Oral pain and lesions are nothing to smile about. What can you do to enjoy lunch with friends or dinner with family? Marc Yale has some advice in the Coaches’ Corner.

International travel is much more than a 14-hour, packed-like-a-sardine journey overseas. It is about friendships that span miles, and years, to support those you care about.

As the Registry inches getting closer and closer to our goal of 1,000, we take a look at some of the data and ask you: HAVE YOU JOINED THE REGISTRY?

Our new address is:

INTERNATIONAL PEMPHIGUS PEMPHIGOID FOUNDATION
1331 GARDEN HIGHWAY #100
SACRAMENTO, CA 95833

The IPPF has moved to a new location! We are still in Sacramento, but now co-located with other area non-profits in the Sierra Health Foundation’s Nonprofit Innovation Center (NIC, www.sierrahealth.org). The NIC is home to more than a dozen non-profit organizations that drive social change and policy in California, along the West Coast, and across the country.

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Read more on pages 12 and 13

www.pemphigus.org
From the Top

Can you believe the 2012 Holiday Season is a few calendar page turns away? I barely remember Summer beginning -- let alone ending in a few weeks. But here we are in September and the whirlwind of activity throughout our community has kept us busy.

The IPPF has a new home and our good friend and IPPF Founder Janet Segall, paid us a visit. She liked the atmosphere and accommodations and asked me to tell everyone hello, so, “Janet says, ‘Hello everyone!’”

The IPPF Fundraising Committee has been successful in getting funds for our Awareness Campaign (see page 8). Since most P/P patients have oral lesions, this three-year awareness program targets dentists in training and in practice with the hopes of reducing the diagnosis time from the five-physician, 10-month cycle to a single visit (maybe two) during the first few months. Keep up the great work, Team!

Our Registry is key to unlocking the mysteries of pemphigus and pemphigoid. The information we have is compelling, but more information is better. I ask each of you to take 15 minutes and complete the Registry. We need FEWER THAN 300 more people to surpass 1,000 participants and give researchers a better understanding of P/P. Your contact information is NEVER shared and when we look at the responses, all we see is a number, not a name; a state/province, not an address. Can YOU help us pass 1,000 by the next issue? I think you can at www.pemphigus.org/registry.

The 2013 Patient Conference (formerly the Annual Patient/Doctor Meeting) will be in San Francisco, April 26-28, 2013. The Planning Committee is looking to capitalize on the success in Boston -- and we think San Francisco is the place to do it. If you have never been to the Bay Area, there is no better time than April 2013. And if you live in the Bay Area, join us at Stanford September 29, 2012 for the Bay Area Support Group Meeting (11 am – 2 pm, pemphigus.org/ippf-basg-201209).

The Holiday Fundraiser will be gearing up in a couple of months and I am challenging each and every one of you to find one person to match your donation. Imagine if 2,000 people gave just $50 -- and their one friend gave $50. These donations will afford us the opportunity to have more Peer Health Coaches to answer your questions, more informational materials for physician offices, more educational materials for patients - and the list goes on ... but we need your help to make 2013 bigger and better than 2012. And don’t forget you can now give a monthly amount that is automatically deducted from your credit card. How about giving $25 a month instead of $100 all at once? It’s just as easy and makes a big impact for us – and a bigger tax deduction for you! You can always donate online at www.pemphigus.org/donate.

Thank you for your continued support and we hope you enjoy this issue.

Will Zrnchik
Chief Executive Officer
will@pemphigus.org
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721!

Organizations such as the Community Health Charities of California (www.healthcharities-cal.org), Western Clinicians Network (www.westerncliniciansnetwork.net), and the Nonprofit Resource Center (www.nprcenter.org) are part of the multi-tenant, sustainable office and conference space where cross-agency learning is encouraged. “The energy here is simply amazing and the facilities are top-notch,” says Will Zrnchik, IPPF CEO. The new location reduces overhead costs substantially! Everyone is excited about new opportunities to serve the pemphigus and pemphigoid community from this facility. “The change in office space will not only be felt behind the scenes, but will be clearly visible in the quality of products and services we offer,” Zrnchik added. ~
The 2012 Annual Meeting in Boston had a clear, overriding theme of HOPE. Everywhere you looked, patients proudly wore blue badges indicating five years or more in remission. Yes, real remission, and some for over 20 years.

Nearly everyone I spoke with was amazed by the amount of people in remission -- a place many patients and loved ones often believe is not even a possibility. Having people in remission who were willing to talk to others about their disease journey into remission (including the difficult experiences and triumphant successes) was worth more than the price of admission.

Everyone walked away with positive feelings and hope for light at the end of the tunnel. Whether they were a newly diagnosed patient, or a long-time patient, everybody felt more positive by the end of the event.

For me, it was after Dr. Sam Moschella spoke on treating pemphigus before prednisone. It became even more clear that these patients in remission were an inspiration to all of us.

The feeling of hope was everywhere and absolutely infectious. No, there are no "cures" yet, but treatments have, as they say "come a long way, baby." We now have standardized terminology (e.g., mild, moderate, severe disease) because of our Medical Advisory Board and other experts. This improves communication and disease information and is becoming universally accepted.

The IPPF is working towards a treatment consensus to improve patient’s quality of life. It is a very exciting time as we learn about treatments that weren’t even on the radar a decade ago. People who felt their lives were over and spiraling out of control are now moving in positive directions -- and even remission. And this gives HOPE to everyone.

Hope in Psychology and Emotion

Depressed people usually feel hopeless. Hopelessness, in and of itself, can cause depression and begin a downward spiral worsening the depression. People become "stuck" and they often move through helplessness, past depression, and ultimately to despair.

There are psychotropic medications that can help and, in conjunction with psychotherapy, can actually change how a person’s brain physically looks on brain imaging scans. If the therapy and recognition of common cognitive distortions has changed the way a person thinks after medication (e.g., not taking shortcuts, or "responding versus reacting"), the person will respond to their surroundings differently. This allows the brain to show actual, physical changes.

However, if drug treatment is stopped, or the person has not been in psychotherapy, the imaging may show the brain is unchanged. Things like exercise, dance and hobbies help. The key is finding the energy to get up and do something. This can be ex-
Got Milk? You Don’t Need It
Does America still need 3 cups of milk a day? Especially when 50 million people are lactose intolerant and allergic reactions to milk are second only behind allergic reactions to peanuts. Is it now not milk?
Read more at http://pemphig.us/PQI7j5

Say No and Know Your Limits
Caregiving requires more than making sure prednisone gets taken on time, or a bandage on someone’s back is changed. It is demanding and stressful. Knowing when to say "no" can help everyone maintain their health - and sanity.
Read more at http://pemphig.us/Ku7oiW

FDA Safety and Innovation Act
In July, President Obama signed the FDA’s Safety and Innovation Act (FDASIA) that gives hope to 30 million Americans suffering from rare diseases.
Read more at http://pemphig.us/NzEXBs

Others need your advice!
Go online and help others understand their disease and the medications, or share “pearls of wisdom” you have learned over the years. You know more than you think and sharing really is caring!
IPPF Forums http://www.pemphigus.org/forums
on Facebook http://www.pemphigus.org/facebook
Email Group http://www.pemphigus.org/emd

The IPPF website offers patient and caregiver support and information in one location. Creating a FREE account shares access to additional resources like the Patient Forums. Visit today at:
www.pemphigus.org
With pemphigus and pemphigoid, painful oral lesions frequently occur in the mouth and throat. This causes difficulty when drinking or eating solid foods. Let's face it -- it can be just painful! Assessing your individual tolerance to foods and adjusting what you are eating will enable you to better understand which foods to eat and which foods to avoid.

For many P/P patients, highly seasoned, acidic, or salty foods are irritating. As are foods that are dry, sticky, or abrasive because they can be difficult to swallow. Extremes in temperatures of liquids or solids, such as ice cream or hot chocolate, may cause pain for some. In the case of severe mouth sores, I recommend using a blender or food processor.

Here are a few helpful hints to remember:

- Drink liquids through a straw.
- Cook coarse or hard foods, such as vegetables, until they are soft and tender.
- Soften or moisten foods by dipping them in gravies or cream sauces.
- Sip a beverage when swallowing solid food.
- Eat small meals more often instead of one large meal.
- Rinse your mouth with water while eating (or use water, peroxide, or Biotene afterwards).
- Remove food and bacteria to promote healing.

Having oral lesions can present many challenges including; pain management, oral hygiene, nutritional intake, and your overall health. Speak with your doctor about ways to help relieve the pain. Also make sure they monitor your blood sugar levels if you are taking systemic steroids. Don’t forget to inform your dentist of your condition and ask them to use caution when treating you.

If you have difficulty swallowing, or find yourself frequently choking on food, talk to your doctor. You may want to ask to be seen by an ENT to help determine the extent of your disease activity.

With pemphigus and pemphigoid, the mouth is one of the most difficult areas to treat and requires due diligence. Changing your behavior and habits can be the biggest “pain” but will eventually pay off. If you need help, encouragement, or suggestions... just "Ask a Coach!"

When you need us, we are in your corner! Please visit www.pemphigus.org/coachescorner for informative articles from your IPPF Peer Health Coaches. If you are interested in becoming a Peer Health Coach, email Marc at marc@pemphigus.org, or call (916) 922-1298, ext. 1006.
Legendary Bluesman John Lee Hooker’s style was rare even among Blues masters: try as they might, nobody could figure out how he got that soulful, spooky, and captivating sound that came out of his guitar. Or how come his unconventional lyrics should not make sense, but they just did.

Pemphigus and pemphigoid are much the same. They are rare even among the rarest of autoimmune blistering diseases. And try as they might, researchers cannot find that perfect treatment for everyone. Or an overall cure.

This is why our annual get-togethers are so important. The IPPF invites you to our 2013 Patient Conference in San Francisco, California, April 26-28, 2013.

Conference? What happened to the Annual Patient/Doctor Meeting? The decision is more than just a naming issue - it signifies the growth and success of our annual gatherings. Meetings are short (typically a few hours long), informal, and have a limited number of attendees. Conferences are agenda-driven with formal discussion and information exchange for larger audiences that last a few days. After 15 years of “meetings” it is time we recognize it for what it is: a conference.

The Planning Committee is working Dr. Peter Marinkovich (our 2013 Patient Conference host and MAB member) and Prem Jain (Bay Area Support Group Leader) to provide an informative and interactive meeting like no other. Dr. Razzaque Ahmed (2012 AM Host) has volunteered to help with the planning -- and given the success of the Annual Meeting in Boston, his expertise is more than welcomed!

So, in the words of John Lee Hooker: "my heart is there, my heart is there, in San Francisco." And we hope yours will be, too! ~

More information will be available soon at [www.pemphigus.org/2013sf](http://www.pemphigus.org/2013sf).
The single greatest factor of concern among patients is clinician awareness. A 2011 study sponsored by the IPPF showed newly diagnosed pemphigus and pemphigoid patients were delayed in proper diagnosis because medical professionals could not identify the condition. The results showed proper identification of the clinical presentation resulted in early and timely diagnosis, and subsequently, effective treatment strategies led to optimal outcome and reduced patient suffering.

Delayed diagnosis increases patient pain and suffering, heightens risk for worsening illness and poor treatment response, results in loss of productivity and reduced quality of life, causes anxiety and fear, and increases patient healthcare expense as they search for answers.

Inappropriate treatment means prolonged illness, increased risk for worsening illness, extended pain and suffering, increased medication adverse effects and risk for co-morbid disease, and increased direct and indirect healthcare expenses.

On average, patients see five doctors in pursuit of a correct diagnosis -- and 10% report seeing more than 10 health care providers in search of a diagnosis. Many patients are not properly diagnosed until 10 months after symptom presentation even though 80% seek medical attention within three months of lesion onset. Over half - 56% - report extreme difficulty in finding a doctor knowledgeable enough to accurately diagnose pemphigus or pemphigoid, and 51% report extreme difficulty in finding a doctor knowledgeable enough to properly treat P/P. These diseases also limit patient activity on a daily basis (64% due to illness, and 70% due to treatment).

Using outcomes from our study, the IPPF will initially target dentists in training and in practice to

International Pemphigus & Pemphigoid Foundation
have the greatest impact on improving outcomes.

The cornerstones of the Awareness Campaign are education and brand recognition. Our first steps are to education dentists because they are most often contacted for initial diagnosis. We will do this by using in-person presentations, as well as Internet and media platforms, to increase general awareness of pemphigus and pemphigoid.

Since dentists are among the most popular health care providers seen by P/P patients for initial assessment, the impact leading to early diagnosis should be high. If successful, the IPPF will target medical school audiences, with the emphasis on diagnosis and treatment.

To promote the training of future disease leaders, the IPPF will also fund a Fellowship for those who want to focus on bullous disease research. As funding permits, the IPPF hopes to continuously seed the community with these new specialists who received training from an existing pemphigus and pemphigoid expert.

Physician awareness is the key to eliminating diagnostic delays and improving our patient’s quality of life. Imagine future patients seeing one physician and beginning the correct treatment in weeks, not months. Imagine better physician and patient education programs that result in better treatment protocols and compliance. Imagine not being alone when you talk about pemphigus or pemphigoid.

*These things are not out of reach.* With your support, our plan will start with the dental community and change the lives of thousands of new patients each and every year. So, can you say, "Awareness?"

If you are ready to help, you can donate online at pemphig.us/ippf-awareness. —
I have actively sought out meeting fellow P/P patients in locations I like to travel. By doing so, I have made some great friends around the world. This past summer I wanted to reconnect with friends in other countries. I had already planned to visit my closest friend in the world, Berna, who lives in Belgium. For me, these face-to-face meetings are very important. In fact, the first person I actually met face-to-face was Hermien from The Netherlands, and we found each other on the IPPF’s original discussion group.

Our first meeting was in April 2002 and I had just received my diagnosis the previous November. Hermien Konings took a train and met me in Leuven, Belgium. She brought my friend flowers and me some cereal, copies of all the information she had on pemphigus, and a Vivaldi CD for relaxation. This was the first time either of us had met anyone with our disease, and neither of us can now remember how much we hugged one another that first day.

As with other people I have met on this journey, you just seem to know that some relationships last forever. We have met on four different occasions over the last 10 years, including one PEM Friends “away weekend” at the beautiful home of Carolyn Blain in the UK. Hermien was instrumental in starting a support group in the Netherlands, and put together a major conference with IPPF Medical Advisory Board member Dr. Marcel Jonkman.

In June 2012, I took a train to Amsterdam from Belgium. It felt so good to spend the day together talking, walking, and dining. We visited the new Hermitage Museum (wonderful Impressionist exhibit) and other sights. We had a terrific day and our face-to-face together time continues to be incomparable. I returned to Belgium the next day with some photos -- and lots of precious memories.

Another wonderful person I had met was PV patient Oceane and her mom, Isabelle, at a PEM Friends luncheon in London in 2004. Oceane was then 7 years old, but beautiful and determined. Since then, I had seen photos and stories about her difficulties and breakthroughs, but not had any contact. During that time, Isabelle became active in the French support group. I was determined to reconnect with these special people.
A common complaint when steroids are tapered is patients experience fatigue, joint pain, achiness, malaise, fatigue, decreased appetite, or even heel pain. This is considered “steroid withdrawal syndrome.”

Checking for adrenal insufficiency: When people have been on high dose steroids for a while, the adrenal gland (which makes a number of hormones, including cortisol) can be suppressed. It takes time for the adrenal gland to recover, and patients can normally slowly taper to low doses of prednisone, around the equivalent of prednisone 3 mg/day. It may be helpful to check an “8 am serum cortisol” to see if the adrenal gland is functioning well enough to make a “maintenance” amount of steroid. This blood test is checked prior to taking the daily dose of prednisone.

If too low, then the low dose of prednisone may need to be continued and the serum cortisol checked every couple of months until it improves. Once the cortisol is above 10 µg/dl (micrograms per deciliter), the prednisone can be safely tapered off. Frequently at low doses of prednisone, decreases of 1 mg/day are enough for patients to see a change in disease activity or in the way they feel.

Steroid withdrawal symptoms without adrenal insufficiency: In steroid withdrawal syndrome, patients have symptoms in spite of taking enough steroids to replace what the adrenal gland would normally make. They may even have symptoms of steroid withdrawal when the hormone tests are normal. This is a very common syndrome, and even when slowly tapers, people can experience fatigue, joint pain, and just “not feeling well.” Often patients are on 5 mg/day or less of prednisone, and even when just tapering 1 mg at a time the patient will often develop transient symptoms that gradually resolve after a few days. These symptoms are tolerable and people feel better when they increase their current dose of prednisone or restart at a low dose. When this is done, a slower taper can be done that allows a person to function during the taper.

This information is provided by an experienced pemphigus/pemphigoid physician and is NOT MEDICAL ADVICE. Do not make changes to your medication or lifestyle without consulting your physician.

The week after visiting Hermien, Berna and I traveled to Paris and to meet with Isabelle and Oceane. I quickly realized that after 8 years, young children really grow up. When I first met Oceane, she had been diagnosed with PV for two years and her doctors were worried about her being on systemic drugs at such a young age. Oceane had written about the difficulties she endured, even having to soak in a tub at night just to remove her clothes. The good news is Oceane just turned 16 and is doing great! Isabelle shared some literature and material from their support group as we walked around Paris (Oceane and I definitely share a sweet tooth). It was a fun adventure where time passed too soon for our liking. Oceane gave my friend and me special cups used for relaxation in a Paris bistro-type of atmosphere.

Saying good-bye was difficult and emotional, but I am grateful to have met these wonderful people. The “I” in IPPF stands for International making these face-to-face meetings truly special times for those of us who are able to connect -- and reconnect. These friendships carry the same uncommon bond that brought us together. Crossing the “pond” was -- and will continue to be -- a very important part of my life. How lucky am I?

My advice to you is if you have an opportunity, grab it!
Many questions remain unanswered about the causes of pemphigus vulgaris (PV). Who is at risk? What triggers the disease? Are there factors shared with other autoimmune diseases? Why are women more affected than men? Are there differences in the types and location of lesions between men and women, and perhaps between races? Is there an optimal drug therapy depending on disease activity, lesion location, or gender? Answering these questions will help us learn about these complex conditions, provide better treatment, and possibly prevent them from ever occurring.

At the moment, the lack of large-scale clinical data is the major hurdle to our better understanding autoimmunity in the skin. Dr. Animesh A. Sinha (University of Buffalo and IPPF Medical Advisory Board) and his research team, in conjunction with the IPPF, conducted two web-based surveys focused on general disease characteristics and disease flares. These studies have given us increased insight into demographical data and disease presentation, much more information is needed.

Pemphigus vulgaris and related diseases are rare disorders, making them difficult to study. To overcome these difficulties and facilitate data collection, the IPPF launched its Pemphigus-Pemphigus Disease Registry in 2010. The Registry allows for the systematic and comprehensive gathering of clinical information using a standardized template. This helps different researchers come to conclusions using the same data type and structure.

There are currently more than 700 patients enrolled in the IPPF Registry. Dr. Amit A. Shah and members of the Sinha Lab, in collaboration with the IPPF, have begun a systematic analysis of the Registry data on PV patients. The full results will be submitted to a leading scientific journal soon. Some key findings include:

- a female to male ratio of 2.54:1;
- it takes longer to diagnose females;
- females have more mucosal lesions compared to males;
- over 20% of patients have another simultaneous autoimmune disease.

The IPPF’s goal is to have over 1,000 Registry participants before the end of 2012. The Registry will help researchers better understand how the disease evolves and identify factors that determine progression and prognosis. Finally, we hope to collect blood and tissue samples to provide actual biological materials to conduct genetic and immunologic studies. These tests could uncover disease mechanisms and reveal new targets for therapy.

If you have not participated in the Registry, we encourage you to do so. If you have questions, visit www.pemphigus.org/registry or call (916) 922-1298 and speak to a Peer Health Coach (option 1).~
The Reality of 1,000!
by Will Zrnchik

Do you suffer from severe limitations in your daily activities because of your disease? Then you are among the 11% who are able to minimally perform regular, daily routines. And if you suffer from any limitations in your daily activities as a result of your medication or treatment, you are among the 68% who said they have mild, moderate, or severe limitations.

We know because over 700 people told us so!
The IPPF Registry (www.pemphigus.org/registry) provides us with a patient’s diagnostic and treatment experience information. With more data, the IPPF will be in an influential position with policy makers and insurance providers.

During the 2012 Annual Meeting, IPPF President Dr. David Sirois said, “The thing that empowers an organization is information.” This simple statement captures the IPPF’s goal of advocacy and awareness: providing information to clinicians, researchers, and insurance providers to make more informed decisions with regards to pemphigus and pemphigoid patients.

Dr. Sirois challenged attendees to join the Registry. Now, I am asking you to do the same: JOIN THE REGISTRY. We need your help.

“That registry is vital to our organization’s position, and our next step is to publish these findings in peer-reviewed journals, such as the Journal of Investigative Dermatology.” Once we do that, other scientists, researchers, and clinicians can use this important data so we can change perceptions and practice to benefit patients everywhere.

Yet we have not reached our magic number of 1,000. We have 721 -- out of thousands of patients around the world -- who stood up and said, “I want to make a difference!”

YOU can change how pemphigus and pemphigoid patients are diagnosed and treated in just 15 minutes. Remember, your personal information is NEVER shared with anyone for any reason.

The information we have is great, but without more involvement from pemphigoid patients, IVIg users, and men in general, we are only seeing part of the picture that could change everything. Here are some Fast Facts from the Registry:

- 73% of all P/P patients are female
- 65% of all P/P patients have PV (11% have BP)
- 11% also have thyroid disease (5% have rheumatoid arthritis)
- 70% see only a dermatologist -- even though 41% have current lesions in their throat/mouth

As you can see, the information is compelling, but if this does not reflect you, then we need your data!

The data can be segmented by gender, age, and disease type (see A Look at PV from Inside the Registry on the previous page). The goal of 1,000 will make our Registry the largest collection of pemphigus and pemphigoid data available to researchers.

Please do your part to help patients everywhere. For more information, or to participate, please visit www.pemphigus.org/registry. ~
...continued from HOPE, page 4

tremely difficult. But a good support system -- and HOPE -- can make a difference.

The Summer Olympics recently concluded and I enjoyed watching the hopeful athletes at the top of their games. What percentage of athletes do you think went to London expecting NOT to win? I previously have written about how athletes focus on hope and use positive self-talk. Top-level athletes do not believe in negative attitudes: they are there to win. And because of that common hope, they came together in Olympic Village regardless of their different sports or countries... or as I like to call it, their uncommon bond.

The momentum of hope from the 2012 Annual Meeting carries over like a tidal wave pushing us towards improved treatments and unified hope for a cure. There is power in numbers, and my hope is that we can continue to ride this wave of hopefulness with our ever-growing numbers of devoted volunteers and contributors towards that light at the end of the tunnel.

Hope is all around us, and can dictate the direction we go. We know where we want to be, and our uncommon bond will keep us moving forward together. Your Board of Directors and Medical Advisory Board, along with our CEO, Peer Health Coaches, support group leaders, Discussion Group participants, Facebook contributors, and many others have no intention of allowing this momentum to take us anywhere other than onward and upward.

This is a very exciting time for the IPPF and it is truly important for all of us to ride this momentum of hope as we have many new and innovative actions planned or underway.

The 2013 Patient Conference in San Francisco is set for April 26-28, 2013; the Awareness Campaign is being planned; and the Patient Registry approaches 1,000 participants.

United We Stand!

We have done this too -- at our Annual Meeting, in local and online support groups, and with others who share our P/P experiences. It has been said that "it takes a village" and, well maybe, we have our own village -- our own P/P village where we feel connected and stronger. This common hope through an uncommon bond unites us all.

Do your part -- not just for yourself, but for the hope all of us have in a better and brighter future.

I know many of you still suffer from your illness and/or the treatments, but hope for better days. How can anyone feel anything other than HOPEFUL and EXCITED about the future? I can hardly contain myself! Prepare to ride it out, and don’t stop this positive and hopeful wave.

The future -- our future -- is looking better and better with each passing day! ~

Dr. Terry Wolinsky McDonald is a licensed clinical psychologist in the Pittsburgh, PA. area. She is a member of the IPPF Board of Directors and frequent contributor to the Quarterly. Her articles focus on the psychological aspects of living with P/P in patients, caregivers, and family members.
I support Physician Awareness with this tax-deductible donation

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Many physicians patients see do not know enough about pemphigus and pemphigoid to make a timely and accurate diagnosis. Diagnostic delays cost patients valuable time and money -- and unnecessary pain and suffering. We must put an end to this!

PHYSICIAN AWARENESS BEGINS NOW!
Help us reduce diagnostic delays and increase physician’s P/P awareness with a donation today!

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Don’t forget to include your donation, or donate online at www.pemphigus.org/donate

send your donation to: IPPF, 1331 Garden Highway #100, Sacramento CA 95833
Your journey is uphill every day.

You feel like there is no escape.

The fog never seems to go away.

You are invited to join patients from around the world at the IPPF’s 2013 PATIENT CONFERENCE and see how San Francisco gives new meaning to these phrases.

SAVE THE DATE!
APRIL 26-28