The Moisture Seekers

Sjögren's Syndrome Foundation

www.sjogrens.org

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SjogrensSyndromeFoundation @SjogrensOrg

Q&A

Q *I'm starting to lose my eyesight, is it possible to go blind because of Sjögren's? What are some of my options to preserve my sight?*

A As a primary eye care optometrist, one of the most common questions I am asked by my patients living with Sjögren's is, "am I going to become completely blind from my Sjögren's disease?" As a Sjögren's patient myself, I understand the underlying concerns our patients have about morbidity and risk. Chronic lymphocytic infiltration of the lacrimal glands leads

continued page 2 ▼

Q *I notice as weather changes my Raynaud's becomes more severe. What can I do to help prevent a flare?*

A Raynaud's phenomenon (RP) is a painful condition that results in color changes of the fingers and toes. In cold temperatures, the blood vessels in the skin and digits normally contract and divert blood to essential organs. However, in RP the contraction of blood vessels in the skin and digits becomes exaggerated. RP can exist by itself ("Primary RP") or in association with an autoimmune disease, like scleroderma or Sjögren's ("Secondary RP"). RP is common in Sjögren's, affecting 15 to 30 percent of patients; and more severe RP is seen in Sjögren's patients who have anti-centromere antibodies.

During a flare of RP, the skin suddenly changes in color, including shades of white, blue, or red. The sequence of white to blue to red color changes may not be seen in all patients, but the white phase is classic for RP. The hands may also be painful or achy; tingly or numb; or even clumsy while holding objects. Rarely, skin ulcers develop on the tip of the fingers or toes. Exposure to cold temperatures from the outdoors, air

continued page 4 ▼

"Q&A" continued from page 1 ▼

to dry eye disease, traditionally referred to as Sjögren's keratoconjunctivitis sicca, which has a significant impact on the quality of life of the patient. And normal daily activities become difficult. A seminal study showed that the quality life impairment scores of patients with moderate dry eye disease are very similar to patients with moderate angina. Visual impairment and reduced quality of life is common in the Sjögren's patient, but fortunately, blindness from Sjögren's is a rare complication of the disease.

It is important to recognize that given ocular involvement can be severe, Sjögren's patients are at risk for sight threatening corneal involvement compared with non-Sjögren's disease patients. Severe dry eye disease can lead to corneal erosions, corneal scarring, corneal infection, ulceration, and corneal perforation. It is for this reason that all patients with Sjögren's should seek regular care from an eye care professional to monitor for these conditions and potential ocular complications from systemic medications.

Dry eye disease management has evolved over the years with improved therapeutics. Although there is no cure for dry eye disease, there is much hope for future therapies. The goal of management is to maintain a healthy ocular surface to prevent loss of vision. The Sjögren's Syndrome Foundation recently published the first-ever U.S. Clinical Practice Guidelines for Ocular Management in Sjögren's to ensure quality of life and consistency of care for the assessment and management of patients. Clinicians now have more in their clinical "tool box" to help their Sjögren's patients. As for how to answer, "will I go blind?" The best answer is that complete blindness is rare, and we need to do all we can as a "doctor-patient" team to reduce the risk of blindness by proper evaluation, ongoing care, compliance, and hope for better treatments.

Casey L. Hogan, OD, FAAO, FSLS

Q *My eye doctor recommended that I look into punctal plugs. What are the benefits of this treatment?*

A Punctal plugs are a safe and effective tool for the treatment of dry eyes. In the nasal corners of our eyes, there are small openings in the upper and lower lids. These are the drainage canals for our tears. When we blink and coat our eyes with new tears, the "old" tears drain into these canals and then down the back of our nose. That is why our nose often runs when we cry due to the excessive number of tears and is also why our eyes might get "runny" when we have nasal congestion as these canals are partially blocked.

Many people who have dry eyes, especially Sjögren's patients, do not produce a sufficient quantity of tears. There are treatments prescribed to help produce more tears (e.g., Restasis® or Xiidra®), but another treatment could be to help the tears you do produce stay or "pool" on your eyes longer. Com-

continued page 4 ▼

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"Raynaud's" continued from page 1 ▼

conditioning or refrigerators, or transitions from warm to cool temperatures can trigger a flare of RP. Also, activation of the sympathetic nervous system ("fight or flight" response) during pain or stress may provoke a flare of RP.

A detailed history and exam by a physician can confirm a diagnosis of RP and exclude other conditions that mimic RP. It is important to discuss treatment options with a rheumatologist, including the need for medications (e.g. calcium channel blockers) if flares are severe and unresponsive to non-pharmacologic measures. However, there are several tips to follow to help prevent a flare:

- Plan ahead and avoid abrupt shifts from warm to cool places
- Maintain a warm core body temperature by wearing long-sleeves, layered clothing, scarves, or a hat
- Keep extremities warm and dry with gloves/mittens, hand warmers, or thick socks
- Consider keeping a set of hand/foot warmers in your vehicle's glovebox for emergency use
- Avoid cigarette smoking as it can cause the blood vessels to contract
- Avoid decongestants or amphetamine-containing drugs that activate the "fight or flight" system
- Minimize caffeine intake
- Try relaxation techniques, stretching or yoga to control emotional stress

Lindsay Kelmenson, MD,
Instructor of Medicine, University of Colorado

"Q&A" continued from page 2 ▼

pare the drainage system of our tears to a sink. There are two ways to fill a sink. Have more water going in than the drain can keep up with or plug up the drain. Therefore, in addition to treatments to try to produce a greater volume of tears, we can partially plug the drainage canals so that the tears you produce don't drain as quickly.

There are many different types of plugs. Some, designed to dissolve over a period of time, can be reinserted as needed. Others are more permanent, although they fall out at some point, requiring reinsertion. Putting the plugs into the drainage canals is a painless and quick in-office procedure. It is also reassuring to patients to know that, if needed, the plugs can be removed by the doctor. In some severe cases, a laser can irreversibly seal a drainage canal.

There is one caveat to this treatment plan. For some people who have dry eyes, there is also an increase in inflammatory cells (called MMP-9) that circulate in the tear film. If we plug the drainage canal in the presence of high amounts of these inflammatory cells, we can potentially increase irritation by (along with the tears) keeping these cells on the surface of our eyes longer. In the past several years, a simple in-office test called "InflammaDry®" has been available to take a small sample of tears and checks for these markers. The test is similar to a pregnancy test, where the results appear on the device within a few minutes. If these inflammatory markers are present, I typically will treat the patient with an anti-inflammatory eye drop (e.g., a steroid drop) for a few weeks before moving forward with the plugs.

Sjögren's patients know that there is no single treatment for their dry eyes. A personalized plan can help slow or stop the progression of dry eyes, and potentially help to improve the condition. Punctal plugs can be a helpful part of that treatment plan.

Stephen Cohen, O.D., SSF Board of Directors Chair

Q *I've been told a lip biopsy would be beneficial for confirming a diagnosis of Sjögren's. What should I expect?*

A A labial salivary gland biopsy is considered a very minor procedure. Different practitioners may use slightly different techniques, but at our office, we will tell you that it will feel like you have "bitten" yourself on the inner lip. The area is numbed first with a topical anesthetic gel of benzocaine to take the edge off the injection of the local anesthetic. Only a little bit of local anesthetic is used to numb up the very small area.

If one runs their tongue along the lower inner lip, you can feel some small bumps. These are the minor salivary glands. The glands are located just below the intact mucosa and thus the initial cut with the scalpel is as superficial as possible. You may feel some pressure, but you will not feel pain. The glands are small, so the incision is approximately 1/4 of an inch.

After the incision is made, my assistant will manipulate the minor salivary glands into the surgical field and they are gently removed. Sutures are generally not needed as the incision is small. Bleeding is controlled with pressure to the

continued page 6 ▼

Innovative Collaboration

A little over a year ago, the Sjögren's Syndrome Foundation (SSF) announced that we were chosen to participate in the European project called HarmonicSS, funded by an EU Horizon 2020 research and innovation programme grant.

This project aims to "HARMONIZE and integrate analysis of regional, national and international Cohorts on primary Sjögren's towards improved stratification, treatment and health policy making."

The HarmonicSS vision is to create an International Network and Alliance of partners and cohorts, entrusted with the mission of addressing the unmet needs in Sjögren's, and aiming to improve the databases and tools as a crucial step for the study and diagnosis of the disease.

HarmonicSS will produce a platform to enable secure storage, governance, analytics, access control and controlled sharing of information at multiple levels. This aims to bring together Sjögren's patient cohorts, improve comparability and streamline treatments, improve research outcomes and define a shared health policy on Sjögren's.

"This means, HarmonicSS will be the first time that this many research institutions have come together to share and harmonize their data, so that we can compare and contrast patient information and Sjögren's research," said Steven Taylor, CEO of the SSF. "The SSF wants to thank Dr. Athanasios Tzioufas from Athens, Greece for his leadership and dedication to forming such a strong and vibrant group of partners," continued Taylor.

The SSF joins with EULAR PARE to be the only two patient organizations represented on this international collaboration. The SSF also joins Oklahoma Medical Research Foundation as the only two United States partners chosen to participate in HarmonicSS.

In addition to our input on the many technical aspects of HarmonicSS, EULAR PARE and the SSF established an International Patient Advisory Group to ensure that patients are adequately involved in all aspects of the project.

This PAG will help to:

- Monitor and provide feedback and input on the project, focusing on the patients' perspectives and experience
- Develop thoughts related to overarching topics such as state of unmet needs in Sjögren's from the patient advocacy community

For more information about HarmonicSS – please visit: www.harmonicss.eu.

And watch future issues of the *The Moisture Seekers* for more information and also follow along with our work on this project by following HarmonicSS on Twitter @HarmonicSS_Proj.

Note: *This project has received funding from the EU Horizon 2020 research and innovation programme under grant agreement No 739144 and from the Swiss State Secretariat for Education, Research and Innovation SERI under grant agreement 16.0210.* ■

“Q&A” continued from page 4 ▼

surgical site. Any postoperative pain/discomfort is managed by an over the counter medication such as acetaminophen or ibuprofen for 24 to 48 hours. The majority of my patients elect to not take anything, and they seem to do just fine.

You will be able to talk, eat and go about your normal activities immediately after the procedure. One may not want to engage in strenuous activity for the rest of the day. Any swelling and bruising, if it occurs, will develop 24 to 48 hours after the procedure. This may be minimized by having an ice pack ready for placement immediately after the procedure and intermittently throughout the rest of the evening.

Ava J. Wu, DDS

Q *I know as a patient with Sjögren’s I am at a higher risk for lymphoma, is there anything my dentist could be on the lookout for to help catch it early?*

A This is true; patients with Sjögren’s have an increased risk for developing lymphoma. Most commonly, the lymphoma associated with Sjögren’s is low-grade non-Hodgkin’s B cell in nature. Visiting a dentist regularly, at least twice a year, is essential, as early detection may affect treatment.

What does lymphoma in the mouth look like?

The tumors associated with non-Hodgkin’s lymphoma usually present as non-tender, slow growing masses that may arise in several areas of the body including the neck or the oral cavity. In the mouth, lymphoma presents as a diffuse, non-tender swelling that may be described as boggy. Occurring with higher frequency in the gingiva, posterior (closer to the throat) hard palate and buccal vestibule (the area between the gums, teeth and cheek), these masses are often red or blue-purple in color.

So what does this mean?

As stated earlier, visiting a dentist regularly and routinely is extremely important for early detection. Additionally, when visiting your dentist, make sure to tell him/her of your history of Sjögren’s. It is important that your dentist conducts a thorough and comprehensive head and neck examination, which includes palpating the cervical lymph nodes (lymph nodes in your neck) as well as lifting the tongue and assessing the lateral borders (teeth sides of the tongue), the hard palate, floor of the mouth, buccal vestibules, soft palate, gingiva and the remaining soft tissues in the oral cavity.

Is there anything I can look out for?

Yes. It is important to visit your physician if you notice a swelling in your neck that persists for more than two weeks. You should also visit your dentist if you notice a swelling in your mouth that remains for more than two weeks. As a rule of thumb, if you notice any lesions in your mouth that remain for more than two weeks, it is recommended that you visit your dentist.

Lauren Levi, DMD, Dental Oncologist

Q *I have Sjögren’s and during the past year have experienced dizziness and blurred vision when I stand up. My doctor has recently diagnosed me with orthostatic hypotension (OH). Can you explain the disorder? What are the possible treatments and medications?*

A The incidence of neuropathy in Sjögren’s is approximately 20%. The most common neurological manifestation is a sensory change on the face, trunk, arms, or legs. Also common are autonomic (involuntary nervous system) symptoms. These include blood pressure dips causing light-headedness, minimal or excessive sweating, palpitations, urinary symptoms of frequency, urgency, or hesitation, bowel slowing, esophageal slowing, and sexual dysfunction. Patients who are diagnosed with orthostatic hypotension will have a 20mm systolic or 10mm diastolic drop in blood pressure with erect standing. This is associated with dizziness, light-headedness, fainting, falls, visual changes, cardiac disturbances including rapid heartbeat and death, and can correlate with fatigue, anxiety, and depression.

It is important to consider neurological and non-neurological causes if any autonomic symptoms are present. Causes include cardiovascular issues, medication, autoimmune disease, infections, Guillain-Barré, adrenal insufficiency, and POTS (postural orthostatic tachycardia) syndrome. Less commonly, autonomic nervous system changes can cause pupillary changes, heat intolerance, reduced tears and saliva, and respiratory distress. Physiologic cause is thought to be autoimmune ganglioneuropathy and/or nerve damage from vasculitis.

Testing can include tilt-table study or ANSAR test, gastrointestinal tests, thermo-regulatory sweat test, QSART (quantitative sudomotor axon reflex test), Valsalva maneuver, orthostatic challenge 10mm 60° head up tilt test, forced respiration, pupillometry, plasma noradrenaline, parasympathetic heart rate response, CHEPS (contact heat evoked potentials), skin testing with small fiber

continued page 8 ▼

April is Sjögren's Awareness Month

April is Sjögren's Awareness Month and with an estimated four million Americans suffering from Sjögren's, both men and women of different ages and ethnicities, it is one of the most prevalent but lesser known autoimmune diseases. Sjögren's is also not a "cookie cutter" disease and affects patients differently. This can lead to a misunderstanding about the seriousness of the disease and be extremely isolating for those living with it.

Using our *This Is Sjögren's!* 30 Faces for Sjögren's Awareness Month campaign, we hope to help others visualize the vast impact of this complex disease. Every day in April, we will be using our website and one or more of our social media channels to educate people about Sjögren's.

We encourage you to use Sjögren's Awareness Month as a way to talk about the disease. Every day is an opportunity to start a conversation about living with Sjögren's and how it affects you. The more others understand, the more support you can find. And know that we at the Sjögren's Syndrome Foundation are here for you!

Watch for more information about our 2018 April Awareness campaign in future issues of *The Moisture Seekers* or visit www.sjogrens.org. Together we are transforming the future of Sjögren's for all patients! ■

"Q&A" *continued from page 6* ▼

biopsy/sweat gland biopsy, and VAS (cooling and detection techniques). QSART is the most sensitive test for sweating. Additional studies include sympathetic skin response, heart rate with deep breathing, Valsalva ratio, ganglionic AChR antibodies in blood, and COMPASS (composite autonomic symptom scale).

Treatment includes lifestyle changes, thigh-high compression stockings, salt, fluids for volume expansion, bed in the up position, and counter measures such as toe-raising, leg-crossing, thigh muscle co-contraction, bending at the waist, slow marching in place, and leg elevation. Education and exercise may also provide benefit.

Your doctor also might recommend one of several possible prescription medications that could help. In addition, medications, such as those to help urinary dysfunction, may be considered.

Steven Mandel, MD
Ramon Manon-Espaillat, MD, MA
Claire Austin, PA-C
David Shipon, MD

An inside look at Pediatric Sjögren's

with Scott M. Lieberman, MD, PhD

Q *What is the primary difference in diagnosing Sjögren's in adults versus pediatrics?*

A Diagnosing Sjögren's in children is similar in many ways to diagnosing Sjögren's in adults including blood tests, biopsies, measuring tears and saliva, and imagining studies such as ultrasound looking for inflammation. One big difference is that children often do not have the profound dryness that is present in adults with Sjögren's, at least, not at diagnosis. So, some of the tests that help diagnosis in adults (measuring tears, measuring saliva, looking for ocular surface damage) may be normal in children with Sjögren's. Because of this we rely more heavily on biopsies of the minor salivary glands in the lower inner lip to confirm our suspicions of the diagnosis of Sjögren's in children. Also, of note, the most common presenting feature in children is recurrent (or persistent) cheek swelling due to inflammation of the underlying parotid glands. This is the presenting feature in children with Sjögren's in ~50% of cases. For the half of cases of children with Sjögren's, who do not have parotid gland swelling, a high index of suspicion is necessary to even consider the diagnosis of Sjögren's.

Unfortunately, the diagnosis is not always straight forward, but we are working to develop sets of criteria to help direct appropriate testing and interpretation of such tests when done in children. For more information, please see the "Childhood Sjögren's: A Guide for Parents and Doctors" article in the January 2016 issue of *The Moisture Seekers* (Vol 34, Issue 1).

Q *I'm seeing more children recently being diagnosed with Sjögren's. Is there any speculation as to what's driving this big upswing?*

A I like to think that I am driving that big upswing, but maybe that's giving me too much credit. Seriously, I suspect that a lot of this upswing in diagnosis of Sjögren's in children is due to the increased awareness that children get Sjögren's. With help from the SSF we are working to increase awareness of this disease in children (and in adults too). It is also possible that whatever factors have driven an increase in autoimmune diseases as a whole over time (that is, factors other than increased awareness) are also increasing the incidence of Sjögren's, including in childhood Sjögren's.

While these factors are really not well-defined, the more we learn about the role of the normal microorganisms that live within our body (especially within our intestines, the so-called "gut-flora"), the more likely it seems that factors affecting our gut-flora may very well play a role in our risk of developing autoimmune diseases such as Sjögren's. If this is true, then anything that alters one's gut-flora may contribute to increasing (or decreasing) risk of developing Sjögren's – these factors may include the use of antibiotics, different dietary components, exposure to infectious agents, or other as yet undefined factors. Perhaps someday in the future we will even have recommendations for habits, diet, supplements, or other factors to modulate the gut-flora to promote a healthier "non-autoimmune" gut-flora. For now, though, we have no strong supportive evidence for specifics, but eating a well-balanced diet and getting regular exercise are a great place to start. ■

In Memory of Louise Slaughter

Rep. Louise Slaughter speaking about women's health care with Nancy Pelosi, the House minority leader, left, in Washington in 2017.

Credit: Zach Gibson/Associated Press

Sjögren's Awareness Month was first established in 1998 when Congresswoman Louise Slaughter, from New York, read it into the Congressional Record.

This year on the 20th anniversary of Sjögren's Awareness Month, the SSF honors the memory of Congresswoman Louise Slaughter who died on Friday, March 16, 2018, at age 88. She was the first female chair of the House Rules Committee and one of the longest-serving Democrats in Congress, serving her 16th term.

Born in Harlan County, Kentucky, Slaughter graduated from the University of Kentucky with a Bachelor of Science degree in Microbiology and a Master of Science degree in Public Health. After graduate school, she and her husband, Robert, moved to New York. Together they had three daughters, seven grandchildren, and one great-grandchild.

Slaughter was a champion for women's rights and the Foundation will always remember her impact on Sjögren's awareness, helping all patients. ■

Congressional Record

Louise Slaughter

> *"When former SSF Board member, Donald MacKeen, PhD, and I first visited Representative Slaughter, she and Dr. MacKeen bonded over their mutual Scottish heritage. She listened to our stories about living with Sjögren's and the many hurdles patients endure and enthusiastically read into the Congressional Record that April would from then on be 'Sjögren's Month' and also supported our appropriations language to provide federal funding for Sjögren's research over many years. She was a great voice and champion for Sjögren's patients and will be very much missed."*
>
> — Katherine Hammitt, SSF Vice President of Medical and Scientific Affairs

The Sjögren's Syndrome Foundation Has Moved!

The Sjögren's Syndrome Foundation's (SSF) national office recently moved just over 10 miles away to Reston, Virginia. On February 25th, the Foundation hosted an open house where local SSF members were invited to meet the Foundation staff and receive a research update on our 2018 initiatives. Thank you to everyone who helped welcome us into our new office!

National SSF Staff.

Our New Address:

10701 Parkridge Blvd., Suite 170
Reston, VA 20191

Our phone number, (301) 530-4420, is the same.

SSF in Action!

SSF Attends Inaugural Ocular Surface Disease Symposium in Chicago

On January 28, 2018, the Illinois College of Optometry (ICO) held their inaugural Ocular Surface Disease Symposium in Chicago, IL. This event, which saw nearly 400 attendees, was due in large part to the efforts of Casey Hogan, OD, FAAO, who is a Sjögren's patient and SSF member herself.

When developing this event, Dr. Hogan and the other organizers not only wanted to ensure attendees received up-to-date information on important topics in the field of optometry, but to also give back. To achieve this goal of giving back, the group decided they would do something rarely done at conferences. The organizers identified the SSF to receive a portion of the registration fees in the form of a donation from ICO. In addition, the SSF was given the opportunity to set up a booth and speak with attendees about Sjögren's while disseminating materials.

The event itself provided attendees the opportunity to not only hear from numerous ocular disease experts from around the country, but to earn continuing education credit as well. Presentation topics discussed during the day included updates on the classification, definition and pathophysiology of ocular surface disease, understanding diagnostics related to ocular surface disease, and therapeutics and treatment options for ocular surface disease. Tests were administered after each session and submitted by attendees to earn credit, which is an annual requirement for many providers.

As part of her morning presentation, Dr. Hogan spoke about her personal journey with Sjögren's and why organizing an event like this was so important to her. At the conclusion of her presentation, the SSF's Matt Makara was invited to the stage to say a few words about the Foundation and receive, on behalf of the SSF, a very generous donation of $5,000 from the Illinois College of Optometry. Throughout the day, those who visited the SSF exhibit table had the opportunity to learn more about Sjögren's, sign up for our medical newsletter, *Sjögren's Quarterly,* and walk away with valuable resources. Of particular interest to these providers was the recently published SSF Clinical Practice Guidelines for Ocular Management in Sjögren's Patients – a resource that was referenced in Dr. Hogan's presentation.

The SSF thanks Dr. Hogan, the Illinois College of Optometry, and all who attended and helped organize this event for their generosity and continued interest in Sjögren's and support of the Foundation. ■

From left to right: Leslie E. O'Dell, OD, FAAO; Louise Sclafani, OD, FAAO; S. Barry Eiden, OD, FAAO; Jennifer S. Harthan, OD, FAAO, FSLS; Casey L. Hogan, OD, FAAO, FSLS; Matt Makara, MPH; Laura Periman, MD; John Conto, OD, FAAO; Stephanie Messner, OD, FAAO; Scott Schachter, OD; Eric Baas, OD, FAAO

Sjögren's Syndrome Foundation Accomplishes *5-Year Breakthrough Goal*

When the Sjögren's Syndrome Foundation (SSF) first launched our 5-*Year Breakthrough Goal*, to shorten the time to diagnose Sjögren's by 50% in five years, the average time it took for a patient to be accurately diagnosed with Sjögren's was nearly six years.

In January 2018, the Foundation was honored and excited to announce that we had not only reached our Goal but surpassed it, by reporting that the average diagnosis time is currently 2.8 years! We believe that our Goal is transforming the disease because as physicians see more Sjögren's patients in their practices, they have to become more knowledgeable of the disease's different manifestations and the treatment options available.

With the help of many, the dream of making Sjögren's a household name is within our grasp. Although our job is far from done, the SSF has seen our years of hard work and perseverance paying off. Thank you for your support of the Foundation and helping to make this remarkable accomplishment possible! ■

Smart Patients

Sjögren's Community in partnership with the Sjögren's Syndrome Foundation

We're having honest conversations about Sjögren's and our health. Join SSF members in our online community: **smartpatients.com/ssf**

in memoriam

In Memory of Clara C. Baird
Jim and Cathy Baily

In Memory of Donna Grace Klein
Thomas Klein

In Memory of Ellen Curry
Faye Blair Family
Alex and Sylvia Jones Family

In Memory of Geraldine (Jeri) Courcy
Genevieve Magliari

In Memory of Grayce Swenson
Nick and Karen Moore
Sue and Quentin Durward

In Memory of Helen McManus
Pfizer

In Memory of James Robert McKinney
Craig Franklin, CPA, P.C.
Tim and Penny Rogelstad

In Memory of Silvia Miranda
Fran and Mike Fisher

In Memory of Theresa Duxbury
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In Memory of Joan Dolnack
Bonnie Matyas
Kathleen and Bob Kelemen
Rita and Donald Dustolfo
MaryAnne Dolnack
The Residents of Cedar Hills Condominiums and Villas Inc.
Alice Bialon
Adeline Povich
Edward and Ann Opett

In Memory of Lanell Choden
Eleanor Choden and Family
Susan Plattner

In Memory of Lesia Lynnette Davis
Larry and Janice Horine

In Memory of Patricia and Elfriede Frank
Diane Stadtmiller

In Memory of Pearl Dziuk
Larry Dziuk

In Memory of Reba Jordan
Diane and Charles Secord

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Geraldine, Anthony and Ella Leone

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Remember your loved ones and special occasions with a donation to the SSF in their name.

in honor

In Honor of Bertha Aguirre
Helaina Schwabach

In Honor of Cindy Martinez
Sonya Satterlund

In Honor of Janine Bensman
Victoria Hanley

In Honor of Jennifer Brook
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In Honor of Kathryn Heimann
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In Honor of Nora McLean
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In Honor of Sarah Carlson
Linda Carlson

In Honor of Teri Rumpf, Ph.D.
Allison B. Marshak

In Honor of Yadelle Sklare
Elaine and Larry Levin
Barbara and Alan Levin

Awareness Never Looked So Good

Awareness comes in many different forms. Sjö your support of the SSF's mission of increasing research, education and awareness of Sjögren's!

Awareness Wristbands

$15 for a pack of 10 Sjögren's Awareness Wristbands

Wording:

Conquering Sjögren's – www.sjogrens.org

Team Sjögren's T-shirts

(Sizes S-XL) $18

Whether you run or not, if you are a patient or know someone with this disease, we are all part of Team Sjögren's. Now you can tell the world by wearing this Team Sjögren's t-shirt. On the front of the shirt is the Team Sjögren's logo. The reverse of the shirt has the logo as well as the message:

In honor of the 4,000,000 Americans who have Sjögren's

SSF Tear Drop Pins

$5

If you would like to order multiple pins, please call the SSF office at (301) 530-4420 for a discounted shipping rate.

	Size	Member	Qty.	Total
SSF Tear Drop Pin		$5		
Awareness Wristband (10 pack)		$15		
Team Sjögren's T-shirt (Small)		$18		
Team Sjögren's T-shirt (Medium)		$18		
Team Sjögren's T-shirt (Large)		$18		
Team Sjögren's T-shirt (X-Large)		$18		
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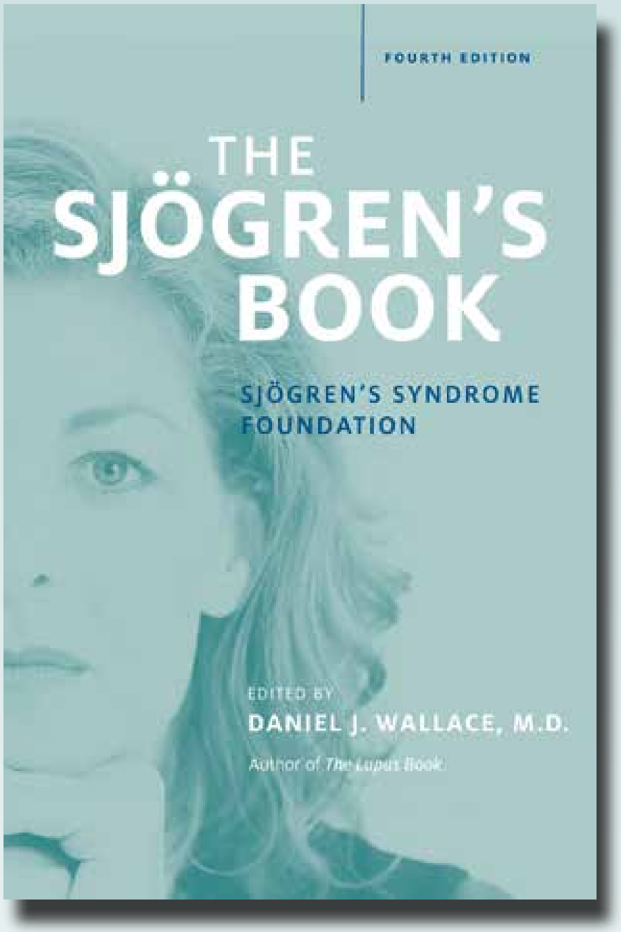

The Sjögren's Book – Fourth Edition

Edited by Daniel J. Wallace, MD

This hard cover book is written by the foremost medical professionals in the field of Sjögren's. The language is at college level and while the book is medically detailed it is still easy for the lay person to understand. Written with patients and care givers in mind, many patients have found this book to be an excellent gift for their doctors!

This book can be purchased using the order form below, online at www.sjogrens.org/ssfstore or by contacting the Sjögren's Syndrome Foundation office at 800-475-6473.

	Non-Member Price	Member Price	Qty	Amount
The Sjögren's Book – Fourth Edition: Edited by Daniel J. Wallace, MD	$32.00	$28.00		
Maryland Residents add 6% sales tax				
Shipping and Handling: US Mail: $5 for first item Canada: $14 for first item Overseas: $22 for first item				
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Signature ________________ CC Security Code ______

The Moisture Seekers
Sjögren's Syndrome Foundation Inc.
10701 Parkridge Blvd., Suite 170
Reston, VA 20191
Phone: 301-530-4420
Fax: 301-530-4415

If you would like to receive this newsletter but are not currently an SSF Member, please contact us! 800-475-6473

SSF 2018 Calendar of Upcoming Events

This year, we are proud to celebrate and recognize the personal strength of Sjögren's patients and those that support them every day.

If you have questions or are interested in volunteering, please contact Kisha James kjames@sjogrens.org or (301) 530-4420, ext. 218.

Tastefully Georgia
Sunday, April 29, 2018
Nelson Mullins at Atlantic Station, Atlanta

Philadelphia Tri-State Area Walk for Sjögren's
Saturday, May 5, 2018
Philadelphia Zoo, Philadelphia, Pennsylvania

Greater Washington Walk for Sjögren's
Saturday, May 19, 2018
Lake Fairfax, Reston, Virginia

Dallas Walk for Sjögren's
Saturday, June 9, 2018
The Parks Mall at Arlington, Arlington, Texas