

Q&A

Q "What is Sjögren's Brain Fog and are there any treatment options?"

A Brain Fog or mental fog is a lay term, not a medical condition, referring to your thinking ability. It literally refers to clouding of the consciousness such as memory impairment but also may refer to symptoms such as inattention, problems with focusing on issues, confusion, processing input from the environment, etc. The individual is often concerned that the brain is not working as it should be. The term is not specific to Sjögren's. It is also seen in fibromyalgia, lupus, multiple sclerosis, chronic fatigue syndrome, anxiety, depression, menopause, etc. There are also many defined medical problems that may also cause or exacerbate brain fog with or without Sjögren's such as metabolic problems (hypothyroidism or diabetes), electrolyte problems (with sodium, calcium), iron deficiency anemia, vitamin B12 deficiency, sleep apnea, dementia, anxiety, depression, and structural lesions in the brain that have specific treatments germane to that diagnosis.

If you are experiencing symptoms of Brain Fog, see your doctor for a general exam to make sure that there is not a significant medical, neurological or psychological cause for your symptoms and treated appropriately by your physician. Also have your doctor review your medications, including over-the-counter and herbal medications which also may affect your thinking.



Treatments for Brain Fog would include the following:

Focus on Changes in Life Style Measures

- Healthy Diet, Exercise, Adequate Sleep (6 to 8 hours per day) and a reduction in stress

Focus on Improving Habits

- Stop Smoking Cigarettes; a reduction or elimination of Alcohol (i.e., only in moderation); Avoid Recreational Drugs; Reduce Caffeine intake from coffee, tea, soft drinks, energy drinks, etc.

Cognitive Area

Exercise Your Brain

- Read (books, newspapers, information on the internet);
- Learn on Continuous Basis (consider learning a new language, taking an educational course, playing a musical instrument, etc.);

continued page 2 ▼



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“Q&A” *continued from page 1* ▼

- Volunteer in your community, hospital, school, etc.;
 - Join a society where conversation and social engagement are encouraged and promoted;
 - Learn new skills (such as using the computer)
 - Perhaps consider going back to work “part time” if you are not working
- *Note that watching television, movies and listening to radio are generally not helpful in Brain Fog. You want to avoid the syndrome of “Couch Potato Itis.”*

Cognitive Behavioral Therapy may be indicated if none of the above improves your Brain Fog. With the assistance of a specialist, this type of therapy may be helpful in developing ways of recognizing your thought processes and how to develop better ways of dealing with areas that are of concern to you.

— George Sarka MD, DrPH, MPH



“Do you have any recommendations for removing eye makeup if you have Sjögren’s?”

Many of my patients like to wear makeup, especially around the eyes and are concerned about the type of makeup to purchase and how to remove makeup. In a study published in 2015 from the University of Waterloo, people who apply eyeliner on the inner eyelid run the risk of contaminating the eye and causing vision problems. The researchers noticed that the makeup migration happened quicker and was greater when eyeliner was put on the inner lid margin. Within five minutes, more particles (15- 30%) moved into the eye’s tear film when subjects applied eyeliner to the inside of the lash line, compared to outside the lash line. The makeup also moved more quickly into the eye when eyeliner was applied inside the lash line.

Makeup in the tear film may cause discomfort for those with sensitive or dry eyes due to waxes and oils in the eyeliner. It is also important for people who wear contact lens to apply eyeliner on the outside, not inside of the eyelid margin. It is also important to apply makeup after contact lens insertion.

For my patients who wear makeup, I recommend the nightly removal of eye makeup via safe, commercially available products. Removing eye makeup accelerates clean eyelids in order to create a healthy tear film. Apply the product to a cotton pad or use pre-moistened pads,

continued page 4 ▼

The Moisture Seekers® Newsletter is published by the Sjögren’s Syndrome Foundation Inc.,
10701 Parkridge Boulevard, Suite 170, Reston, VA 20191.

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“Q&A” *continued from page 2* ▼

I recommend gently rubbing them back and forth along the eyelids for five and 10 times.

— *Melissa Barnett, OD, FAAO, FSLs*

Ask the SSF Staff

Q “What questions should I ask at a doctor’s appointment?”

- How many patients have you treated with Sjögren’s?
- Are you interested in receiving professional educational information regarding Sjögren’s treatment, research and management from the SSF?
- Are there any lifestyle changes I can make to better control my _____ symptom?
- How should I expect my _____ symptom to progress over time?
- What type of treatment do you recommend for this symptom?
- With this type of treatment, how long until I should start to see results?
- What are the most common short and long-

term side effects for this treatment?

- Do I need to see a specialist (or specialists) about my _____ symptom?
- If so, who would you recommend?
- How often should I follow-up with you?

Q How often should I get my blood tested with Sjögren’s?

A Since Sjögren’s is a chronic autoimmune disease, there are two reasons as to why we would need to get blood work. First is to evaluate disease activity, then secondly, to monitor for medication toxicity if a patient is on an immunosuppressant or a disease-modifying antirheumatic drugs (DMARDs).

When we evaluate for Sjögren’s disease activity, we obtain labs that are related to the organs involved or specific manifestations of their disease. Labs could be taken two to three times a year for patients with stable disease, or more frequently for patients that start developing new or worsening symptoms. If a patient starts to develop other symptoms that may make the provider become concerned of an evolving process, then we also obtain certain antibodies to

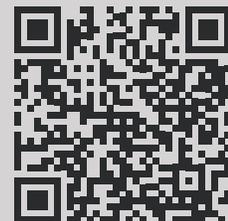


Learn more about Clinical Trials in Sjögren’s!

The SSF now has a section on its website devoted to clinical trials in Sjögren’s. Visit <http://www.sjogrens.org/home/about-sjogrens/clinical-trials-whatsinvolved>.

Links on this page take you to:

- An article by Theresa Lawrence Ford, MD, the SSF Medical and Scientific Advisory Board Chair and Chair of the SSF Clinical Trials Consortium
- A list of clinical trials in Sjögren’s that are currently recruiting Sjögren’s patients



help us determine if the patient has now evolved into another condition (such as systemic lupus erythematosus or to rheumatoid arthritis).

For patients on immunosuppressants or DMARDs, the frequency of their laboratory monitoring is definitely more frequent. This usually involves obtaining their complete blood count, liver and kidney function tests, electrolyte levels, and at times, urine sample, depending on which organs are affected by Sjögren's. The purpose is to make sure that the patients are not developing any toxicity or adverse events from these medications. This may vary from every 6 weeks (usually when a new medication is being introduced) to every 3-4 months (once patients have been more stable). Your rheumatologist will notify you if certain changes in your blood work are concerning and may require a more frequent monitoring or a potential change in your medication regimen.

— Guada Respcio Duque, MD, MSc, FACP, FACR

Q “Can Sjögren’s cause kidney disease?”

A About 5% of people with Sjögren’s develop kidney problems. In most of these patients, the cause is inflammation around the kidney tubules, where urine is collected, concentrated, and becomes acidic. The infiltrating blood cells (mostly lymphocytes) injure the tubular cells, so that the urine does not become as acidic as it should. This condition,

called distal renal tubular acidosis, is frequently asymptomatic, but can cause excessive potassium to be excreted in the urine, and may lead to kidney stones or (very rarely) low enough blood potassium to cause muscle weakness or heart problems. Very occasionally, injury to the renal tubules can cause impairment in the ability to concentrate urine, leading to excessive urine volume and increased drinking of fluids (nephrogenic diabetes insipidus).

A smaller number of patients with Sjögren’s may develop inflammation of the glomeruli, which are the tiny capillaries through which blood is filtered to produce urine. This may cause protein to leak into the urine, along with red blood cells. Sometimes a kidney biopsy is needed to establish the exact diagnosis and treatment. Treatment options may include corticosteroids and immunosuppressive drugs to prevent loss of kidney function.

— Philip L. Cohen, MD

Q “How is the ear affected in Sjögren’s?”

A Hearing loss as a result of Sjögren’s disease is uncommon but does occur. Some autoimmune disease have clearly been linked with a sensorineural (nerve-type) deafness; however, this does not appear to be the case here. There are patients, however, who occasionally complain of tinnitus, hearing loss,

continued page 6 ▼

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“Q&A” *continued from page 5* ▼

or otalgia in small degrees; this can be as high as one quarter of all patients. Because the middle-ear fluid needs to drain into the back of the nose through the eustachian tube orifice, disease with severe inflammation in the nasal cavity could potentially block the eustachian tube or cause an inflammatory condition, resulting in a conductive hearing loss. Fortunately, this is easily treated with ventilating tubes, amplification devices, or local hygiene. Sometimes, increased doses of immunosuppressive or steroids may have value.

From The Sjögren's Book, Fourth Edition

Q “My mouth is very dry. How can I care for my teeth to minimize dental cavities?”

A Thank you for this important inquiry. To succinctly answer your question, there are five main things that you need to do to keep your teeth and mouth healthy:

continued page 8 ▼

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*Survey of 1168 dentists, March 2016 Clinicians Report[®], an independent, non-profit, dental education and product testing foundation. Citation available at oracoat.com
 †These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.
 ‡In people with dry mouth who use 2 discs while sleeping and 4 more during the day.

Ask an SSF Volunteer

Scott M. Lieberman, MD, PhD



“How did you first become involved with the Sjögren’s Syndrome Foundation?”

I am a pediatric rheumatologist with an interest in better understanding Sjögren’s in children. This naturally led to me to connect with the Sjögren’s Syndrome Foundation (SSF). My first formal interaction with the Foundation was in 2015, when the SSF invited me to contribute to their publications to help raise awareness that children get Sjögren’s too. Along with a colleague and friend, Dr. Jay Mehta at the Children’s Hospital of Philadelphia, we wrote articles for *The Moisture Seekers*, *Sjögren’s Quarterly* and put together an SSF Patient Education Sheet on pediatric Sjögren’s. This was a start to many additional interactions with the Foundation, which have been great experiences for me on many levels. I am constantly amazed by how much the SSF does to promote awareness and to help better understand Sjögren’s in all people, in order to develop better treatments to help improve the quality of lives of those with this potentially devastating, yet for some reason often overlooked, disease.

“What made you and your son decided to run a Turkey Trot race for Team Sjögren’s?”

A few years ago, my son Tyler developed an interest in running, and we started running 5K races together. I knew about the Team Sjögren’s running events where participants from around the country would run together as a team, but we have not been able to make those. Then when I saw an email about running as a part of Team Sjögren’s but in one’s own local Turkey Trot, I mentioned it to Tyler. He was excited, so we signed up for our local Turkey Trot in Cedar Rapids, Iowa, and also signed up with the SSF to run this race for Team Sjögren’s.

“Before running in the race, was your son familiar with Team Sjögren’s and how did you explain it to him?”

Besides participating in efforts to better understand Sjögren’s in children, I run a basic immunology laboratory focused on understanding what goes wrong with the immune system leading to the autoimmune attack on tear and saliva-producing glands in Sjögren’s. Tyler has heard me talk about Sjögren’s around the house on many occasions and has watched me practice various talks on the different aspects of Sjögren’s. (I actually included Tyler in the acknowledgments during my presentation on Pediatric Sjögren’s at the 2017 SSF National Patient Conference because he had made some suggestions when I was practicing that talk!)

Representing Team Sjögren’s at our local Turkey Trot meant something to both Tyler and myself. He wanted to make sure he understood what exactly it meant to run as a part of Team Sjögren’s. I explained to him that by wearing the Team Sjögren’s shirts and hats and pins to the race we were helping to raise awareness about this disease. I explained to him that this was especially important because many people do not even know that this disease exists, even though it is actually very common. He wanted to know what he should say to people if they asked what Team Sjögren’s was. Then he wanted to practice his response after I explained to him that autoimmune diseases occur when one’s immune system gets confused and begins to attack one’s own body, and that with Sjögren’s, the immune system attacks the tear and saliva-producing glands but can also attack almost any other part of the body too. That led to many

additional questions about the disease and made him much more confident in fully representing Team Sjögren’s on race day.

“Did anyone at the race ask you or Tyler about Sjögren’s?”

Tyler and I wore our Team Sjögren’s shirts, hats, and pins for the race. Undoubtedly, people saw that we represented Team Sjögren’s, but unfortunately, Tyler did not get the opportunity that day to explain to anyone what Team Sjögren’s was. Maybe we ran so fast that no one could stop us to ask!

A couple weeks later, Tyler wore his Team Sjögren’s shirt to an activity with some of his peers and was excited to later tell me that his friends asked him what Team Sjögren’s was. I was thrilled by his excitement and asked what he told them, curious to see if he remembered our discussion from a few weeks before. He said, “I told them that it is an autoimmune disease where a person’s own white blood cells that should fight off germs get confused and attack their own body, and they can’t make tears or saliva.” I was extremely proud! The whole Team Sjögren’s experience was really fun for Tyler and me – and Tyler’s little sister, Olivia, is excited to represent Team Sjögren’s in a future race! ■



“Q&A” *continued from page 6* ▼

Saliva – Saliva is the most important natural factor to prevent dental disease; without it, you will unquestionably have many more dental caries. In fact, it is estimated that Sjögren’s patients are 50 times more likely to develop dental caries. Also, fluoride or remineralizing solutions will not really be effective unless saliva is present. Therefore, while some artificial saliva solutions might help, the most important aspect of maintaining oral health is to use a sialogogue (saliva stimulant).

Fluoride – Just as children who are susceptible to dental caries, Sjögren’s patients **MUST** use daily fluoride, and it must be very potent fluoride; in fact, it should be prescription strength (such as Prevident 5000) and not simply the OTC types. In addition, some of the remineralizing solutions (such as Recaldent, MI paste) have shown some benefit.

POH – Personal oral hygiene (POH) must be immaculate. Since plaque leads to dental disease, thorough toothbrushing and flossing two or three times daily is necessary to remove any plaque, especially in the setting of a dry mouth without the antimicrobial benefits of saliva.

DDS – Frequent visits to the dentist and dental hygienist are critical to the maintenance of good oral health. I recommend a dental check-up at least every three months.

Diet – While adherence to the above recommendations will result in excellent dental health, Sjögren’s patients should watch their diet to a certain degree. Obviously, foods high in refined carbohydrates (sugar) should be limited. Caution also should be exercised with too much caffeine, acid or spices as they can cause some damage if salivary flow is low.

– Nelson L. Rhodus, DMD, MPH, FACD, FICD

Q *“I recently heard about a corneal bandage for dry eye. How does this work? Is this a treatment option for me since I have Sjögren’s? Can I still use my eye drops?”*

A Inflammation can cause damage to our organ systems and chronic inflammation can cause long-term damage. Ocular inflammation can cause symptoms such as pain, redness, blur, dryness, fluctuating

vision, itching, burning, photophobia (sensitivity to bright lights), and ocular fatigue, and prolonged and recurrent inflammation can make healing more difficult. Each day, the inflammatory cycle causes irritation to the surface of our eyes, particularly the “conjunctiva (the clear coating over the white part of our eyes)” and the “cornea (the clear cap over the colored part of our eyes).” With Sjögren’s, irritation to the cornea can progress throughout the day, and, while some healing might occur when we sleep at night, the cycle continues and can worsen over time.

Certain contact lenses have been used as a corneal “bandage” to protect the surface of the eyes. More recently, however, the use of “amniotic tissue (obtained from a strictly regulated tissue bank from planned C-sections)” has been used not only for wound healing, but also to reduce inflammation and to promote healing of the corneal surface for people with chronic dry eyes. Studies have shown that with this FDA-cleared, in-office 4-5 day treatment (one eye at a time), benefits can be sustained for several months. Patients have reported less pain, irritation, better and more consistent clarity of vision, and less need for lubricating drops. The treatment can be repeated as needed. While during the treatment period vision in the treated eye will be blurry, and there can be some awareness of the device in the eye, patients can maintain their normal activities. Patients who are using eye drops (lubricating, topical medications) can continue to do so while the tissue is on the eye. Two of the main products on the market are “Prokera (whose process maintains full biologic activity)” and “Bio D (which uses a dehydrated form of the tissue).”

I have had the opportunity to use this treatment for quite a few Sjögren’s patients, many of whom have since returned for repeat treatment. Since there is notable healing of the corneal surface, we have found that the interval between repeat treatments has increased as patients are experiencing sustained benefits for longer periods of time.

This is an exciting newer option to help our Sjögren’s and other dry eye patients see better and feel better. You can check with your eye care professional to see if this might be an option for you, and with your insurance carrier about possible coverage for the treatment.

– Stephen Cohen, OD



Clinical News

Daily Living Priorities and Barriers Identified by Sjögren's Patients

A UK-based research team sought to identify key barriers and priorities for participation in daily living activities to help inform future interventions for Sjögren's patients. In all, a group of 231 participants provided input, including 121 Sjögren's patients, 43 adults living with a Sjögren's patient and 67 health care professionals. This group contributed 463 ideas, which resulted in 94 statements grouped into seven themed clusters, including: patient empowerment; symptoms; well-being; access and coordination of healthcare; knowledge and support; public awareness and support, and; family and friends. Of these seven themes, "patient empowerment" and "symptoms" were identified as priorities. These findings support the need for interventions that improve patient empowerment, general well-being, access to care, education and social support as important contributors to facilitate daily living activities.

Citation

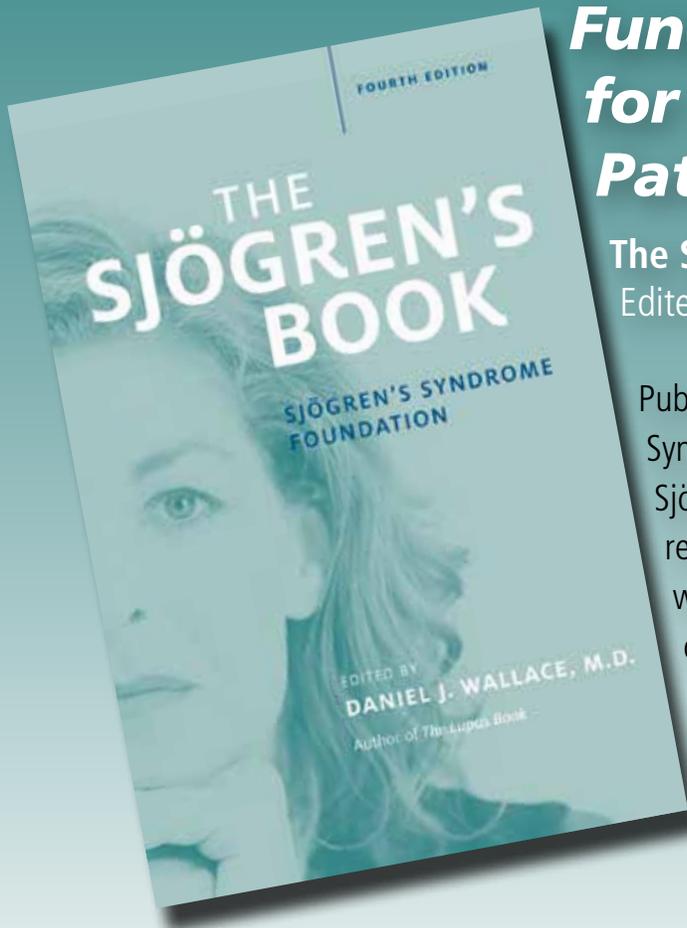
Hackett KL, Deane KHO, Newton JL, Deary V, Bowman S, Rapley T, Ng WF. A mixed-methods study identifying key intervention targets to improve participation in daily living activities in primary Sjögren's syndrome patients. *Arthritis care Res* (Hoboken). 2018 Feb. doi: 10.1002/acr.23536.

Epratuzumab Shown More Effective in Lupus Patients With Sjögren's Than Without

Findings from a post-hoc analyses of the EMBODY trials show that epratuzumab is more effective in patients with systemic lupus erythematosus (SLE) and Sjögren's than in patients with SLE alone. Study participants were divided into two groups: SLE patients with Sjögren's (n=113); and SLE patients without Sjögren's (n=1,375). Investigators found that, proportionally, a higher number of SLE patients with Sjögren's who received treatment with epratuzumab had a reduction from baseline in total BILAG score (British Isles Lupus Assessment Group), rapid clinical response to treatment composite score (BICLA), and a higher B cell sensitivity to epratuzumab – demonstrating a more rapid reduction in B cells, and a dose-dependent decrease in SSA antibodies. No differences in the frequency of side effects were noted between the groups.

Citation

Gottenberg JE, Dörner T, Bootsma H, Devauchelle-Pensec V, Bowman SJ, Mariette X, *et al.* Efficacy of epratuzumab, an anti-CD22 monoclonal IgG antibody, in systemic lupus erythematosus patients with associated Sjögren's syndrome: post-hoc analyses from the EMBODY trials. *Arthritis & Rheumatol*. Accepted Author Manuscript. doi:10.1002/art.40425 .



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Edited by Daniel J. Wallace, MD

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You can find a local Turkey Trot by visiting www.active.com or in your local newspaper. If there isn't one in your area, consider creating your own Turkey Trot! Ask family and friends to join you for a morning walk in your neighborhood or at a nearby park on Thanksgiving morning while wearing your Team Sjögren's T-shirts!

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Top Stories

- 5 In Memory of Susumu Sugiura
- 9 SSF Highlights of the ISSC
- 11 Clinical & Industry News
- 19 Patient Education: Dry Eye: A Treatable Disease

Sjögren's QUARTERLY

Vol. 13, Issue 3 - Summer 2018

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Stay informed. Stay aware.

Be your own best medical advocate!

To increase professional awareness about Sjögren's, the SSF has launched *Sjögren's Quarterly* – a professional resource geared toward medical and dental professionals, clinicians, researchers, and anyone interested in the latest in Sjögren's research findings and treatments.

Although the content is primarily written for a professional audience, *Sjögren's Quarterly* is not just for doctors and researchers. Patients may benefit from the information, too.

If you are interested in subscribing to *Sjögren's Quarterly*, we are offering a special introductory rate of just \$20 for SSF members. Take charge of your healthcare by keeping on top of all the best medical information available.

Subscribe to *Sjögren's Quarterly* today, and you might just teach your doctor a thing or two about Sjögren's.

4 issues for just
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for SSF members!

Highlights from the 14th International Symposium on Sjögren's Syndrome

The 14th International Symposium on Sjögren's Syndrome, held in Washington, DC from April 18-21, 2018, was co-chaired by Alan Baer (Ophthalmology), Ilan Alevizos (oral medicine) and Eleni Akpek (ophthalmology). Over 350 attendees gathered to hear 41 invited speakers and 31 oral abstract presentations and view 187 poster presentations. International participants constituted 47% of registrants and women 50% of the invited speakers and oral presenters of research papers. Travel grants and scholarships were awarded to 35 trainees, resulting in a balanced participation of the meeting by junior and senior clinicians and investigators. A pre-conference workshop on salivary gland ultrasonography was organized by Dr. Malin Jonsson (Bergen, Norway), included over 50 registrants, and featured six speakers and practical components.

Clinician's Corner

Ocular Manifestations of Primary Sjögren's: What You Don't Know Might Surprise You

Sjögren's is a common autoimmune disease that affects about four million Americans. Sjögren's manifests with chronic and debilitating inflammation associated with autoantibody production, sicca symptoms, systemic complications, and an almost 20-fold higher risk of lymphoma that increases with disease duration.^{1,2} The diagnosis of Sjögren's is complex and requires collaboration among various specialists, including those in ophthalmology, rheumatology, and oral medicine; this contributes to delays in diagnosis. Approximately 50% of patients with Sjögren's remain undiagnosed.³ The widespread underappreciation of Sjögren's is particularly important for patients with autoimmune disease with compromised immune function, especially when immunosuppressive medications are used. We can think of vaccination in three broad categories: 1) those which everyone should receive; 2) those which are particularly appropriate for patients with autoimmune diseases; and 3) vaccines which may be dangerous for such patients and therefore should be avoided.

Identifying Viral-Mediated Triggers of Sjögren's

A viral infection is thought to be one of the triggers in the development and/or progression of Sjögren's. Prior studies have identified viruses present in Sjögren's patients, including Epstein Barr

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Team Sjögren's is headed to the Big Easy!

Travel with Team Sjögren's to New Orleans to walk or run in the Rock 'n' Roll New Orleans Half Marathon and 10K on February 10th!

It is sure to be a good time in the Crescent City as Team Sjögren's joins 20,000 participants on a festive course that makes its way through historic homes, iconic landmarks, joyful musicians and ends with an amazing post-race party in City Park! And one of the best parts – is that the course is flat and fast!

The SSF has limited spots available for our next Team Sjögren's Training Program – so sign up now! When you follow our program we will have you prepared to WALK or RUN either the Half Marathon (13.1 miles) or 10K (6.2 miles) on Sunday, February 10th in New Orleans!

As a Team Sjögren's member, you will not only receive world-class training from our Team Trainer, but also leadership and mentorship from past runners and staff. The staff of the SSF will help guide you through the entire process and ensure you are ready to participate in your chosen event! Our team is always full of walkers and runners – so don't fret if you aren't a runner – Team Sjögren's was designed for you! Our plan takes people from the couch to the course!

In addition, you will be increasing awareness for Sjögren's, as well as, helping raise crucial funds for Sjögren's research and education. Mark your calendars and plan to party with us on February 9-10th in NOLA! If you don't feel you can walk or run in this event, do what so many other patients have done and recruit someone else – your husband, wife, sister, cousin, daughter, son or friend – and have them walk or run in your honor.

To learn more about Team Sjögren's, contact Steven Taylor at 800-475-6473 or staylor@sjogrens.org.

 Team
Sjögren's


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MARATHON SERIES™





in memoriam

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Ray and Barbara Sullivan

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in honor

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Alison Mineau

In Honor of Cynthia Neubecker

Lauren Young

In Honor of Gianna Honor

Pasqua Leno

In Honor of Nancy Crabbe

Jane Stone

In Honor of Teresa Gonyea

May 2018 Graduates of Chattanooga State's Dental Hygiene Program



TMS Walk Calendar

Los Angeles Area

Saturday, October 20, 2018

La Mirada Community Regional Park

13701 Adelfa Dr, La Mirada, CA 90638

Events.sjogrens.org/LosAngelesWalk

Austin Area

Saturday, November 3, 2018

Round Rock Premium Outlets

4401 N Interstate Hwy 35, Round Rock,

TX 78664

Events.sjogrens.org/AustinWalk



Do we have your e-mail address?

If you want to receive all the latest updates from the Sjögren's Syndrome Foundation, then you should make sure we have your most up-to-date e-mail address! The SSF is starting to share more information via e-mail, from news about the SSF and Sjögren's, to information about the latest treatments and medicines, to local Support Group updates and more. So contact us at ssf@sjogrens.org to be certain we have your latest e-mail address in our database, and then keep an eye out in your Inbox for Sjögren's news.

Just like all information you give the Foundation, your e-mail address will remain private and will never be given or sold to an outside organization.



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easy — it is to do!*

Shop for Sjögren's

Simplify your holiday shopping by having your gifts delivered directly to you, while also supporting the SSF!

Shop to benefit the Sjögren's Syndrome Foundation

The Sjögren's Syndrome Foundation has partnered with online retailers who will donate a portion of your purchase to the SSF, so shopping online is now an easy way to contribute to Sjögren's!

Just visit www.sjogrens.org/shopforsjogrens and click through the links provided so that your purchases will benefit the SSF. Once you select the "Sjögren's Syndrome Foundation" as your charity of choice, whenever you return to these retailers and log in, any shopping you do will benefit the SSF. It's that simple!

Some of our partners include:



Amazon is one of the most popular online stores in the world, offering a wide variety of products.



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