



PARKINSON UPDATE

Serving Kansas, Missouri and Oklahoma

The Research Issue

Summer 2007

Research is a human activity based on intellectual investigation and aimed at discovering, interpreting and revising human knowledge. In medical research, these discoveries often begin “**at the bench**” with basic research in which scientists study disease at a molecular or cellular level. Discoveries made at the bench then progress to the clinical level, or the patient’s “**bedside.**”

Increasingly, scientists are stressing this bench-to-bedside approach. Basic scientists provide clinicians with new tools for use in patients, and clinical researchers make novel observations about the nature and progression of disease that stimulates basic investigations. **Translational research** promotes collaborative scientific interactions between bench and clinical investigators to hasten clinical translation of basic or preclinical observations.

Translational research is a powerful driver of clinical research, and is coming to the forefront of scientific investigation. Many promising ideas for novel therapeutic intervention stall in the process of getting from bench to bedside. While translation is often facilitated by public-private partnerships, high-risk ideas or therapies for uncommon disorders frequently do not attract private investment. The National Institutes of Health steps in to bridge this gap with grants to translational researchers to help bridge the gap.

In this issue of the *Update*, we will give you overviews on some of the exciting things happening in Parkinson’s research. There are some thrilling breakthroughs on the horizon! We will explain the phases of a clinical trial, and of product development. As you will see, it can take 12 years for a compound to get from the bench to the bedside. We can make a difference! The Parkinson Foundation of the Heartland works hard to advocate for increased funding for translational research, and works with many other organizations to try to move drugs through the research pipeline. When we speak with our elected officials and other people of influence, we cite the strength of our membership to increase our leverage. Please renew your membership this summer, and ask your friends and family to join with you. Together, we can make a difference!

Research Glossary

Bioavailability – In pharmacology, bioavailability is used to describe the fraction of an administered dose of unchanged drug that reaches the systemic circulation, one of the principal pharmacokinetic properties of drugs. By definition, when a medication is administered intravenously, its bioavailability is 100%. However, when a medication is administered via other routes (such as orally), its bioavailability decreases (due to incomplete absorption and first-pass metabolism). Bioavailability is one of the essential tools in pharmacokinetics, as bioavailability must be considered when calculating dosages for non-intravenous routes of administration.

Double Blind – The double blind method is an important part of the scientific method, used to prevent research outcomes from being ‘influenced’ by either the placebo effect or the observer bias. Blinded research is an important tool in many fields of research, from medicine, to psychology and the social sciences, to forensics.

In vivo – *In vivo* (Latin: (with)in the living) means *that which takes place inside an organism*. In science, *in vivo* refers to experimentation done in or on the living tissue of a whole, living organism as opposed to a partial or dead one. Animal testing and clinical trials are forms of *in vivo* research

In vitro – *In vitro* (Latin: (with)in the glass) refers to the technique of performing a given experiment in a test tube, or, generally, in a controlled environment outside a living organism. *In vitro* fertilization is a well-known example of this. Many experiments in cellular biology are conducted outside organisms or cells; thus, the conditions and, therefore, results may not correspond to those inside. Consequently, experimental results are often annotated with *in vitro* or its opposite *in vivo* as it applies.

Placebo – A placebo is a preparation which is pharmacologically inert but which may have a medical effect based solely on the power of suggestion, a response known as the placebo effect or placebo response. It may be administered through ingestion, injection, inhalation, insertion into a body cavity, or applied topically.

PARKINSON FOUNDATION OF THE HEARTLAND

New in Parkinson Research

Cogane™

*Godmanchester, Cambridgeshire,
U.K June, 2007*

Phytopharm PLC announces pre-clinical data showing that Cogane™ reverses the changes in the area of the brain involved in Parkinson's disease. This data was presented by Dr. Jonathan Brotchie, an internationally recognized expert on Parkinson's disease at the 11th International Congress of Parkinson's Disease and Movement Disorders June 5th in Istanbul, Turkey and published in The Movement Disorder Society's Journal.

Cogane™ reverses the changes in the area of the brain involved in Parkinson's disease by inducing the production of neurotrophic factors. These growth factors promote the growth and connectivity of neurons and reverse the atrophy of this area of the brain. This latest study was partly funded by The Cure Parkinson's Trust. Commenting, Tom Isaacs, co-founder of the Trust said: "Cogane's ability to induce a person's own neurotrophic activities offers a very real prospect of a better treatment for Parkinson's disease. As a patient led organization, The Cure Parkinson's Trust is very excited about the potential of this product to completely restore motor function to those with the condition."

Cogane™ is a novel non-peptide, orally bioavailable neurotrophic factor inducer that readily crosses the blood brain barrier. In pre-clinical studies, Cogane™ stimulates the release of neuronal growth factors, increases neurite outgrowth and protects against neuronal degeneration. Importantly, Cogane™ also reverses the decrease of neuronal growth factors and reverses dopaminergic neuronal

degeneration observed in vitro. When administered orally to pre-clinical models of Parkinson's disease, Cogane™ reverses the loss of dopaminergic neurons.

Isradipine

*Northwestern University, Evanston
IL June, 2007*

Northwestern University researchers have discovered a drug that slows – and may even halt – the progression of Parkinson's disease. The drug rejuvenates aging dopamine cells, whose death in the brain causes the symptoms of this devastating and widespread disease.

Dr. James Surmeier, the Nathan Smith Davis Professor and chair of physiology at Northwestern University's Feinberg School of Medicine, and his team of researchers have found that isradipine, a drug widely used for hypertension and stroke, restores stressed-out dopamine neurons to their vigorous younger selves. The study is described in a feature article in the international journal *Nature*, which was published on-line June 10.

"Our hope is that this drug will protect dopamine neurons, so that if you began taking it early enough, you won't get Parkinson's disease, even if you were at risk" said Surmeier. It would be like taking a baby aspirin everyday to protect your heart."

Isradipine may also significantly benefit people who already have Parkinson's disease. In animal models of the disease, Surmeier's team found the drug protected dopamine neurons from toxins that would normally kill them by restoring the neurons to a younger state in which they are less vulnerable. The

hope is that by slowing the death of dopamine neurons, isradipine could significantly extend the time in which L-DOPA works effectively.

Gene Therapy Eases Parkinson's Symptoms

New York, New York June 2007

An experimental treatment for Parkinson's disease seemed to improve symptoms without causing side effects in an early study of a dozen patients. The gene therapy treatments involved slipping billions of copies of a gene into the brain to calm overactive brain circuitry.

The small study focused on testing the safety of the procedure rather than its effectiveness, and experts cautioned it's too soon to draw conclusions about how well it works. But they called the results promising and said the approach merits further studies.

For the gene therapy, a tube about the width of a human hair was threaded through a hole about the size of a quarter at the top of the skull. The tube delivered a dose of a virus engineered to ferry copies of a gene into cells of a brain region called the subthalamic nucleus. The gene copies enable the cells to pump out more GABA. The loss of the normal supply of the chemical GABA causes the brain circuitry to become overactive.

The improvements were evident at a checkup three months after the procedure and persisted to the end of the study, one year after the surgery. By that time, the overall amount of improvement from before surgery was about 24% when measured at times that patients were off their normal medication,

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and 27% at times when they were on medication.

Safinamide

Milan, Italy

June, 2007

Newron Pharmaceuticals and its partner Merck Serono announced data which suggest that safinamide, a new agent in Phase 3 development for the treatment of Parkinson's disease, has an effect on cognitive performance in study patients with early Parkinson's disease. These data were presented at the Movement Disorder Society's 11th International Congress in Istanbul, Turkey.

The data are from a 6-month randomized, double blind, placebo-controlled, international Phase 3 trial. Some results from this trial were presented in May, 2007 at the American Academy of Neurology 59th Annual Meeting and showed that safinamide significantly improved motor symptoms and activities of daily living for patients in the trial, as an add-on treatment to dopamine agonist therapy. The cognition testing was carried out in an exploratory manner in selected centers, which agreed to conduct this part of the trial.

The data demonstrated that the addition of safinamide to a stable dose of a single dopamine agonist in study patients with early stage Parkinson's disease resulted in an improvement in cognitive domains often impaired in these patients, in particular executive function and working memory.

Creatine

Washington DC

March, 2007

The NIH National Institute of Neurological Disorders and Stroke (NINDS) is launching a large-scale

clinical trial to learn if the nutritional supplement creatine can slow the progression of Parkinson's disease. While creatine is not an approved therapy for PD or any other condition, it is widely thought to improve exercise performance. The potential benefit of creatine for PD was identified by Parkinson's researchers through a new rapid method for screening for potential compounds.

The double-blind, placebo-controlled, Phase 3 study is one of the largest PD clinical trials to date. It will enroll 1720 people with early stage PD at 52 medical centers in the United States and Canada.

The trial is the first large study in a series of NINDS-sponsored clinical trials called NET-PD. NINDS has organized this large network of sites to allow researchers to work with PD patients over a long period of time, with a goal of finding effective and lasting treatments.

Creatine is marketed as a nutritional supplement. Studies have suggested that it can improve the function of mitochondria, which produce energy inside cells. It may also act as an antioxidant that prevents damage from compounds that are harmful to cells in the brain. In a mouse model of PD, creatine is able to prevent loss of the cells that are typically affected. The study will enroll people who have been diagnosed with PD within the past five years and who have been treated for two years or less with levodopa or other drugs that increase the level of dopamine in the brain. People interested in participating in this study can get more information by calling 1-800-352-9424.

Genzyme Bets on Gene Therapy

Boston

June, 2007

Genzyme Corp. is expanding its research into gene therapy. The company, which built itself into one of the world's biggest biotechnology companies by developing drugs for rare genetic disorders, said it has entered a partnership with Ceregene, Inc. to develop a treatment for Parkinson's disease. Gene therapy is a controversial method of injecting genes into cells to make proteins that can fight disease, typically using a genetically engineered virus to carry the gene to the cell. So far, no gene therapy product has been approved, and research has shriveled following the death in 1999 of Jesse Gelsinger, an 18-year-old participant in a gene therapy clinical trial.

Ceregene's program, CERE-120, is composed of an adeno-associated virus vector carrying the gene for neurturin, a protein known to protect or repair nerve cells which secrete a brain chemical known as dopamine that is involved in movement.

Gene therapy, in theory, represents an attractive technology for treating neurological disorders because the treatment circumvents the blood-brain barrier, a cell structure that protects the brain from foreign substances in the blood – including large molecules such as therapeutic proteins. "Parkinson's is very attractive because you can deliver the gene to a localized area, the cells will make protein and hopefully do the job," said David Meeker, head of Genzyme's rare genetic diseases unit. Meeker said its Parkinson's research is the cornerstone for what the company expects

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will be a growing central nervous system disorders program.

Gene Patterns Affect Parkinson's

St. Paul, Minnesota June, 2007

A new Mayo Clinic study provides strong evidence that the joint effects of common DNA variations in several genes that encode proteins within a well-defined biological pathway largely explain why some persons get Parkinson's while others don't, and even predict with great accuracy at what age people might develop their first symptoms. The findings are published in the June 15 issue of *PLoS Genetics*.

The study is significant because the genetic strategy was novel. The summation of small effects from many genes in the same biologic pathway may be key to understanding many human diseases. It provides intriguing new insights into the symptoms of PD, and may lead to tests to identify people at high risk, and to new treatments to prevent the disease or halt its progression. These high-risk Parkinson's disease genes were contained in the biologic pathway for the development of the human brain, as well as repair and remodeling of brain circuits. This raises speculation for another environmental influence that heretofore has been ignored: pre-birth events in the mother's womb.

These findings could quickly lead to genetic tests to identify people with a high probability of developing Parkinson's disease during their lifetime. The findings may also lead to development of new treatments that would promote the repair of damaged axons in the brain and spare nerve cells from early death, which could prevent or slow the progression of the disease.

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Neural Stem Cells Reduce Parkinson's Symptoms in Monkeys

New Haven, CT June, 2007

Primates with severe Parkinson's disease were able to walk, move and eat better, and had diminished tremors after being injected with human neural stem cells, a research team from Yale, Harvard, the University of Colorado, and the Burnham Institute report in the Proceedings of the National Academy of Sciences.

These results are promising, but it will be years before it is known whether a similar procedure would have therapeutic value for humans, said the lead author, D. Eugene Redmond Jr., professor of psychiatry and neurosurgery at Yale.

In this study five of eight monkeys with advanced Parkinson's were injected with human neural stem cells and three received sham injections. The monkeys were observed four months before and four months after surgery. Those injected with human neural stem cells improved progressively for the entire post-treatment period and were significantly different from the monkeys that received sham injections. Twenty-one additional monkeys were studied for up to eight months for other biological effects of the stem cells. No tumors or toxic effects were found. Redmond said a small number of the human neural stem cell progeny differentiated into neurons that contained tyrosine hydroxylase and dopamine transporter. Cell progeny containing these markers suggest that the microenvironment within and around the brain lesions still permits development of a dopamine phenotype by responsive progenitor cells. The stem cells also make a growth factor that has been shown to improve dopamine function.

High Blood Levels of Urate Linked to Lower Risk of PD

Cambridge, MA June 2007

In a new, large-scale, prospective study exploring the link between levels of urate in the blood and risk of Parkinson's disease, researchers from the Harvard School of Public Health (HSPH) have found that high levels of urate are strongly associated with a reduced risk of the disease.

Urate is a normal component of blood, and although high levels can lead to gout, urate might also have beneficial effects because it is a potent antioxidant. "It is still uncertain whether urate exerts a neuroprotective effect, but approaches to elevating urate levels are nonetheless worth considering as a potential neuroprotective strategy," said Alberto Ascherio, who is collaborating with others on the design of a clinical trial in individuals with Parkinson's disease. "But elevating blood urate increases the risk of kidney stones and may have adverse cardiovascular effects and should only be attempted in the context of a closely monitored randomized trial until beneficial effects are proven." The findings were published in the *American Journal of Epidemiology*, on-line on June 20, 2007.

Upcoming Events

The CLASSmen & Friends – Kansas City's Greatest Reunion Jam

**August 24th, 2007 6 – 10 pm
H&R Block Headquarters –
1 H&R Block Way**

Join us for food, drinks and great music at the H&R Block Art Space. This is a fun and exciting new event!

The Phases of Product Development and Clinical Trials

It takes 12 years on average for an experimental drug to travel from the bench to the bedside. Only 5 in 5,000 compounds that enter preclinical testing make it to human testing. Of these five, one is approved for use in people.

Our system of new drug approvals is among the most rigorous in the world. On average, it costs a company \$359 million to get one new medicine from the lab to the medicine chest.

Preclinical Testing

A pharmaceutical company conducts laboratory and animal studies to show the biological activity of the compound against the targeted disease, and the compound is evaluated for safety. These tests take approximately 3.5 years.

Investigational New Drug Application (IND)

After completing preclinical testing, the company files an IND with the FDA to begin to test the drug in people. The IND becomes effective if the FDA does not disapprove it within 30 days. The IND shows the results of previous experiments; how, where and by whom the new studies will be conducted; the chemical structure of the compound; how it is thought to work in the body; toxic effects found in the animal studies; and how the compound is manufactured. The IND must be reviewed and approved by the Institutional Review Board where the studies will take place, and progress reports

on clinical trials must be submitted at least annually to the FDA.

Phase 1

This is the first experiment using an investigational new drug in humans. Usually, healthy participants are enrolled in Phase 1 studies, however under certain circumstances people with the disease being studied are enrolled. Phase 1 studies are designed to determine how the drug is broken down in the human body and how it interacts with the human body. Phase 1 studies reveal some of the side effects associated with increasing doses. Some Phase 1 studies provide early evidence of effectiveness. Researchers use information from Phase 1 studies to design Phase 2 studies. Phase 1 studies usually use from 20 to 80 healthy volunteers and take about a year.

Phase 2

Phase 2 trials are the first effectiveness studies of a drug in humans. Using the drug at the doses and on the schedule found to be safe in Phase 1 trials, researchers administer the drug to participants with the disease or condition of interest. During Phase 2, researchers collect additional safety and effectiveness data, study short-term side effects and risks, and collect additional information about the proper dose and dosing schedule. Phase 2 studies typically involve control groups, are closely monitored, and are conducted in a relatively small number of participants. Phase 2 studies generally involve between

100 and 300 patient volunteers, and take about two years.

Phase 3

These studies are expanded, longer-term research studies, performed after the Phase 1 and Phase 2 studies have shown evidence that the drug is effective. Phase 3 studies are intended to gather additional information about effectiveness and safety to evaluate the overall risk/benefit of the drug. Researchers collect additional information about drug-related side effects, including less common side effects. Phase 3 studies usually enroll between 1000 and 3000 patient volunteers, and last about three years. At the conclusion of a Phase 3 trial, the new drug should be found to be inferior, equivalent, or superior to the standard treatments.

New Drug Application (NDA)

Following the completion of all three phases of clinical trials, the company analyzes all of the data. If the data successfully demonstrates safety and effectiveness, an NDA is filed with the FDA. The NDA must contain all of the scientific information that the company has gathered. NDAs typically run 100,000 pages or more. By law, the FDA is allowed six months to review an NDA. In almost all cases, the period between the first submission of an NDA and final FDA approval exceeds that limit.

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Research Study for People with Parkinson's Seated Exercise Classes

10:30 a.m. – 11:30 a.m. Wednesdays
September 5 to November 7, 2007

Parkinson Foundation of the Heartland (PFH)
7800 Foster, Overland Park, Kansas

Call the PFH at (913) 341-8828 for more information or to register.

Individuals who have been diagnosed with Parkinson's disease for five years or longer are invited to participate in a University of Kansas research study investigating the effects of the *Motivating Moves for People with Parkinson's* seated exercise program on physical function and quality of life.

The program was designed to **improve walking, motor coordination, mood, and the ease of performing activities of daily living.**

Solo piano music for the 36-minute program was composed and performed by a faculty member at the Juilliard School of Music in New York City. KU Professor Janet Hamburg will lead the class each week at the Parkinson Foundation of the Heartland. In addition, you will receive a complimentary videotape or DVD of the program so that you also can do the program twice each week at home.

There are no fees, but assessments of function and quality of life questionnaires need to be scheduled on Friday, August 31. These will take approximately one hour. The physical function measures will be scheduled on Friday, October 5, and all of the initial assessments will be repeated on Thursday, November 8.

For more information or to register, contact:

Meg Duggan, Director of the Parkinson Foundation of the Heartland, at (913) 341-8828 or
Jennifer King, PFH Director of Education, at (913) 341-8828 or
Professor Alicia Clair at (785) 864-9636 or by e-mail at aclair@ku.edu or
Professor Janet Hamburg at (785) 864-5168 or by e-mail at jhamburg@ku.edu or
Dr. Kelly Lyons, Director of Research, Parkinson's Disease and Movement Disorder Center,
University of Kansas Medical Center, at (913) 588-7159 or klyons@kumc.edu.

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Approval

Once the FDA approves the NDA, the new medicine becomes available for physicians to prescribe. The company must continue to submit periodic reports to the FDA, including any cases of adverse reactions. For some medicines, the FDA

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requires additional studies (Phase 4) to evaluate long-term effects.

Phase 4

Phase 4 studies are often called "post-marketing surveillance" studies. In Phase 4 studies, researchers gather additional information about

an approved drug's risks, benefits, and best uses associated with large-scale usage in "real-life conditions." These studies can also include trials of different doses or schedules of administration, other stages of the disease, cost studies, quality-of-life studies, or long-term use of the drug.

PDF to Webcast 50th Anniversary Symposium on Parkinson's Disease

To commemorate 50 years of service to the Parkinson's community, the Parkinson's Disease Foundation (PDF) will present a comprehensive two-day symposium on October 11 and 12. The jam-packed program will be webcast live and will feature top-notch Parkinson's professionals presenting the latest news in science and quality of life initiatives.

The meeting, entitled *Frontiers of Science and Clinical Advances in Quality of Life*, will be attended by Parkinson's researchers, clinicians, allied health professionals, people with Parkinson's and caregivers. The program, in two parallel tracks, will look at progress that has been made and where we expect to see future advances.

The basic science track for the event will cover the hottest topics in Parkinson's science including genetics, pathology, gene therapy and cell replacement. The quality of life track will cover such topics as the preclinical diagnosis of Parkinson's disease, respiratory, gastrointestinal and sexual issues; sleep disorders and caregiver support.

To register for the webcast, visit www.pdf.org/50th. If you don't have a computer available and would like to watch the symposium, the Parkinson Foundation will pull it up for you to watch. We are also available to help support group leaders register and arrange for viewing. The webcast will be available for a full year.

Why Call Your Elected Officials?

We recently received some numbers on the National Institutes of Health dollar allocations for 2007 research. Please keep your membership current and ask your friends and family to join the Parkinson Foundation of the Heartland so that we can speak with the force of thousands when we ask for additional research funds.

177 people died of West Nile Virus in 2006, and we are spending \$14,932 per patient to find a cure. While we certainly support the search for a cure for West Nile Virus, we believe that spending on the Parkinson's disease cure, which affects 1.5 million people in the United States, should be much higher.

Disease	2007 NIH \$\$	\$ Per Patient
West Nile Virus	63 Million	\$14,932
Aids	2.9 Billion	\$3,052
Prostate Cancer	347 Million	\$182
Alzheimer's	642 Million	\$143
Parkinson's	205 Million	\$136

Heartland Support Group Meetings

(Listed by State)



Kansas Support Groups

Brown County (Hiawatha)
Second Thursday, 3-4:00 pm
Light House Hospice
Hiawatha Community Hospital
(conference center)
300 Utah
Leigh Ann Schultejaans.....
785.486.3881

Clay County (Clay Center)
Third Tuesday, 2:00 pm
First Baptist Church
5th & Dexter
Jewell Robinson.....
785.632.3957

Crawford County (Pittsburgh)
Third Thursday, 2:00 pm
Medical Lodge North
2614 North Rouse
Mavis Benner.....
620.231.8741

Dickenson County (Abilene)
Third Tuesday, 2:00 pm
Sterling House Abilene
1102 North Vine Street
Mary Jo Berg.....
785.231.8741

Douglas County (Lawrence)
Third Tuesday, 2:00 pm
First Presbyterian Church
2415 Clinton Parkway
Mary Jane Clement.....
785.865.2450

Ellis County (Hayes)
First Wednesday
Hayes Medical Center, education
room
2220 Canterbury Drive
Paula Desbien.....
785.726.3540

Gove County (Quinter)
First Wednesday, 11:00 - 1:00 pm
Gove City Hospital
5th & Garfield
Mary Enstrom.....
785.726.3540

Harvey County (Newton)
Second Monday, 9:45-11:00 am
Kidron-Bethal Retirement Center
500 West Bluestem
Community Room
Kay Penner.....316.283.3948

Johnson County (Prairie Village)
Third Monday, 1- 3:00 pm
Brighton Gardens
7105 Mission Road
PFH.....913.341.8828

Johnson County (Overland Park)
Third Thursday, 2:00 pm
Freedom Point
9201 Foster
Amy Harberts.....913.385.2052

Johnson County (Overland Park)
Second Tuesday, 7:00 pm
The Forum
3501 West 95th Street
Maryem Floyd.....913.341.8828

Johnson County (Overland Park)
First Monday, 12:00 pm / Sack lunch
Families of People with Late Stage PD
7800 Foster
PFH.....913.341.8828

Johnson County (Overland Park)
Second Tuesday, 4-5:30 pm, even months
Progressive Supranuclear Palsy
7800 Foster
PFH.....913.341.8828

Johnson County (South)
Second Wednesday, 10-11:30 am
Starting June 13
Sunrise Senior Living
12500 West 135th Street
Karey Simpson.....913-685-3340

Leavenworth County (Leavenworth)
Last Tuesday, 1:30 pm
Leavenworth Homestead
5150 Hughes Road
Vicky Walker.....913.727.9600

Lyon County (Emporia)
Third Wednesday, 1:30 pm
Emporia Senior Center
603 East 12th Avenue
Shirlee Ebberts.....620.583.5738

Marshall County (Marysville)
Fourth Monday, 1:30 pm
Community Memorial Health Center
Art Duensing.....785.562.3224

McPherson County (McPherson)
Second Tuesday, 10 - 11:30am
Prairie View
1102 Hospital Drive
Janell Clary.....620.245.5000

Montgomery County (Coffeyville)
Third Tuesday, 4:30-? (sometimes
7pm), EVEN months
Windsor Place
2921 West 1st
Jaque Rooks.....620.251.5190x56

Riley County (Manhattan)
First Monday, 1:30-3:15 pm
Riley County Senior Center
412 Leavenworth
Larry Marcellus.....785.537.1937

Saline County (Salina)
First Thursday, 1:30- 3:00 pm
First Presbyterian Church
308 South 8th Street
Becky Ewing.....785.825.8461

Sedgwick County (Wichita)

First Tuesday, 2-4:00 pm, &
 Fourth Tuesday, 7:00 pm
 Senior Services Building
 200 South Walnut
 Dorothy Roush316.304.9280

Shawnee County (Topeka)

First Thursday, 5:30 pm
 Midland Hospice Church
 200 Frazier Circle
 Rob Pepper.....785.973.9861

Wyandotte County

Second Monday, 12-1:00 pm
 Trinity Methodist Church
 5010 Parallel Parkway
 Chester Claibron.....913.287.3171

Missouri Support Groups**Boone County (Columbia)**

First Thursday, 4:00 pm
 Senior Citizens Center
 1121 Bus Loop 70E
 Gerry Neely.....573.815.3554

Camden County (Lake Ozark)

Third Thursday, 5:30- 7:00 pm
 Lake Ozark Christian Church
 Bagnell Boulevard, on the strip
 David/Patsy Dalton573.964.6534

Green County (Springfield)

Last Wednesday, 3:30 pm
 Cox Walnut Lawn (Senior group)
 1000 East Walnut Lawn, Ozark room
 Judee Steward.....417.269.3616

Green County (Springfield)

Fourth Thursday, 7:00 pm
 Cox Walnut Lawn (Young Onset)
 1000 East Walnut Lawn
 Janice McCauley417.269.3616

Grundy County (Trenton)

First Thursday, 10:30am
 Grundy County Health Department
 lower level meeting room
 1716 Lincoln Rear
 Gloria Koon660.485.6558

Henry County (Clinton)

Second Tuesday, 1:30 pm
 Clinton Community Center
 1004 East Sedalia Center
 Jeanette Fuhr660.885.4099

Jackson County (Independence)

Third Tuesday, 3-4:00 pm
 Fountains at Greenbriar
 2100 Swope Drive
 Desiree Rogers816.257.5100 x103

Jackson County (Kansas City)

Second Tuesday, 2:00 pm
 Kingswood Senior Living Comm.
 10000 Wornall Road
 Deborah Rear816.442.3230

Jackson County (Lee's Summit)

Fourth Wednesday, 10:00 am
 John Knox Places Restaurant
 1001 Chipman Road
 Dr. Kelly Lyons913.588.7159

Jasper County (Joplin)

Quarterly (April - October)
 Contact for times
 Caregiver and Parkinsons
 2727 McClelland Drive
 Vicki Lasure417.659.6544

Jasper County (Joplin)

Third Thursday, 10:00 am
 Spring River Christian Village
 201 Northpark Lane
 Chantel Hamilton, RN417.623.4313

Kansas City (North)

Fourth Tuesday, 1:30- 3:00 pm
 St. Luke's Presbyterian Church
 4301 Northeast Vivion Road
 Lyle Evans.....816.452.4485

Nodaway County (Marysville)

Third Thursday, 6:30 pm
 (Jan., March, May, July, Sept & Oct.,
 6:00 pm at A&G restaurant)
 First Christian Church
 201 West 3rd Street
 Jennie Lamb.....660.582.4468

North Missouri (Marceline)

Contact for information
 Wallsworth Community Center
 124 East Ritchie
 Mrs. Clifford Freeman...660.376.3423
 Thomas Behrman660.376.3639

Pettis County (Sedalia)

Contact for information
 (Retiring need new leader)
 First Christian Church
 200 South Limit (Highway 65)
 Barbara Schulz660.826.6039

Raymore/Cass County

Fourth Monday, 10:00 am
 Foxwood Springs/Bromwell Lounge
 1500 West Foxwood Drive
 Jane Dodson.....816.322.0413

Taney County (Branson)

Second Thursday, 2:00 pm
 Skaggs Community Health Center
 251 Skaggs Road
 Greenwalt Clinic
 Charlene Stade.....417.883.0637

Kansas City (North)

Second Thursday, 2-3:30 pm
 Gardens at Barry Road
 8300 Northwest Barry Road
 Berta Decena.....817.681.5010

NEW!*Continued on page 14, see "Listings"*

Oklahoma Support Groups

Clinton/Weatherford, Oklahoma

Second Thursday, 5:30 pm
United Methodist Retirement &
Health Center, Solarium Room
2316 West Modelle Avenue
Rhonda Gossen580.772.1818

Edmond, Oklahoma

Second Tuesday, 3:30 pm
Bradford Village, community center
300 Enz Drive
Contact Juli Rogers405.348.6945

Enid, Oklahoma

First Wednesday, 2:00 pm
Integris Pavilion cafeteria
401 South Third Street
Anita Andrew580.548.1110

Grand Lake Area, Oklahoma

Fourth Tuesday, 6:30 pm
Grove Community Center
Highway 59 and Grand
Rovia Collis918.787.2835

Hugo, Oklahoma

Second Saturday, 2:00 pm
Lane Frost Rehab Center
2815 East Jackson
Linda Edge580.326.0873
Martha Hinnergardt580.326.9195

Kingfisher, Oklahoma

Third Thursday, 6:30 pm
Country Wood Manor
1604 South 13th Street
Dolores Greving405.263.4456

Lawton, Oklahoma

Second Wednesday, 3:00 pm
Ten Oaks Retirement Community
3610 Southeast Huntington Circle
Rose Hailey580.585.6640

McAlester, Oklahoma

First Thursday, 6:00 pm
Wellness Center
1400 East Van Buren
Dana Hugle918.421.8626

Midwest City, Oklahoma

Fourth Thursday, 2:00 pm
Senior Center
8251 East Reno
Rosemary Keating405.607.0940.

Norman, Oklahoma

First Thursday, 7:00 pm
Norman Regional Hospital,
Education Wing
901 North Porter
Dr. Francis Schmitz405.364.4493
Jack Shadle405.321.1274

Far North Oklahoma City

First Wednesday, 2:15 pm
Flora Deen Martin Center, Epworth Villa
14901 North Pennsylvania
Enter from Northwest 150th Street
Bob Cunningham721.5345

South Oklahoma City

Third Tuesday, 3:30 pm
Jim Thorpe Rehab, Jones Education room
4219 South Western
Lori Smith405.644.5262

Ponca City

Second Friday, 10:30 am
Via Christi at Home
1209 East Prospect
Dianna Gemmill580.765.8155

Stillwater, Oklahoma

First Tuesday, 2:00 pm
First Nazarene Church
1023 East Will Rogers
Cathy Jordan405.742.5787

Tulsa, Oklahoma South

Fourth Tuesday, 6:00 pm
University Village
8555 South Lewis
Sherri Brown918.298.3652

Tulsa, Oklahoma Southeast

Third Thursday, 6:30 pm
St. Francis Hospital, Heart Center
6151 South Yale
Dave McCabe918.625.5255

Woodward, Oklahoma

Third Wednesday, 2:00 pm
Grace Living Center
429 East Downs
Pam Kenneaster580.256.6448

Yukon, Oklahoma

Second Friday, 1:00 pm
Spanish Cove
1401 South Cornwell
Dr. Deketia Murphy405.354.2439

Young/Newly Diagnosed Parkinson Group

meets quarterly in Oklahoma City. For meeting times and location, contact Jim Keating at 405-810-0695.

Exercise Groups

Kansas Exercise Groups

Olathe, KS

Mondays, 10:00 – 11:00 am
First Baptist Church
151st and Mur-Len Road
Monica Moll913.856.8130

Kansas City, KS

Mondays, 11:00 am – 12:00 pm
Trinity Methodist Church
5010 Parallel Parkway
Chester Claiborn ...913.287.3171

Missouri Exercise Groups

Kansas City, MO

Mondays, 9:30 – 10:30 am
North Cross United Methodist Church
1321 Northeast Vivion Road
Lyle Evans816.452.4485

Tuesdays, 9:30 – 10:30 am
&
Saturdays, 9:30 – 10:30 am
Garden Village, Fourth Floor
8550 Granby
Mildred Laughlin816.468.6163

Tuesdays, 1:00 – 2:00 pm
&
Thursdays, 1:00 – 2:00 pm
Kingswood Senior Living
10000 Wornall Road
Ray Gilliland.....816.942.0994



Oklahoma Exercise Groups

Edmond, OK

Tuesdays, 1:00 pm
Bradford Village
300 Enz Drive, in the
community center.
Laura Pollard.....405.341.0810

Norman, OK

Tuesdays & Thursdays, 10:30 am
First Baptist Church
Family Life Center
300 West Comanche
Dr. Francis Schmitz...405.364.4493
or Jack Shadle.....405.321.1274

Oklahoma City, OK

Tuesdays & Thursdays, 12 noon
NeuroScience Institute at
Mercy Health Center
4120 West Memorial Road
in the atrium on the first floor
Ms. Kay Oglesby.....405.752.3968

Oklahoma City Water

Exercises/Central

Wednesdays, 12 noon to 1:00 pm
Valir Rehab
700 Northwest 7th Street
\$4/session or 10 sessions/\$35
Margaret Kierl.....405.553.1050

Oklahoma City Water

Exercises/South

Mondays, Tuesdays & Thursdays,
various times
Jim Thorpe Rehab indoor pool
4219 South Western
Andrew Heuser405.644.5293

Tulsa, Oklahoma

Mondays, Wednesdays & Fridays
University Village
8555 South Lewis
\$35 per month fee
Missie Moore918.299.2661

Contact Jim Keating, Director, for more information at 405-810-0695
or e-mail jim@parkinsonheartland.org.

**PARKINSON FOUNDATION
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Oklahoma State Director

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Our newsletter is published by the Parkinson Foundation of the Heartland to help People with Parkinson's, their relatives and their friends. It is not intended to provide personal medical advice, which should be obtained directly from a physician. Contact us at the Foundation office if you have suggestions as to how we can better serve you.

Upcoming Autumn Programs

Watch your mail for information about upcoming autumn programs including **Speech, Handwriting Class, Medication Lunch and Learn, Advocacy Training** and a **Pain and Stress Clinic**.

Also this autumn, our first outlying **Research Symposium** will be held in **Salina, Kansas on October 12th**.

Wellness

Join us for an hour of specialized exercise instruction for people with Parkinson's. Participants will eat lunch with friends and enjoy the remaining time with planned recreational activities. Caregivers are encouraged to use this time for respite.

Tuesdays & Thursdays 10:30 – 1:00 pm \$5:00 per class includes lunch

PFH Offices 7800 Foster, Overland Park

Information: Jennifer King.....913.341.8828

Northland Wellness

A wellness program designed to provide fitness, lunch and a time-out for caregivers.

Gladstone Fairview Christian Church 1800 NE 65th Street

Information: Frank Everett816.452.2829

Indoor Swimming

Join the Elder Spa Wellness Center at Village Shalom for group or individual water classes. Pool includes an underwater treadmill, shallow depth ideal for walking, hydro lift entering the water, and handrail around the perimeter of the pool.

Village Shalom \$20.00 per month, unlimited use, no contract

Overland Park 5500 West 123rd Street

Information: Village Shalom.....913.266.8409

Fall Exercise Study

If you are interested in joining a study of a seated exercise program specifically for Parkinson's disease, please call the office and we'll get you additional information.

PFH.....913.341.8828

PARKINSON FOUNDATION OF THE HEARTLAND

7800 Foster

Overland Park, KS

66204-2955

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Kansas

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