

# CONQUERING Sjögren's

January/February 2022

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## CONQUERING Sjögren's

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# Winter Weather Problems and Your Health

**W**inter weather may be a welcomed time of year with crisp days and cozy nights, but cool, dry weather can often exacerbate many Sjögren's symptoms. While weather can affect everyone differently, this time of year may negatively impact symptoms such as joint stiffness, dry skin, and a person's mood. We hope you enjoy this collection of Sjögren's Foundation Patient Education Sheets aimed to help you stay on top of your symptoms during the winter months. If you have symptoms brought on by cold weather, we encourage you to mention them at your next doctor's visit.

## Nasal Dryness and Sjögren's

by Robert Lebovics, MD, FACS

Patients with Sjögren's frequently suffer from decreased mucus/nasal secretions and dryness of the nose and sinuses. Below are simple solutions for dry nose and sinuses with Sjögren's:

- Monitor the humidity in your home with a simple humidistat.
- Use a humidification system built into a furnace that pushes forced hot air through one's home.
- Try a bedroom humidifier, which generally comes in two types. While more expensive, a self-sterilizing unit is ideal in that it continuously sterilizes and cleans the steam prior to admitting it into the air. A more modestly priced humidifier is adequate but must be cleaned at least twice a week to limit the possibility of circulating fungus in the air.
- Avoid dry environments, such as automobiles with closed heating systems and airplanes. Baseboard

*For Sjögren's patients, an optimal range of humidity is between 55% and 60% regardless of the ambient temperature.*

heating in the winter can contribute significantly to decreased humidity. Obvious places to avoid are the sauna at your health club and the hot desert.

- Enjoy high humidity environments, such as a steam bath, although remember that hot and long baths can dry out the skin.
  - Avoid medications that increase dryness when possible. Many medications used to treat the upper respiratory tract such as decongestants and antihistamines are drying. Many other medication classes may contribute to nasal/sinus drying.
- If in doubt, check with your physician.
- Note that immunosuppressant drugs particularly may exacerbate drying of the nasal cavity and lead to attendant crusting, bleeding, foul smell and discharge. Discuss all potential side effects of your medications with your physician.
  - Practice good oral and nasal hygiene and avoid toxic agents. Remember, alcohol and smoke have

### “Winter Weather” *continued from page 3* ▼

a drying effect. Even secondhand smoke has been shown to contribute to nasal irritation.

- Consider using an over-the-counter emollient such as Ponaris® to cleanse the nose, particularly if large crusts and debris are present.
- Use over-the-counter nasal drops and buffered saline spray regularly (as often as every hour) to lubricate the nasal passages and nasopharynx. Additionally, over-the-counter gels such as Rhinase® and AYR work like sprays but last longer and are useful at night prior to going to sleep.
- Discuss the prescription medications Salagen® and Evoxac® with your physician. These have been shown to help patients with dry mouth, and potential added benefits for dry nose, sinuses, and nasopharynx should be considered.

## Dry Skin and Sjögren’s

by John R. Fenyk, Jr., MD.

Dry skin often is overlooked as a major feature of Sjögren’s but deserves greater recognition as a frequent issue for patients. Dry skin can occur as the result of immune dysfunction and destruction of the structures which moisturize and lubricate the skin – a process similar to that which causes dry mouth and dry eye in Sjögren’s. These skin structures include the hair and oil glands as well as sweat glands. Once destroyed, these oil and sweat glands cannot be restored. Although most common in fall, winter and early spring, dry skin occurs throughout the year. Areas most often affected are legs, arms, and abdomen (especially the beltline/waist).

Major features of dry skin are:

- Scaling
- Redness
- Itching
- Cracking of the skin

### *Tips for dealing with dry skin:*

- Take short, warm baths or showers. They do not remove skin oils as completely as hot water.
- Use gentle bars (Dove®, Basis®, Cetaphil® or the low/no residue glycerin bars such as Neutrogena®) instead of harsh true “soaps.” Detergents are not the same as soap and are not necessarily bad; in fact, most bath bars are detergents and not soaps. Often, detergents are able to control the acid/base balance of the skin better than true soaps.

- After bathing, pat dry and moisturize.
- Apply moisture frequently.
- Trap moisture in the skin immediately after bathing or showering while your skin is still damp or moist by applying a thin layer of petroleum jelly (Vaseline®), bath oil or even some cooking oils such as safflower oil, Canola® oil and Crisco®.
- “Drag” moisture into your skin by using products that contain chemicals such as urea, glycerin, lactic or similar “metabolic” or alpha-hydroxy acids (Am-Lactin® Cream, Carmol®).
- Repair the skin’s protective function by retaining or trapping the skin’s natural moisture with a relatively new group of products based on naturally occurring chemicals called ceramides (CeraVe®).
- Avoid fabric softeners in the washer and dryer.
- Drink plenty of water and remain well-hydrated.
- Use a humidifier, especially if you have forced-air heat which is especially drying.
- After swimming, make certain that you shower and then immediately use a moisturizer.

## Raynaud’s and Sjögren’s

by Ashley Beall, MD

Raynaud’s Syndrome (sometimes called Raynaud’s phenomenon) is defined as repeated episodes of color changes in the fingers and/or toes with exposure to cold temperatures or during episodes of emotional stress. The color changes are due to a spasm of the blood vessels that feed the fingers and toes. The digits typically turn very white, then can take on a bluish color with prolonged exposure to the cold, and finally can turn very red as blood flow resumes. Raynaud’s occurs in approximately 15- 30% of patients with Sjögren’s.

### *Some things that you can do to control your Raynaud’s include:*

- When you know you will be exposed to cold temperatures, wear layered clothing. This will keep your core body temperature warm and keep the vessels feeding the fingers and toes from spasm.
- Always carry a jacket with you on outings, as you may find yourself in an unexpectedly cool area.
- Wear a hat and cover your face and ears with a scarf in cold temperatures.

*continued page 10* ▼

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# Recap:

## Sjögren's at the American College of Rheumatology Annual Meeting

The American College of Rheumatology (ACR) Annual Convergence was held virtually on November 6-10, 2021. This meeting, which annually plays host to 1000s of rheumatologists from around the world, featured cutting-edge and timely topics on all aspects of rheumatology, including the prevention, diagnosis and treatment of rheumatic diseases and related comorbid conditions.

The event represents one of the greatest opportunities to educate the rheumatology community on the complexities of Sjögren's, and this summary will highlight the ways in which Sjögren's was featured at this year's meeting.

### *Sjögren's-Focused Learning Opportunities*

Once again, this year's event featured a variety of sessions and study groups dedicated to multiple aspects of Sjögren's and were led by leading experts in the field.

On Saturday, November 6, the Childhood Sjögren's Disease Study Group was held, coordinated by Sara Stern, MD, of the University of Utah. This year's discussion centered on recognizing the need for additional objective studies of treatments for different manifestations of childhood Sjögren's, how to organize a collaborative effort to report the collective experience of treatments for childhood Sjögren's, and the ongoing efforts to better understand and treat childhood Sjögren's.

Also taking place on Saturday, was a session to discuss the consensus guidelines for evaluation and management of pulmonary disease in Sjögren's. This session, moderated by Sara McCoy, MD, MS, featured

two of the key authors from the Foundation's guideline publication released in Fall 2020: Augustine Lee, MD, and Nancy Carteron, MD.

We know that pulmonary disease is a potentially serious yet underdiagnosed complication of Sjögren's and that pulmonary involvement is associated with higher mortality and lower quality of life. The Sjögren's Foundation led the process to develop 52 practical recommendations for the evaluation and management of pulmonary disease and this session described that effort and those findings.

Dr. Lee, a pulmonologist, and Dr. Carteron, a rheumatologist, shared insight into how to recognize different pulmonary manifestations of Sjögren's, described the diagnostic approach and monitoring strategy for pulmonary manifestations of Sjögren's, and explained the importance of a multidisciplinary team in the diagnosis and management of patients with Sjögren's. Visit the Foundation's website to view our Pulmonary Clinical Practice Guidelines for Sjögren's patients.

On Tuesday, November 9, two scientific sessions featuring international Sjögren's experts were held.

First, a discussion and presentations on what we've learned through state-of-the-art advancements in epigenetics, transcriptomics and immunologic profiling that will allow for Sjögren's to be better stratified and facilitate the identification of novel treatment targets took place as part of a session to demystify Sjögren's. Moderated by Jacques-Eric Gottenberg, MD, PhD, this session featured Darise Farris, PhD, with a talk on immune invaders in the salivary gland, Blake

## Sjögren's Foundation Outstanding Abstract Awards at ACR 2021

The Sjögren's Foundation was delighted to recognize three young investigators during this year's ACR Convergence for their exceptional work in Sjögren's. Sara S. McCoy, MD, MS, and Ilir I. Cinoku, MD, were announced as co-winners of this year's award and Francesco Ferro, MD, was recognized as an Honorable Mention. All three investigators were recognized during the Foundation's Fall Program held on Friday, November 5, 2021.

Dr. McCoy, an assistant professor at the University of Wisconsin's School of Medicine and Public Health, was recognized for two abstracts as part of her award: "Targeting Endogenous Mesenchymal Stromal Cell Response to Interferon-g in Sjögren's" and "Sjögren's Symptom Burden Drives Immunomodulatory Therapies but Correlates Poorly with Disease Severity Markers."

The objective of Dr. McCoy's first abstract was to study the immunobiology of IFN $\gamma$ -exposed salivary gland mesenchymal stromal cells with and without the JAK inhibitor ruxolitinib. Through this work, it was established that ruxolitinib mitigates IFN $\gamma$ -induced expression of immunomodulatory surface markers and chemokines expressed by salivary gland mesenchymal stromal cells. Additionally, ruxolitinib was found to reverse IFN $\gamma$ -induced peripheral blood mononuclear cells through what was believed to be action on CXCL9, 10, and 11 to reduce CD4 T migration. These findings support salivary gland mesenchymal stromal cells as a plausible pathogenic cell type in Sjögren's.

In Dr. McCoy's second abstract, she and colleagues sought to define relevant differences between clusters with respect to symptoms, treatment, disease activity and laboratory profile. Here, four clusters of Sjögren's patients were identified based on dryness, pain and fatigue severity and demonstrated that symptom burden does not correlate well with traditional disease markers and severity.

Dr. Cinoku, a member of the National and Kapodistrian University of Athens Faculty of Medicine, was recognized for his abstract: "Interferon (IFN)-Stimulated Gene 15: A Novel Biomarker for Lymphoma Development in Sjögren's."

In this work, Dr. Cinoku and colleagues investigated whether IFN induced genes could serve as biomarkers for the detection of lymphoma development among patients with Sjögren's. This research found that IFN-stimulated gene 15 (ISG-15) expression was able to distinguish between Sjögren's patients with and without lymphoma both at the periphery and tissue levels. Importantly, these findings support ISG-15 as a novel biomarker for lymphoma development in Sjögren's.

Dr. Ferro, a researcher at the University of Pisa, received an Honorable Mention for his abstract: "Prognostic Value of Salivary Gland Ultrasonography in Sjögren's." The purpose of this work was to evaluate the usefulness and prognostic value of salivary gland ultrasound in identifying patients with Sjögren's at risk for lymphoma. This research found that salivary gland ultrasound may be helpful in identifying patients with Sjögren's at risk for lymphoma, with patients presenting a parotid gland-salivary gland ultrasound score of grade 3 deserving a careful assessment to recognize possible lymphoproliferative complications in severely damaged salivary glands.

The Sjögren's Foundation Outstanding Abstract Award is designed to recognize exceptional research efforts in the field of Sjögren's and encourage new or early-stage investigators to continue to focus on Sjögren's throughout their career.

The Foundation is grateful for the distinguished panel of professionals who reviewed and provided feedback on this year's abstracts. In all, there were 40 eligible abstracts for review. The Foundation would also like to congratulate all authors who had their work accepted at this year's meeting. To view the winning abstracts, please visit: <https://www.sjogrens.org/researchers-providers/research-grants/other-awards> ■



**“ACR Recap”** *continued from page 6* ▼

M. Warner, PhD, MPH, DDS, with a talk on the epigenetic link between immune and salivary gland dysfunction and Xavier Mariette, MD, PhD, with a talk on current understanding of the path from pathophysiology towards targeted therapy for Sjögren's.

Later during the day, a session moderated by Alan Baer, MD, discussing the objective diagnosis of Sjögren's was held and featured presentations from Divi Cornec, MD, Vatinée Bunya, MD, and Richard Jordan, PhD, DDS. Here, presenters highlighted the value, proper execution of these diagnostic tests, including dry eye examination, labial gland biopsy and ultrasonography performance and grading.

Combined, the speakers discussed when to request and how to interpret specific tests that are required to determine the cause and severity of dry eye, reviewed the specific requirements for a labial gland biopsy and interpretation of labial gland histopathology in Sjögren's, and described the role of salivary gland ultrasonography when diagnosing Sjögren's.

Divi Cornec, MD, who presented as part of one of the scientific sessions, also led a Meet the Expert session, describing the use of ultrasound in Sjögren's.

**Foundation Fall Program**

Though not officially part of ACR Convergence, the Foundation held its annual Fall Program the Friday before the conference began, November 5<sup>th</sup>. This invite-only event included rheumatologists as well as a range of other medical specialists, researchers, industry partners and patients.

The Foundation's Kathy Hammitt, VP of Scientific & Medical Affairs, and Janet Church, President and CEO, began the meeting with an introduction of what would be discussed as well as an important update on Foundation programs.

This year's theme was “Expanding Knowledge of Sjögren's Through COVID-19” and focused on what we've learned through the COVID-19 pandemic and the potential for scientific advancement related to Sjögren's and other autoimmune diseases. The event was moderated by Alan Baer, MD, Chair of the Sjögren's Foundation Medical and Scientific Advisory Council and Director of the Sjögren's Clinic at Johns

Hopkins University. Dr. Baer helped set the stage for the day and guide the discussions throughout.

The first speaker of the day was Cassandra Calabrese, DO, Dept. of Rheumatologic & Immunologic Disease at the Cleveland Clinic, who presented an update on COVID-19 and vaccinations as they relate to Sjögren's. Dr. Calabrese shared important insight into the current understanding and best practices for vaccine recommendations as well as an overview of what has been seen in the literature related to Sjögren's, COVID-19 and COVID-19 vaccination.

The second speaker of the day was Brent Goodman, MD, Director of the Autonomic Lab and Assistant Professor of Neurology at the Mayo Clinic, AZ. Dr. Goodman discussed what is being seen in COVID-19 related to dysautonomia and postural orthostatic tachycardia syndrome (POTS). In the latter part of the presentation, Dr. Goodman discussed POTS and Sjögren's, and how we can advance our learning in this area based on what is being seen in COVID-19.

The third speaker of the day was Dr. Steven E. Carsons, MD, Chief, Division of Rheumatology, Allergy and Immunology and Senior Associate Dean for Clinical Research at NYU Long Island School of Medicine. Dr. Carsons provided insight into the potential therapeutic approaches for Sjögren's utilizing mRNA technology, which has been one of the main approaches for COVID-19 vaccination. Dr. Carsons shared optimism for siRNA, miR and in vitro mRNA transcription and delivery systems for potential Sjögren's treatment, that the delivery of mRNA encoding tolerogenic peptides specific for Sjögren's may be feasible and that several candidate autoantigens are known that could theoretically serve as a source of tolerogenic peptides.

Lastly, Umesh Deshmukh, PhD, a research scientist at the Oklahoma Medical Research Foundation, shared insight into his work related to COVID-19 and other viruses and autoimmunity. Dr. Deshmukh has received funding from the NIH and will be investigating the idea that genetic susceptibility dictates the salivary gland response to systemic cytokine storm and thereby the development of Sjögren's.

The Foundation is grateful to all the speakers for sharing their time and expertise on these important topics. ■



## *Clinician's Corner:* Are You Taking Biotin? How Biotin can Interfere with Lab Results and What You Should Do

by Donald Thomas, MD, FACP, FACR, Sjögren's Foundation Board Chair

**B**iotin is a vitamin commonly found in many foods, especially eggs, nuts, seeds, sweet potatoes, and meats. Foods with particularly high amounts include beef liver, eggs, salmon, pork, and beef. It is in the group of B vitamins and is also referred to as vitamin B7, vitamin H, and coenzyme R. Ingestion of raw egg whites reduces the absorption of biotin (in animals and humans) and was initially found that it could treat and prevent hair loss and rashes in animals fed a large amount of egg whites.

The recommended daily intake is 30 micrograms in adults (35 micrograms if breastfeeding). However, actual biotin deficiency is rare. There has never been a reported case of severe biotin deficiency in anyone on a normal diet. The rarity of biotin deficiency is made clear when one realizes that biotin deficiency in humans was unknown until it was 1<sup>st</sup> reported in people given parenteral nutrition (i.e., fed intravenously by IV in their veins). This problem was resolved once biotin was routinely included in parenteral food fluids. The most common symptoms of biotin deficiency were hair loss, brittle nails, facial rashes (dermatitis), eye inflammation (conjunctivitis), and nerve problems. These improve dramatically when someone with biotin deficiency resumes proper biotin intake.

Biotin is most taken to try to help with hair and nail problems. Biotin supplements certainly help these problems in people with low biotin blood levels. However, supplementation in people eating an average diet has not been proven beneficial. Nonetheless, it does not appear to be dangerous to take biotin in larger than needed amounts, either. Therefore, many

doctors (including myself) do not discourage patients from taking it.

Our primary concern, though, is that biotin can interfere with the results of some blood tests. Biotin is unlikely to interfere with labs when taken in small doses. However, many supplements contain high amounts that can interfere. Supplements often have as much as 5,000 to 10,000 micrograms. These doses can interfere with many of the labs mentioned below.

**It is best to stop biotin three days before all labs.** This ensures no interference even with a high dose intake of biotin. Missing a few days of biotin will not impact anyone's health negatively.

- Biotin can artificially increase: Estradiol, **folate (folic acid)**, progesterone, testosterone, **thyrotropin receptor antibody**, **thyrotropin binding inhibiting antibody**, **thyroxine (T4)**, **triiodothyronine (T3)**, **vitamin B12**, **25-OH vitamin D**.
- Biotin can artificially decrease: Beta HCG, CK-MB, FSH, GH, insulin, LH, **myoglobin**, proBNP, **PTH**, procalcitonin, prolactin, **PSA**, SHBG, **TSH**, **troponin**.
- Biotin can interfere with the results of the following (unpredictably): Cortisol, DHEA-S, **anti-rituximab antibodies**, **anti-dsDNA**, CTx, gastrin, inhibin B, **hepatitis A**, and **hepatitis B antibodies**, **hepatitis B antigen**, BNP.

The tests in bold font are lab tests more commonly measured in people with Sjögren's disease. Taking biotin within a few days of your labs can cause you to appear as if you have the following problems (but incorrectly, so):

### “Clinician's Corner” *continued from page 9* ▼

- Miss a diagnosis of folic acid deficiency, vitamin B12 deficiency, vitamin D deficiency, testosterone deficiency (male hypogonadism), underactive thyroid (hypothyroidism), pregnancy, heart attack (myocardial infarction), muscle inflammation (myositis), and prostate cancer. In other words, someone could have one of these problems, and the doctor could miss the diagnosis due to biotin, causing an inaccurate result.
- Incorrectly misdiagnose an overactive thyroid (hyperthyroidism), Grave's disease (an autoimmune thyroid disorder), and hypoparathyroidism. This could lead to unnecessary and potentially dangerous treatments.
- Biotin can make it appear as if someone with vitamin D deficiency, folic acid deficiency, or vitamin B12 deficiency is on an adequate amount of supplements, when in fact, they are not. It can make it look like someone on a thyroid supplement (Synthroid or levothyroxine) is taking enough, yet they are on too low of a dose.
- Anti-double stranded DNA levels are monitored in some Sjögren's patients, especially those with lupus overlap syndrome. However, biotin can make the results inaccurate.

### References

- Boas MA. The Effect of Desiccation upon the Nutritive Properties of Egg-white. *Biochem J.* 1927;21(3):712.
- Chun KY. Biotin interference in diagnostic tests. *Clin Chem.* 2017;63(2):619.
- Institute of Medicine. Dietary Reference Intakes: Thiamin, Riboflavin, Niacin, Vitamin B6, Folate, Vitamin B12, Pantothenic Acid, Biotin, and Choline. Washington, DC: *National Academy Press*; 1998.
- Labcorp.com
- Mock DM. Biotin. In: Coates PM, et al., eds. *Encyclopedia of Dietary Supplements*. 2nd ed. London and New York: *Informa Healthcare*; 2010:43.
- Mock DM, et al. Biotin deficiency complicating parenteral alimentation: diagnosis, metabolic repercussions, and treatment. *J Pediatr.* 1985 May;106(5):762.
- NIH. Biotin: fact sheet for health professionals. Accessed November 16, 2021. <https://ods.od.nih.gov/factsheets/Biotin-HealthProfessional/#h2>
- Questdiagnostics.com
- Staggs CG, et al. Determination of the biotin content of select foods using accurate and sensitive HPLC/avidin binding. *J Food Comp Analysis: an official publication of the United Nations University, International Network of Food Data Systems* 2004;17:767.
- Therapeutic Research Center, Biotin and Labs, in The Pharmacist's Letter Feb 2018, Resource #340204, pp 1-7.
- Trüeb RM. Serum Biotin Levels in Women Complaining of Hair Loss. *Int J Trichology.* 2016;8(2):73

### “Winter Weather” *continued from page 4* ▼

- Always wear hand coverings in cold temperatures. Mittens are best, as they will use the body heat generated by your fingers. However, a good pair of insulated gloves is also helpful.
- Wear heavy socks or layers of socks to keep feet warm at all times.
- Keep your home and office space comfortably warm (greater than 70 degrees is best).
- Avoid reaching into the freezer both at home and in the grocery store.
- Use insulated containers when handling cold drinks or food.
- Rinse food with warm water instead of cold water.
- Wear protective gloves when washing dishes.
- Use disposable heat packs as needed for your hands and feet. These are available at many sporting goods stores.
- Always let the water warm up before getting into the shower and keep the bathroom door closed while bathing or showering to hold in heat.
- When your hands or feet start to feel cold, wiggle your fingers and toes, move your arms and legs around to get blood flowing, or put your hands under your armpits to warm them up.
- If you have access to water when a flare starts, run warm water over your fingers and toes until skin color returns to normal.
- Don't smoke—this constricts the blood vessels that feed the hands and feet.
- Talk to your doctor about your symptoms. Several medications can be used to help the vessels stay dilated, including a class of blood pressure medications called calcium channel blockers. Some medicines, such as beta blockers used for high blood pressure, may make Raynaud's worse. ■

# Congratulations Team Sjögren's Runners and Walkers!



**47** Team Sjögren's members (our largest team to date!) committed to fundraise and train for a virtual 5K, 10K, or Half-Marathon over Thanksgiving weekend. Representing 25 different states, these runners raced in their hometowns and raised over \$10,000. An inspiring 38 team members were Sjögren's patients. Other members of the team ran as husbands, sons, daughters, grandchildren, sisters, and friends of patients, with the youngest runner being five years old.

Congratulations to all our Team Sjögren's runners and thank you for stepping up in honor of all Sjögren's patients!

Team Sjögren's is getting ready for our next virtual race, which will be held in June. Follow our program and we will prepare you to walk or run either a 5K, 10K, or Half-Marathon distance. The best part is that even if you have never run or walked such a distance, the staff and our team trainer will help guide you through the entire process and ensure you are ready to participate! In addition, you will be increasing awareness for Sjögren's and helping raise crucial funds for research and education.

If you don't feel you can walk or run in this event, do what so many other patients have done and recruit someone to walk or run in your honor. To learn more about our upcoming virtual race, please contact Kalla Ford, Team Coordinator, at [kford@sjogrens.org](mailto:kford@sjogrens.org). ■



*Team Sjögren's runs in honor of all Sjögren's patients...  
We Are Team Sjögren's!*



# Did You Miss the Foundation's Recent Conferences?

Get all the vital information you need in an easily downloadable video format! Video downloads are available for purchase for the two fall Sjögren's one-day patient conferences.

## *Fall One-Day Patient Conference: Focus on the Nervous System and Sjögren's*

### **Presentations included:**

- **Sjögren's: Disease Overview & Making the Most Out of Your Doctor's Visits**  
Donald Thomas, Jr. MD
- **An Overview of the Nervous System and Sjögren's: CNS, PNS, ANS – Oh My!**  
Arun Varadhachary, MD, PhD
- **Cognitive Dysfunction and Fatigue in Sjögren's**  
Fai Ng, MD, PhD
- **Sjögren's Foundation Update**  
Janet Church, Sjögren's Foundation President & CEO
- **Peripheral Neuropathy and Raynaud's in Sjögren's**  
Ghaith Noaiseh, MD
- **Lessons from COVID-19 Dysautonomia**  
Kathy Hammitt, Sjögren's Foundation VP of Scientific & Medical Affairs

### **Complete Set**

*Member Price: \$50*

Non-Member Price: \$65

## *Childhood Sjögren's Conference*

The Sjögren's Foundation held the first Childhood Sjögren's Conference in September, and the entire 4-hour event is available for purchase as a video download. Whether you're a parent of a child living with Sjögren's or if you had symptoms that started when you were a child, this download is for you. Besides creating a broader understanding of symptoms and treatments for childhood Sjögren's, the Foundation hopes the information may be useful to adult patients in determining the true onset of their disease and if they may have experienced Sjögren's as a child.

**Member Price: \$35**

Non-Member Price: \$40



# You Stood Up!

*NFL Coach Brings Awareness to Sjögren's During My Cause My Cleats*

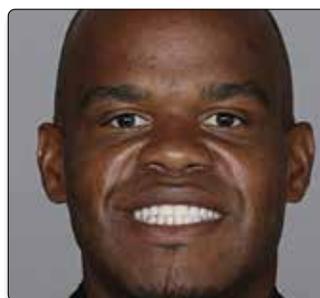


National Football League (NFL) stars reveal their passions beyond the game and wear their hearts on their feet through My Cause My Cleats.

The NFL's My Cause My Cleats program gives players and coaches the opportunity to highlight a cause that is close to their heart by wearing custom designed cleats. During Week 13, all NFL players and coaches honored their chosen organizations by wearing, and then auctioning, specialty designed cleats.

Lunda Wells, tight end coach for the Dallas Cowboys, used his My Cause My Cleats game day shoes to support the Sjögren's Foundation on December 2, 2021. Coach Wells designed his cleats in honor of his wife and all Sjögren's patients, and his shoes shared that Sjögren's is serious, systemic and prevalent.

Thank you, Coach Wells, for standing up for all Sjögren's patients and congratulations to the Dallas Cowboys on their win during the My Cleats My Cause game! ■



*Lunda Wells, tight end coach for the Dallas Cowboys*



*“My game day shoes for tonight’s game. In honor of my Wife and all the people who battle the Sjögren’s disorder. Keep pressing forward. No weapon formed against you shall prosper.”*

*–@Lundawells (Lunda Wells on Twitter)*

# Sjögren's Foundation In Action!

*The Sjögren's Foundation is a Proud Steering Committee Member of FNIH's Transformative Partnership*



## *The FNIH Announces Transformative Partnership to Identify and Map Key Biological Pathways That Drive Autoimmune and Immune-Mediated Diseases*

*This information was originally shared as a press release from the Foundation for the National Institutes of Health on Dec. 9, 2021.*

The Foundation for the National Institutes of Health (FNIH) and the National Institutes of Health (NIH) are launching a new partnership to investigate how cells of the immune system interact in tissue to drive inflammation and autoimmune disease. The Accelerating Medicines Partnership® Autoimmune and Immune-Mediated Diseases (AMP® AIM) Program will advance our understanding of key disease pathways using new tools to map in three-dimensions how cell types, cell states, and cell-to-cell interactions network to cause inflammation, abnormal function, and tissue injury. The resulting data will accelerate our understanding of the fundamental mechanisms and causes of autoimmune disease, allow more informed selection of patients for clinical trials, and generate new targets for drug development.

“AMP AIM is the result of an innovative effort to fundamentally change the way that we identify treatment targets for autoimmune and immune-mediated diseases. The program builds on the success of AMP RA/SLE and aims to create a framework for how we get new treatments to patients,” said Dr. Lindsey A. Criswell, Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS).

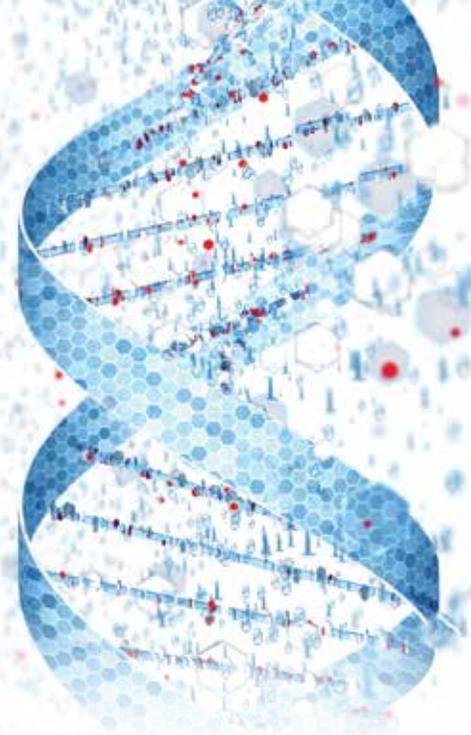
Autoimmune diseases affect more than 25 million Americans, and recent studies suggest that the preva-

lence and incidence of these diseases are increasing. Rheumatoid arthritis (RA), psoriatic spectrum diseases, Sjögren's disease, and systemic lupus erythematosus (SLE) are chronic autoimmune diseases characterized by profound abnormalities in immune responses that damage multiple tissues and organ systems, often with devastating results. Complex differences in patient genetics and immune function at the cellular level make developing new treatments particularly challenging and complicate patient care. However, many autoimmune diseases share common inflammatory pathways, comorbidity risks, and even responses to disease-modifying therapies. Better tools to define and map these shared and unique immune cell interactions and pathways are critical for the design of new targets and interventions.

Over the past seven years, the AMP RA/SLE Program has pioneered a transformational model to dissect how these diseases occur at the individual cell level. This program has advanced new technologies and analytical methods using biopsy and blood samples of diseased tissue from major organs like the kidney in lupus and the joints in arthritis. These technologies allow us to discover novel cell populations and pathways that could provide promising new targets for drug development. AMP AIM will extend this model to the study of additional diseases, including psoriasis/psoriatic arthritis and Sjögren's disease.

AMP AIM is the latest initiative to emerge from the Accelerating Medicines Partnership (AMP) Program, a public-private collaboration among the NIH, the U.S. Food and Drug Administration (FDA), the pharmaceutical industry, and patient organizations to speed

*continued next page* ►



drug development across different diseases. AMP AIM brings together the resources of 17 partner organizations spanning the public, private, and nonprofit sectors, with combined commitments totaling over \$58.5 million. The FNIH will provide program and project management for the effort over the next five years.

“The promise of AMP AIM’s approach extends beyond any specific disease,” said David Wholley, President and Executive Director of the FNIH. “The use of next-generation technologies to interrogate the critical tissues involved in these immune disorders has exciting implications for many other diseases—a major advance in the science that would not be possible without the collaborative efforts of public and private sector partners working together.”

***NIH Institutes and Centers involved include:***

- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
- National Institute of Dental and Craniofacial Research (NIDCR)
- National Institute of Allergy and Infectious Diseases (NIAID)
- Office of Research on Women’s Health (ORWH)
- Private partners include:
  - AbbVie
  - Bristol Myers Squibb
  - GlaxoSmithKline plc (GSK)
  - Janssen Research & Development, LLC
  - Lupus Foundation of America
  - Lupus Research Alliance
  - National Psoriasis Foundation
  - Novartis Pharma AG
  - Pfizer Inc.
  - Sanofi
  - Sjögren’s Foundation
  - The Arthritis Foundation, Inc.
  - UCB

***Editor’s Note***

Additional details on this exciting project will be shared in the near future and throughout the duration of this 5-year project. ■

DO YOU HAVE  
SJÖGREN’S SYNDROME  
AND DRY EYES?

A clinical research study is now enrolling.  
The study involves:

- 3.5 MONTHS OF PARTICIPATION
- 5-6 VISITS TO THE STUDY CENTER
- USING STUDY MEDICATION (EYE DROPS) ONCE DAILY

Qualified participants will be compensated for time and travel.

To learn more and to see if there is a participating center near you, please visit the Clinical Trial Locations section of the Sjögren’s Foundation website:  
<https://www.sjogrens.org/living-with-sjogrens/clinical-trials/clinical-trial-locations>



s/jentis

*“Sjögren’s is a systemic autoimmune disease that is frequently misunderstood and underdiagnosed. We are extremely proud to join the AMP AIM project as a Steering Committee member alongside the NIH, other disease advocacy organizations and pharmaceutical companies. AMP AIM offers a new way to tackle the formidable barriers that have prevented us from fully understanding Sjögren’s and will potentially uncover mysteries so we can better diagnose and treat Sjögren’s patients in the future.”*

**Janet E. Church**  
*President and CEO  
Sjögren’s Foundation*

# Sjögren's and POTS Research Grant Awarded



*Dr. Steve Vernino  
Neurology and Neurotherapeutics  
University of Texas Southwestern  
Medical Center (Dallas)*



The Foundation has partnered with Dysautonomia International to fund a \$150,000 research grant to study Sjögren's and POTS. The joint grant has been awarded to Dr. Steve Vernino at University of Texas Southwestern Medical Center to study IVIg<sup>†</sup> treatment for Sjögren's and POTS patients. The research is a continued POTS and IVIg treatment study with an added Sjögren's cohort.

Sjögren's is the second most identifiable cause of autonomic neuropathy and has been associated with postural orthostatic tachycardia syndrome (POTS) and other forms of dysautonomia, or the malfunction of the autonomic nervous system. This partnership will benefit many people in the Sjögren's and dysautonomia community.

Learn more about Dr. Vernino's work and if you are in the Dallas, TX area, see if you are eligible to participate in his study by visiting the Foundation's website.



† IV Immunoglobulin or IVIg is a blood product made from the plasma component of blood pooled from thousands of donors. It contains immunoglobulins, which interact with the immune system in order to suppress it.

## *What is dysautonomia?*

Over 70 million people worldwide live with various forms of dysautonomia. People of any age, gender or race can be impacted. Despite the high prevalence of

dysautonomia, most patients take years to get diagnosed due to a lack of awareness amongst the public and within the medical profession.

## *What is Postural Orthostatic Tachycardia Syndrome (POTS)?*

Postural orthostatic tachycardia syndrome (POTS) is a form of dysautonomia that is estimated to impact between 1,000,000 and 3,000,000 Americans, and millions more around the world. POTS is a form of orthostatic intolerance that is associated with the presence of excessive tachycardia and many other symptoms upon standing.

The current diagnostic criteria for POTS is a heart rate increase of 30 beats per minute (bpm) or more, or over 120 bpm, within the first 10 minutes of standing, in the absence of orthostatic hypotension. In children and adolescents, a revised standard of a 40 bpm or more increase has recently been adopted. POTS is often diagnosed by a Tilt Table Test, but if such testing is not available, POTS can be diagnosed with bedside measurements of heart rate and blood pressure taken in the supine (laying down) and standing up position at 2, 5 and 10 minute intervals. Doctors may perform more detailed tests to evaluate the autonomic nervous system in POTS patients, such as Quantitative Sudomotor Axon Reflex Test (QSART, sometimes called Q-Sweat), Thermoregulatory Sweat Test (TST), skin biopsies looking at the small fiber nerves, gastric motility studies and more.

*This information is from the Dysautonomia International website. ■*



## IN MEMORIAM

- In Memory of Alice Glupe**  
Margaret Glupe
- In Memory of Ann Ammond**  
Lisa Larsen
- In Memory of Arlene Ruth Klassen**  
Sharon and Alan Boese  
Katherine Garber  
Lisa Schmidt  
Stephanie Thompson  
Dale Wiens
- In Memory of Arthur Tails**  
Teri Rumpf
- In Memory of Bernice Pascall**  
Jing Shan  
Zahra Lucas  
Cecilia Alford
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Laura Boycourt
- In Memory of Betty Belbas**  
Gordon Rands
- In Memory of Carmela Abatemarco**  
Anthony Abatemarco
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Edgar Smith
- In Memory of Cindy Fake**  
Ralph Cincinnati  
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Bob and Cindy Fliegel
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Carol Ann Ormes
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Tony Patterson
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Lorrie Losapio
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Kathryn Pardon  
Frank and Maureen Casper
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Kathy Hosea
- In Memory of Shirley Kennard**  
Shirley Penny
- In Memory of Shirley Ziff**  
Catherine Ziff
- In Memory of Vivian Sangil**  
Amy Semanscin

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Cara Herbitter
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- In Honor of Harmony Hames**  
Bruce Hames
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Michael Lyle
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Frederick Kahan
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Emily LaPointe
- In Honor of Judy Pearl**  
Rebecca Pearl
- In Honor of Julie Reeve**  
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Nancy Ragonese
- In Honor of Lari Lopp**  
Isabelle Des Fontaines  
Zachary Watson
- In Honor of LeTanya Powell**  
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- In Honor of Linda and Dennis Howard**  
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- In Honor of Lisa Tironi**  
Paula Tironi
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Don Perry
- In Honor of Lizzie Hee**  
Kathleen Hee
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Margot Ransom
- In Honor of Margaret Voshell**  
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Kimberly Kendall
- In Honor of Nadolyn Karchmer**  
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Pete Giacopelli
- In Honor of Nancy Kirkpatrick**  
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Katherine Bills
- In Honor of Nancy Morse**  
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- In Honor of Paula Sosin**  
George Monsma
- In Honor of Ray Olesky**  
Melanie Olesky
- In Honor of Robin Garriss**  
Gloria Allen
- In Honor of Sandra Nelson**  
Danielle Bernstein
- In Honor of Sara Cashen**  
Celia Baldwin
- In Honor of Shari Kafton**  
Alan Kafton
- In Honor of Shirley Hobde (California Gramma)**  
Lyndsay Crowson
- In Honor of Sonda Chizum**  
Caryn Kirkpatrick
- In Honor of Steve Taylor and Joe Milihran**  
Janet Church  
Cynthia Lopynski  
Vidya Sankar  
Kathy Ivory
- In Honor of Sue Popkin**  
Beverly Hall
- In Honor of Susan Paul-Souza**  
Lisa DiMarino
- In Honor of Tiffany Wells**  
Darlene Johnson
- In Honor of Vivian Stark-Curry**  
Marifran Souza
- In Honor of Yolanda Gales**  
Esther Perryman



# Virtual Walk for Sjögren's Event Calendar

Participate in one of the Spring Walk for Sjögren's events. To learn more visit: [events.sjogrens.org](https://events.sjogrens.org) or contact Jessica Levy at (301) 530-4420 ext. 218.

March

**Southwest Walk for Sjögren's**

*Saturday, March 12, 2022*

**Florida & Georgia Virtual Walk for Sjögren's**

*Saturday, March 12, 2022*

April

**Mid-Atlantic Walk for Sjögren's**

*Saturday, April 9, 2022*

May

**Philadelphia Tri-State Walk for Sjögren's**

*Saturday, May 7, 2022*

June

**Colorado Walk for Sjögren's**

*Saturday, June 11, 2022*

**Texas Walk for Sjögren's**

*Saturday, June 11, 2022*

[events.sjogrens.org](https://events.sjogrens.org)



## Sjögren's Foundation COVID-19 Booster Recommendation

The Sjögren's Foundation's COVID-19 Vaccination Committee is continually monitoring the pandemic to keep you accurately informed about COVID-19, vaccines, and boosters. This committee is made up of rheumatology and immunization experts and led by Dr. Alan Baer.

The Foundation encourages all Sjögren's patients who are not immunosuppressed to get your booster/third shot quickly (if you have not already). The Center for Disease Control (CDC) has updated its recommendations for COVID-19 vaccines with a preference for people to receive an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna). Everyone ages 16 and older can receive a booster shot. If you have questions about your own drug therapy and the third vaccine, please consult your doctor.

We encourage you to visit our website and view all our COVID-19 resources, including the recent article, "COVID-19 in 2022 – Why it's so Important to Get Your 3<sup>rd</sup> Vaccine Now," by Cassandra Calabrese, DO.



# Awareness never looked so good!



## Sjögren's Foundation Water Bottle

Featuring a sleek design, this high-end reusable water bottle was selected specifically for Sjögren's patients. Easy to open and refill, these temperature-controlled bottles are ideal for raising awareness of Sjögren's and keeping you hydrated!

### Description

- Holds 16.9 ounces (500ML) of liquid
- Double wall 18/8 stainless steel thermal bottle with copper vacuum insulation
- Threaded insulated lid, and powder coated finish
- Durable, scratch resistant, and smudge-proof with extra grip
- Height: 10.75"
- Width: 2.625"
- Sjögren's Foundation signature color logo imbedded

**Member Price \$35**

Non-Member Price: \$38

	Qty.	Total
<b>Sjögren's Foundation Water Bottle</b>		
Member Pricing		\$35 ea.
Non-Member Pricing		\$38 ea.
<b>Sjögren's Foundation Face Masks (2 pack)</b>		
Member Pricing		\$12 ea.
Non-Member Pricing		\$15 ea.
<b>Shipping and Handling:</b> U.S. Mail: \$7 for first item + \$2 for each additional item		

### Total Amount Due

**Mail to Sjögren's Foundation: 10701 Parkridge Blvd., Suite 170  
Reston, VA 20191 or Fax to: 301-530-4415**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Enclosed is a check or money order (in U.S. funds only, drawn on a U.S. bank, net of all bank charges) payable to Sjögren's Foundation.

MasterCard  VISA  Discover  American Express

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

## Sjögren's Foundation Reusable 3D Cotton Face Masks (2 pack)



Non-medical reusable 3D cotton mask that covers mouth and nose. Masks come in packs of two – one navy face mask and one royal blue.

Multiple layers of fabric made of 95% cotton and 5% spandex for flexibility and comfort with adjustable ear straps and built-in pocket for filter insert (filter not included).

**Member Price \$12**

Non-Member Price: \$15



## Conquering Sjögren's

Sjögren's 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 a Member, please contact us at (301) 530-4420*

# SAVE THE DATE!

## 2022 Virtual National Patient Conference



# Conquering Sjögren's Together

## April 29-30, 2022

Join us April 29-30<sup>th</sup> for the National Patient Conference, our two-day educational event to help all patients better understand and manage their disease. Delivered to you in the comfort of your own home!

The response to our virtual conferences has been exceptional with more patients attending than ever before. Couple that with continued challenges of the COVID-19 pandemic, the Foundation has decided it is in the best interest of our patients, volunteers, and presenters to deliver our 2022 National Patient Conference as a virtual/online event.

The content will be delivered by top Sjögren's experts and will be the same high quality that you have come to expect from the Foundation. At this year's conference, you will:

- Gain a better understanding of the key aspects of Sjögren's
- Learn more about Sjögren's and organ involvement (such as kidneys, liver, and pancreas)
- Understand how Sjögren's can impact your musculoskeletal system and what might help
- Hear about exciting research and what is on the horizon for Sjögren's

All of this, and more, from experts who help patients manage the complexities of Sjögren's every day. Educate yourself about Sjögren's and feel confident advocating for your needs. Mark your calendars for the Sjögren's Foundation 2022 Virtual National Patient Conference on April 29-30<sup>th</sup>!

Watch for more exciting conference details on the Foundation's website – [www.sjogrens.org](http://www.sjogrens.org) or by scanning the QR code.



**Registration opens February 15<sup>th</sup>**