

In recent years, an increased understanding of the genetic and cellular mechanisms underlying many skin disorders has lead to the view that the skin is a complex organ that is intimately responsive to the body's immune system. Identifying the genetic makeup of this and other genetic disorders has great potential to improve the lives of many patients, particularly children who live with these disorders.

The Committee learned of the efforts by the skin diseases researchers and patient advocate organizations to develop a comprehensive analysis of research opportunities and a research plan for further progress in finding cures and improving care for patients with skin diseases. The Committee is encouraged by this initiative and urges NIAMS to support widespread use of this material.

...doctors join advisory board

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of Clinical Dermatology in the Department of Dermatology at the University of Miami Medical School in Miami.

From Sydney, Australia and the University of New South Wales comes Dr. Dedee F. Murrell. Dr. Murrell is a Lecturer & Staff Specialist at the Department of Dermatology at St. George Hospital.

"We are fortunate and delighted to have these fine doctors join us. Our Board is an exceptional group of physicians and researchers," said Anhalt. "The board includes some of the most known and dedicated people in the field."

"This is another significant event for us," said NPF President, Janet Segall. "These additions to our Medical Advisory Board will increase the Foundation's prestige with the medical community."

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We're online: www.pemphigus.org