

The Moisture Seekers



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Update on the International Sjögren's Syndrome Registry

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with contributions from
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DDS, PhD and Lindsey
Criswell, MD, MPH

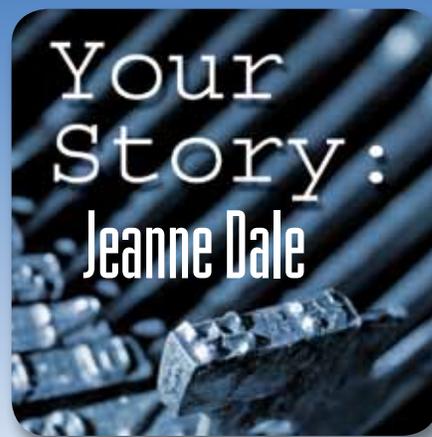
Much is happening as we enter year eight of the 10-year NIH-supported registry called the Sjögren's International Collaborative Clinical Alliance (SICCA). We have had a very smooth transition in leadership: Troy Daniels, DDS, MS, and John Greenspan, BDS, PhD, founded SICCA and have co-directed the NIDCR contract since 2003 and remain actively involved as investigators. Caroline Shiboski, DDS, PhD, and Lindsey Criswell, MD, MPH, who have been involved with SICCA since its onset, Shiboski as lead Epidemiologist, and Criswell, a rheumatologist, as lead Geneticist, are the new co-directors of SICCA since July 2010. Since beginning participant enrollment in 2004, over 2200 individuals have completed baseline enrollments and almost 600 have completed two-year follow-up enrollments. These enrollments have been occurring at nine collaborating SICCA research groups located in Argentina, China, Denmark, India, Japan, the United Kingdom and the United States, directed from the SICCA Coordinating Center at the University of California, San Francisco.

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The *Moisture Seekers* is happy to bring to you a new installment of "Your Story," an opportunity for Sjögren's patients to tell their story and share with the rest of the Foundation members how they have learned to cope with their disease. This installment is an interview with Jeanne Dale, a Sjögren's patient, from Winnetka, Illinois, and her perspective on Sjögren's and how it impacts her life.

How long ago were you diagnosed with Sjögren's and by whom?

I was diagnosed in December 2005. I was initially screened for ANA and RA factor by my internist and when the results came back extremely high, I was referred to a rheumatologist who then diagnosed me as having Sjögren's syndrome. I was fortunate that the diagnostic process took a relatively short period of time.



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One goal of the SICCA project is to develop new classification criteria. The way patients with SS have been diagnosed or classified has evolved over the years with 11 diagnostic or classification criteria published since 1965. It is important to keep in mind the difference between diagnostic criteria, which are based on an individual clinician's knowledge and experience applied to an individual patient, and classification criteria, which are based on an established disease definition and defined objective tests applied to groups of patients who will participate in clinical trials or other research studies. The current classification criteria for SS have been in use for eight years but can create heterogeneous patient groups. They also have not been approved by the usual professional groups that oversee classification criteria, such as the American College of Rheumatology, and need updating.

Many new drugs are becoming available for treating other autoimmune connective tissue diseases, such as rheumatoid arthritis (RA) and lupus. Some of these drugs, or newer related drugs, may eventually be useful for treating SS, but trials of new drugs, or new applications of existing drugs, require rigorously defined groups of patients. Therefore, new SS classification criteria are needed now to best support future trials of powerful new drugs that may be effective in treating the disease. To accomplish this, SICCA is now analyzing the consistently recorded histories and examination and test results obtained from each of its participants to determine the occurrence, patterns and overlapping relationships of these results. These analyses have supported the development of new and simplified SS classification criteria that are currently under review by the American College of Rheumatology, from which we seek advice and approval.

Complex autoimmune diseases, such as RA and lupus, have long been suspected of having a genetic basis. Recently completed genome-wide association studies (GWAS) of patients with these diseases have found strong associations with genes that regulate the immune system. A genetic component of SS has been suspected based on the observed clustering of the disease and other autoimmune diseases within families and the rare occurrence in identical twins. GWAS and other comprehensive genetics studies of SS are needed to define the genetic contribution to SS, including the relationship to other autoimmune diseases such as RA and lupus. To support such future genetic research on SS, SICCA has been collecting DNA from all of its participants and, beginning this December, a GWAS will be performed by the NIH using SICCA DNA specimens. From analyses of the GWAS data, we will try to learn which regions of the genome may be significantly associated with objective components of SS. In addition to GWAS, other forms of genetic analyses, such as studies of epigenetic factors, are in progress. In such studies, the way in which some genes express themselves is examined as a possible contributor to disease

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I Stood Up...

Walkabout Friends and Family Teams
Stand Up Throughout the Country



Let's hear it for our Friends and Family Walkabout Teams!

Thanks to all of you who have taken the initiative and have built your own Walkabout Team by encouraging Friends and Family members to help you by joining your Team and participating in the event!

It is very exciting for all of us to see the outpouring of support at our events from the Walkabout Teams. It is great fun for Team members to wear their own Team T-shirts that they have created and/or to read the signs that they carry with their Team message! The Walkabout Teams make it fun for everyone, whether they are a part of the team or an event participant!

It is reassuring for all attending to see how we are making an impact on community members and to know that we all can and do increase awareness of Sjögren's!

Here are just a few of our Walkabout Teams and photos!



Soon we will be kicking off the spring Walkabout events. If you happen to have a Walkabout in a city near you, please plan to attend and be sure to invite everyone you know! Form your own Team — all you need to do is create a name and a sign or create a sticker to wear or decorate t-shirts for all to wear! The key is to make it FUN! Your friends and family will thank you for offering them a chance to help you make a difference!

Remember, your loved ones want to know how they can fight back, too!

How will you *Stand Up*?

"Your Story" continued from page 1 ▼

What were the symptoms that led you to see a doctor?

The initial complaint that I went to my internist with was a bothersome ankle that became painful, with swelling that occurred and disappeared with seemingly no reason. After x-rays, blood work was performed that then led to my diagnosis. After the diagnosis, I realized that some of the then minor annoyances, such as Raynaud's and peripheral neuropathy, were probably due to the Sjögren's. But it was the swollen joints that first led me to my physician.

What is your main everyday challenge with Sjögren's now?

The daily challenges vary, again with seemingly no reason for the changes. However, there are two major problems that, for me, can be a daily challenge. The first and most frustrating is fatigue. I have learned how to manage it, for the most part, but can never eliminate it. I read either in one of your newsletters or heard at one of your conferences, a hint on managing fatigue that I use almost daily. Divide your day into three blocks of time and never fill more than two of those blocks with activities. If I am going out for the evening, I am resting either in the morning or afternoon. It can be frustrating because my spirit can't always grasp why my body is giving out. It took many years and many days of relentless fatigue before I finally learned how to adapt.

The second most difficult challenge is with my eyes...the dryness. When I was diagnosed, my eyes were a minor concern. I had stopped wearing contacts six months prior to my diagnosis because they were bothering me... I didn't realize then it was the beginning of my eye issues. I am a voracious reader and also spend several hours each day at my computer, so my eyes are always a problem and when I have to stop reading or working, it becomes frustrating and difficult to cope. Living in the North, the cold winters exacerbate many of my symptoms... dry eyes, neuropathy, etc., and the symptoms are always more severe in the coldest of months.

What is the best tip you have learned along the way on coping with your Sjögren's that you would like to share with other Sjögren's patients?

The tip about the fatigue that I mentioned earlier has certainly helped me the most. In addition, I would say to be open to integrative treatments. If possible, find a reputable integrative medical center, preferably attached to a university hospital or larger hospital and explore. Investigate and remain open to acupuncture, anti-inflammatory diet choices, energy work. There may be a treatment that can alleviate some complaint or moderate any pain. Again, remain open.

You attended the National Patient Conference in San Francisco last April 2010. What were your impressions of that conference?

We have attended several of the patient conferences, both the national and the one-day regional conference. At all of them, I have learned from both the presenters and the fellow patients and their families. I believe that knowledge is power, and education is paramount in our medical care and the responsibility for our health and our care is ours in partnership with the medical community. To be informed is to be empowered.

Hearing some of the patients' stories has led me to a place of gratitude, and I remember some of these fellow Sjögren's patients when I have a difficult day and I realize perhaps my day isn't as difficult after all. I encourage all who have never attended a conference or seminar haven't done so recently, to try to do so. Science changes so rapidly that information can evolve within a short period of time.

We know your family is supportive of you as well as the Foundation. What suggestions would you give to others to help encourage family support and involvement?

Again, education is critical. We must tell our families and close friends about Sjögren's and the symptoms we deal with on a daily basis. I learned about the importance of opening dialogue when our son, who is a cancer survivor, was diagnosed with leukemia as a 17-year-old high school senior. Friends, teachers, neighbors hesitated to ask about our son's illness and I

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DRY MOUTH

Learn to manage it 3 ways



Dry mouth associated with Sjögren's is more than just uncomfortable and frustrating. When your body can no longer produce enough protective saliva, you are more likely to have cavities, mouth infections and bad breath. Because dry mouth is an ongoing condition with Sjögren's, it helps to develop an ongoing daily routine in each of the following 3 management areas:

1. Soothing & Moisturizing: While sipping water can help, water doesn't lubricate the way saliva does. For symptom relief throughout the day use a moisturizing liquid or gel that has supplemental proteins and enzymes. Keep a portable moisturizing spray on hand to provide soothing relief on-the-go. For night-time relief, consider a soothing moisturizing gel to help keep your mouth moist.

2. Daily Cleaning: When you don't have enough saliva, food and bacteria can stick to your teeth causing plaque build-up, bad breath, and other problems. Keep your mouth clean by using fluoride toothpaste and a mouthwash without harsh ingredients. Products formulated specifically for dry mouth should be alcohol and detergent (SLS) free so they won't irritate your mouth.

3. Saliva Stimulation: Your saliva not only flushes away odor-causing bacteria, it protects and lubricates your mouth. For oral dryness, stimulate saliva by chewing sugar-free gum containing xylitol.

Only Biotène, with its protein-enzyme formulations, offers products in each of the 3 management areas.

Choose the combination of Biotène products that's right for you.



Soothe & Moisturize
(gel, spray)

Daily Cleaning
(toothpaste, mouthwash)

Saliva Stimulation
(chewing gum)

"SICCA" continued from page 2 ▼

development. Results from those genetic studies are expected to be available in late 2011.

We have published two manuscripts: one describing the SICCA Project and some of its early results¹, and another describing our simplified method for assessing dry eyes (keratoconjunctivitis sicca - KCS).² Additional manuscripts are currently in review: one describes detailed associations of labial salivary gland biopsy microscopic results with the serological and ocular components of Sjögren's syndrome (SS); another manuscript describes the extraglandular diseases associated with SS among SICCA participants (e.g. thyroid, liver, kidney or lung disease or lymphoma). A future SICCA update in this publication will describe these results.

Earlier this year, SICCA began disseminating its specimens and data to scientific investigators. Five completed applications have been received: three have been approved by an external scientific review panel and two are in review. The application process is available on the SICCA website (<http://sicca.ucsf.edu>) including all necessary instructions and forms. It is important to note that the epigenetic study mentioned above is supported by a grant from the Sjögren's Syndrome Foundation.

In 2009, two new SICCA Research Groups opened in the United States. These are located at the Univer-

sity of Pennsylvania, Philadelphia and at Johns Hopkins Medicine in Baltimore, Maryland. There are now three US locations in which patients with diagnosed or suspected Sjögren's syndrome may inquire about or enroll in the SICCA registry. Their contacts are:

University of Pennsylvania, Philadelphia
Kristel Dow, SICCA Project Coordinator
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(215) 615-4306

Johns Hopkins Medicine, Baltimore
Anthony Keyes, SICCA Project Coordinator
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(410) 550-6259

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(415) 476-0535

References:

1. Daniels TE, Criswell LA, Shiboski C, Shiboski S, Lanfranchi H, Yi D, et al. An early view of the International Sjögren's Syndrome Registry. *Arthritis Rheum* 2009; 61:711-714.
2. Whitcher JP, Shiboski CH, Shiboski SC, Heidenreich AM, Kitagawa K, Zhang S, et al. A simplified quantitative method for assessing keratoconjunctivitis sicca from the Sjögren's Syndrome International Registry. *Am J Ophthalmol* 2010; 149:405-415.

"Your Story" continued from page 4 ▼

realized it was up to me to inform them and let them know what we might need, and to tell them it was okay to ask how he and our family were managing. By doing so, we expanded our circle of support, made the entire experience easier, and earned new friends. I have followed that pattern with my Sjögren's. Again, education, education, education.

What is your hope for Sjögren's patients in the next ten years?

My hope is that with the research being done on Sjögren's, its possible cause(s) and new medications, our prognosis will improve and our symptoms will become more manageable. I think we currently classify Sjögren's as an "orphan disease," and I hope that in ten years it will not remain in that category. ■



Jeanne Dale

For patients with Sjögren's syndrome DRY-MOUTH SYMPTOMS DON'T HAVE TO BE SO DISTRACTING.

If you experience dry-mouth symptoms due to Sjögren's syndrome, then you already know how distracting these can be to your daily life. It might be time to ask about EVOXAC® (cevimeline HCl), a prescription treatment that works by stimulating the production of your body's own natural saliva.

Talk to your doctor to see if EVOXAC can help, or visit DiscoverEVOXAC.com.

Please see important information about EVOXAC below.



Important Safety Information

What is EVOXAC?

EVOXAC (cevimeline HCl) is a prescription medicine used to treat symptoms of dry mouth in patients with Sjögren's syndrome.

Who Should Not Take EVOXAC?

You should not take EVOXAC if you have uncontrolled asthma, allergies to EVOXAC or a condition affecting the contraction of your pupil such as narrow-angle (angle-closure) glaucoma or inflammation of the iris.

What should I tell my Healthcare Provider?

- Tell your healthcare provider if you have any of the following conditions:
 - History of heart disease;
 - Controlled asthma;
 - Chronic bronchitis;
 - Chronic obstructive pulmonary disease (COPD);
 - History of kidney stones;
 - History of gallbladder stones
- Tell your healthcare provider if you are trying to become pregnant, are already pregnant, or are breastfeeding.
- Tell your healthcare provider about all medications that you are taking, including those you take without a prescription. It is particularly important to tell your healthcare provider if you are taking any heart medications especially "beta-blockers".
- If you are older than 65, your healthcare provider may want to monitor you more closely.

General Precautions with EVOXAC

- When taking EVOXAC use caution when driving at night or performing other hazardous activities in reduced lighting because EVOXAC may cause blurred vision or changes in depth perception.
- If you sweat excessively while taking EVOXAC drink extra water and tell your health care provider, as dehydration may develop.
- The safety and effectiveness of EVOXAC in patients under 18 years of age have not been established.

What are some possible side effects of EVOXAC?

- In clinical trials, the most commonly reported side effects were excessive sweating, headache, nausea, sinus infection, upper respiratory infections, runny nose, and diarrhea.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch, or call 1-800-FDA-1088.

Please visit www.EVOXAC.com for full Product Information for EVOXAC.

For patients having difficulty affording their Daiichi Sankyo medication, please call the Daiichi Sankyo Patient Assistance Program at 1-866-268-7327 for more information or visit www.dsi.com/news/patientassistance.html.

EVOXAC[®]
(cevimeline HCl) 30 mg Capsules

Please see a brief summary of Important Information for EVOXAC on the next page.

Brief Summary – See package insert for full Prescribing Information.

EVOXAC® Capsules (cevimeline hydrochloride)

INDICATIONS AND USAGE

Cevimeline is indicated for the treatment of symptoms of dry mouth in patients with Sjögren's Syndrome.

CONTRAINDICATIONS

Cevimeline is contraindicated in patients with uncontrolled asthma, known hypersensitivity to cevimeline, and when miosis is undesirable, e.g., in acute iritis and in narrow-angle (angle-closure) glaucoma.

WARNINGS

Cardiovascular Disease:

Cevimeline can potentially alter cardiac conduction and/or heart rate. Patients with significant cardiovascular disease may potentially be unable to compensate for transient changes in hemodynamics or rhythm induced by EVOXAC®. EVOXAC® should be used with caution and under close medical supervision in patients with a history of cardiovascular disease evidenced by angina pectoris or myocardial infarction.

Pulmonary Disease:

Cevimeline can potentially increase airway resistance, bronchial smooth muscle tone, and bronchial secretions. Cevimeline should be administered with caution and with close medical supervision to patients with controlled asthma, chronic bronchitis, or chronic obstructive pulmonary disease.

Ocular:

Ophthalmic formulations of muscarinic agonists have been reported to cause visual blurring which may result in decreased visual acuity, especially at night and in patients with central lens changes, and to cause impairment of depth perception. Caution should be advised while driving at night or performing hazardous activities in reduced lighting.

PRECAUTIONS

General:

Cevimeline toxicity is characterized by an exaggeration of its parasympathomimetic effects. These may include: headache, visual disturbance, lacrimation, sweating, respiratory distress, gastrointestinal spasm, nausea, vomiting, diarrhea, atrioventricular block, tachycardia, bradycardia, hypotension, hypertension, shock, mental confusion, cardiac arrhythmias, and tremors.

Cevimeline should be administered with caution to patients with a history of nephrolithiasis or cholelithiasis. Contractions of the gallbladder or biliary smooth muscle could precipitate complications such as cholecystitis, cholangitis and biliary obstruction. An increase in the ureteral smooth muscle tone could theoretically precipitate renal colic or ureteral reflux in patients with nephrolithiasis.

Information for Patients: Patients should be informed that cevimeline may cause visual disturbances, especially at night, that could impair their ability to drive safely.

If a patient sweats excessively while taking cevimeline, dehydration may develop. The patient should drink extra water and consult a health care provider.

Drug Interactions:

Cevimeline should be administered with caution to patients taking beta adrenergic antagonists, because of the possibility of conduction disturbances. Drugs with parasympathomimetic effects administered concurrently with cevimeline can be expected to have additive effects. Cevimeline might interfere with desirable antimuscarinic effects of drugs used concomitantly.

Drugs which inhibit CYP2D6 and CYP3A4/4 also inhibit the metabolism of cevimeline. Cevimeline should be used with caution in individuals known or suspected to be deficient in CYP2D6 activity, based on previous experience, as they may be at a higher risk of adverse events. In an *in vitro* study, cytochrome P450 isozymes 1A2, 2A6, 2C9, 2C19, 2D6, 2E1, and 3A4 were not inhibited by exposure to cevimeline.

Carcinogenesis, Mutagenesis and Impairment of Fertility:

Lifetime carcinogenicity studies were conducted in CD-1 mice and F-344 rats. A statistically significant increase in the incidence of adenocarcinomas of the uterus was observed in female rats that received cevimeline at a dosage of 100 mg/kg/day (approximately 8 times the maximum human exposure based on comparison of AUC data). No other significant differences in tumor incidence were observed in either mice or rats.

Cevimeline exhibited no evidence of mutagenicity or clastogenicity in a battery of assays that included an Ames test, an *in vitro* chromosomal aberration study in mammalian cells, a mouse lymphoma study in L5178Y cells, or a micronucleus assay conducted *in vivo* in ICR mice.

Cevimeline did not adversely affect the reproductive performance or fertility of male Sprague-Dawley rats when administered for 63 days prior to mating and throughout the period of mating at dosages up to 45 mg/kg/day (approximately 5 times the maximum recommended dose for a 60 kg human following normalization of the data on the basis of body surface area estimates). Females that were treated with cevimeline at dosages up to 45 mg/kg/day from 14 days prior to mating through day seven of gestation exhibited a statistically significantly smaller number of implantations than did control animals.

Pregnancy:

Pregnancy Category C.

Cevimeline was associated with a reduction in the mean number of implantations when given to pregnant Sprague-Dawley rats from 14 days prior to mating through day seven of gestation at a dosage of 45 mg/kg/day (approximately 5 times the maximum recommended dose for a 60 kg human when compared on the basis of body surface area estimates). This effect may have been secondary to maternal toxicity. There are no adequate and well-controlled studies in pregnant women. Cevimeline should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers:

It is not known whether this drug is secreted in human milk. Because many drugs are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from EVOXAC®, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use:

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use:

Although clinical studies of cevimeline included subjects over the age of 65, the numbers were not sufficient to determine whether they respond differently from younger subjects. Special care should be exercised when cevimeline treatment is initiated in an elderly patient, considering the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy in the elderly.

ADVERSE REACTIONS

Cevimeline was administered to 1777 patients during clinical trials worldwide, including Sjögren's patients and patients with other conditions. In placebo-controlled Sjögren's studies in the U.S., 320 patients received cevimeline doses ranging from 15 mg tid to 60 mg tid, of whom 93% were women and 7% were men. Demographic distribution was 90% Caucasian, 5% Hispanic, 3% Black and 2% of other origin. In these studies, 14.6% of patients discontinued treatment with cevimeline due to adverse events.

The following adverse events associated with muscarinic agonism were observed in the clinical trials of cevimeline in Sjögren's syndrome patients:

Adverse Event	Cevimeline 30 mg (tid) n=533	Placebo (tid) n=164
Excessive Sweating	18.7%	2.4%
Nausea	13.8%	7.9%
Rhinitis	11.2%	5.4%
Diarrhea	10.3%	10.3%
Excessive Salivation	2.2%	0.6%
Urinary Frequency	0.9%	1.8%
Asthenia	0.5%	0.0%
Flushing	0.3%	0.6%
Polyuria	0.1%	0.6%

*n is the total number of patients exposed to the dose at any time during the study.

In addition, the following adverse events (≥3% incidence) were reported in the Sjögren's clinical trials:

Adverse Event	Cevimeline 30 mg (tid) n=533	Placebo (tid) n=164	Adverse Event	Cevimeline 30 mg (tid) n=533	Placebo (tid) n=164
Headache	14.4%	20.1%	Conjunctivitis	4.3%	3.6%
Sinusitis	12.3%	10.9%	Dizziness	4.1%	7.3%
Upper Respiratory Tract Infection	11.4%	9.1%	Bronchitis	4.1%	1.2%
Dyspepsia	7.8%	8.5%	Arthralgia	3.7%	1.8%
Abdominal Pain	7.6%	6.7%	Surgical Intervention	3.3%	3.0%
Urinary Tract Infection	6.1%	3.0%	Fatigue	3.3%	1.2%
Coughing	6.1%	3.0%	Pain	3.3%	3.0%
Pharyngitis	5.2%	5.4%	Skeletal Pain	2.8%	1.8%
Vomiting	4.6%	2.4%	Insomnia	2.4%	1.2%
Injury	4.5%	2.4%	Hot Flashes	2.4%	0.0%
Back Pain	4.5%	4.2%	Rigors	1.3%	1.2%
Rash	4.3%	6.0%	Anxiety	1.3%	1.2%

*n is the total number of patients exposed to the dose at any time during the study.

The following events were reported in Sjögren's patients at incidences of <3% and ≥1%: constipation, tremor, abnormal vision, hypertonia, peripheral edema, chest pain, myalgia, fever, anorexia, eye pain, earache, dry mouth, vertigo, salivary gland pain, pruritus, influenza-like symptoms, eye infection, post-operative pain, vaginitis, skin disorder, depression, hiccup, hyporeflexia, infection, fungal infection, sialadenitis, otitis media, erythematous rash, pneumonia, edema, salivary gland enlargement, allergy, gastroesophageal reflux, eye abnormality, migraine, tooth disorder, epistaxis, flatulence, toothache, ulcerative stomatitis, anemia, hypoesthesia, cystitis, leg cramps, abscess, eruption, moniliasis, palpitation, increased amylase, xerophthalmia, allergic reaction.

The following events were reported rarely in treated Sjögren's patients (<1%): Causal relation is unknown:

Body as a Whole Disorders: aggravated allergy, precordial chest pain, abnormal crying, hematoma, leg pain, edema, periorbital edema, activated pain trauma, pallor, changed sensation temperature, weight decrease, weight increase, choking, mouth edema, syncope, malaise, face edema, substernal chest pain

Cardiovascular Disorders: abnormal ECG, heart disorder, heart murmur, aggravated hypertension, hypotension, arrhythmia, extrasystoles, t wave inversion, tachycardia, supraventricular tachycardia, angina pectoris, myocardial infarction, pericarditis, pulmonary embolism, peripheral ischemia, superficial phlebitis, purpura, deep thrombophlebitis, vascular disorder, vasculitis, hypertension

Digestive Disorders: appendicitis, increased appetite, ulcerative colitis, diverticulitis, duodenitis, dysphagia, enterocolitis, gastric ulcer, gastritis, gastroenteritis, gastrointestinal hemorrhage, gingivitis, glossitis, rectum hemorrhage, hemorrhoids, ileus, irritable bowel syndrome, melena, mucositis, esophageal stricture, esophagitis, oral hemorrhage, peptic ulcer, periodontal destruction, rectal disorder, stomatitis, tenesmus, tongue discoloration, tongue disorder, geographic tongue, tongue ulceration, dental caries

Endocrine Disorders: increased glucocorticoids, goiter, hypothyroidism

Hematologic Disorders: thrombocytopenic purpura, thrombocytopenia, thrombocytopenia, hypochromic anemia, eosinophilia, granulocytopenia, leucopenia, leukocytosis, cervical lymphadenopathy, lymphadenopathy

Liver and Biliary System Disorders: cholelithiasis, increased gamma-glutamyl transferase, increased hepatic enzymes, abnormal hepatic function, viral hepatitis, increased serum glutamate oxaloacetic transaminase (SGOT) (also called AST-aspartate aminotransferase), increased serum glutamate pyruvate transaminase (SGPT) (also called ALT-alanine aminotransferase)

Metabolic and Nutritional Disorders: dehydration, diabetes mellitus, hypercalcemia, hypercholesterolemia, hyperglycemia, hyperlipemia, hypertriglyceridemia, hyperuricemia, hypoglycemia, hypokalemia, hyponatremia, thirst

Musculoskeletal Disorders: arthritis, aggravated arthritis, arthropathy, femoral head avascular necrosis, bone disorder, bursitis, costochondritis, plantar fasciitis, muscle weakness, osteomyelitis, osteoporosis, synovitis, tendinitis, tenosynovitis

Neoplasms: basal cell carcinoma, squamous carcinoma

Nervous Disorders: carpal tunnel syndrome, coma, abnormal coordination, dysesthesia, dyskinesia, dysphonia, aggravated multiple sclerosis, involuntary muscle contractions, neuralgia, neuropathy, paresthesia, speech disorder, agitation, confusion, depersonalization, aggravated depression, abnormal dreaming, emotional lability, manic reaction, paranoia, somnolence, abnormal thinking, hyperkinesia, hallucination

Miscellaneous Disorders: fall, food poisoning, heat stroke, joint dislocation, post-operative hemorrhage

Resistance Mechanism Disorders: cellulitis, herpes simplex, herpes zoster, bacterial infection, viral infection, genital moniliasis, sepsis

Respiratory Disorders: asthma, bronchospasm, chronic obstructive airway disease, dyspnea, hemoptysis, laryngitis, nasal ulcer, pleural effusion, pleurisy, pulmonary congestion, pulmonary fibrosis, respiratory disorder

Rheumatologic Disorders: aggravated rheumatoid arthritis, lupus erythematosus rash, lupus erythematosus syndrome

Skin and Appendages Disorders: acne, alopecia, burn, dermatitis, contact dermatitis, lichenoid dermatitis, eczema, furunculosis, hyperkeratosis, lichen planus, nail discoloration, nail disorder, onychia, onychomycosis, paronychia, photosensitivity reaction, rosacea, scleroderma, seborrhea, skin discoloration, dry skin, skin exfoliation, skin hypertrophy, skin ulceration, urticaria, verruca, bullous eruption, cold clammy skin

Special Senses Disorders: deafness, decreased hearing, motion sickness, parosmia, taste perversion, blepharitis, cataract, corneal opacity, corneal ulceration, diplopia, glaucoma, anterior chamber eye hemorrhage, keratitis, keratoconjunctivitis, mydriasis, myopia, photopsia, retinal deposits, retinal disorder, scleritis, vitreous detachment, tinnitus

Urogenital Disorders: epididymitis, prostatic disorder, abnormal sexual function, amenorrhea, female breast neoplasm, malignant female breast neoplasm, female breast pain, positive cervical smear test, dysmenorrhea, endometrial disorder, intermenstrual bleeding, leukorrhea, menorrhagia, menstrual disorder, ovarian cyst, ovarian disorder, genital pruritus, uterine hemorrhage, vaginal hemorrhage, atrophic vaginitis, albuminuria, bladder discomfort, increased blood urea nitrogen, dysuria, hematuria, micturition disorder, nephrosis, nocturia, increased nonprotein nitrogen, pyelonephritis, renal calculus, abnormal renal function, renal pain, stranguary, urethral disorder, abnormal urine, urinary incontinence, decreased urine flow, pyuria

In one subject with lupus erythematosus receiving concomitant multiple drug therapy, a highly elevated ALT level was noted after the fourth week of cevimeline therapy. In two other subjects receiving cevimeline in the clinical trials, very high AST levels were noted. The significance of these findings is unknown.

Additional adverse events (relationship unknown) which occurred in other clinical studies (patient population different from Sjögren's patients) are as follows:

cholinergic syndrome, blood pressure fluctuation, cardiomegaly, postural hypotension, aphasia, convulsions, abnormal gait, hypersensitivity, paralysis, abnormal sexual function, enlarged abdomen, change in bowel habits, gum hyperplasia, intestinal obstruction, bundle branch block, increased creatine phosphokinase, electrolyte abnormality, glycosuria, gout, hyperkalemia, hyperproteinemia, increased lactic dehydrogenase (LDH), increased alkaline phosphatase, failure to thrive, abnormal platelets, aggressive reaction, amnesia, apathy, delirium, delusion, dementia, illusion, impotence, neurosis, paranoid reaction, personality disorder, hyperhemoglobinemia, apnea, atelectasis, yawning, oliguria, urinary retention, distended vein, lymphocytosis

The following adverse reaction has been identified during post-approval use of EVOXAC®. Because post-marketing adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Post-Marketing Adverse Events: Liver and Biliary System Disorders: cholecystitis

MANAGEMENT OF OVERDOSE

Management of the signs and symptoms of acute overdose should be handled in a manner consistent with that indicated for other muscarinic agonists: general supportive measures should be instituted. If medically indicated, atropine, an anti-cholinergic agent, may be of value as an antidote for emergency use in patients who have had an overdose of cevimeline. If medically indicated, epinephrine may also be of value in the presence of severe cardiovascular depression or bronchoconstriction. It is not known if cevimeline is dialyzable.

Ⓡ Only

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Daiichi Sankyo

For additional information
please call toll free:
1-877-437-7763

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What can I do to decrease the chronic fatigue I experience during Sjögren's flare-ups?

Fatigue is a common symptom of Sjögren's. The fatigue may be chronic. In other words, it is persistent or may be more intermittent and considered due to a “flare-up of disease.” Many patients with Sjögren's syndrome also have fibromyalgia, and this condition is a common cause of fatigue.

Regular aerobic exercise that increases your heart rate and good sleep are essential to help with fatigue. Ideally patients should attempt to exercise 30 minutes per day for at least 4-5 days per week. It is important to get enough hours of sleep per night to feel rested or refreshed on awakening. Try not to exercise too close to bed time as this can aggravate sleep. If you snore or make other mouth noises at night such as smacking, snorting or chumping your teeth, be evaluated for sleep apnea. Pacing yourself, especially during “flares” can be helpful.

In terms of medication, Plaquenil often helps energy. I have also used a cousin of Plaquenil in my practice called quinicrine. Quinicrine is a prescription medication which is compounded. DHEA is an over-the-counter supplement or may be compounded with a prescription. I recommend my patients who take DHEA purchase from a compounding pharmacy or a reputable company. The one that I tend to use is out of Massachusetts called Pure Encapsulations. Other treatments that can be used for fatigue off label include antidepressants such as Prozac and Provigil. Talk to your physician about this option.

Scott Zashin, MD

When I'm out walking with my friends, I am always 'huffing and puffing' to keep up with them. My respiratory function tests are all in the normal range. Is this a common symptom of Sjögren's?

Exertional breathlessness should be evaluated. Most primary care physicians should first check lab studies to exclude anemia and thyroid disorders. Then if those are normal, consider breathing function tests (simple spirometry),

chest x-ray, oxygen saturation while walking and an ECG or echocardiogram to exclude a heart issue.

Depending upon those results, a referral to a pulmonologist for more specialized testing (hi-resolution CT scanning, complete pulmonary function testing and formal exercise testing), bronchoscopy or a specialized heart echo to exclude a shunt in the heart could be performed.

These tests are designed to exclude infection, malignancy, or Sjögren's-related interstitial lung disease or bronchiolitis. At our institution, we have an autoimmune lung center which performs these tests in consultation with our pulmonologists and rheumatologists. If necessary, more advanced diagnostic studies are done to yield an explanation before therapy is recommended, as often there is an underlying condition such as asthma or reflux-related lung injury which may be the cause.

A lung biopsy is usually not necessary unless the history or testing suggests another possible explanation such as an allergic environmental condition (hypersensitivity pneumonitis), sarcoidosis or we suspect a malignancy. Often mild lung inflammation responds well to well-tolerated and safe therapy.

Richard T. Meehan, MD

What are the effects of Sjögren's on an individual during pregnancy and post-pregnancy?

With the exception of the Ro/La antibody or phospholipid antibody issue in pregnancy, Sjögren's by itself does not usually present problems in pregnancy. In fact, some increased hormones, like cortisol, may decrease inflammation resulting in less joint pain and other symptoms. Certainly, if an individual is very dry, this is an ongoing discomfort during pregnancy.

When Sjögren's occurs with other autoimmune diseases like SLE (lupus), the lupus process can be associated with various increased risks in pregnancy. In contrast, individuals with rheumatoid arthritis (RA) usually have less joint pain during pregnancy when cortisol (a steroid) is elevated.

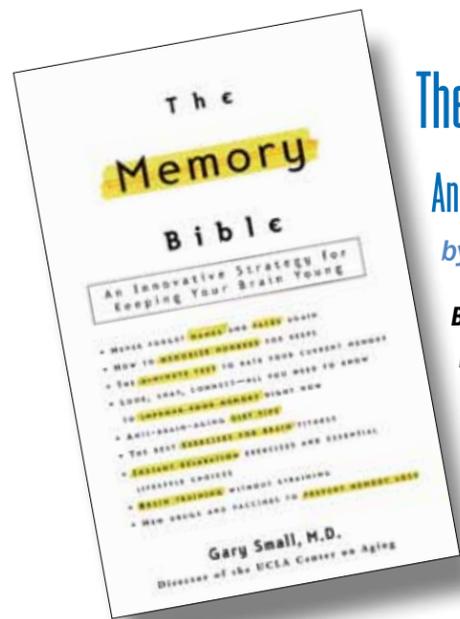
Ro/La antibodies can be associated with neonatal lupus and congenital heart block. An excellent review of this topic appeared in the Summer *Sjögren's Quarterly* by Jill Buyon, MD at New York University in NY City. Brief highlights include:

- 60% of Sjögren's patients have Ro and 40% have La, but only 2% experience neonatal lupus or congenital heart block
- 18% who experience congenital heart block will experience it with the next pregnancy

Phospholipid antibody can be seen in Sjögren's (~20%) but is more often looked for in lupus patients or in setting of recurrent miscarriage. This antibody can be associated with miscarriages in the second trimester or blood vessel clotting problems.

I recommend all patients with known Sjögren's know their SSA/B and phospholipid antibody status prior to conceiving

continued page 10 ▼



The Memory Bible:

An Innovative Strategy for Keeping Your Brain Young

by Gary Small, MD

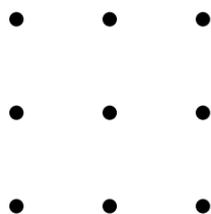
Brain Exercise

In his book, *The Memory Bible*, Dr. Gary Small recommends we practice a form of “mental aerobics” as a way to stimulate our brains without stressing them.

In the book there are several pages of varying levels of mental aerobic exercises that help stimulate either the left or right side of your brain or both sides.

The left side of your brain tends to handle more of the logical analysis as well as mathematics, reading, writing and speech. The right side of your brain handles more spatial relationships (e.g. reading maps or doing puzzles) and other more artistic abilities.

Below are two examples of intermediate exercises, one for the left side of your brain and the other for the right side. (Answers can be found on page 10.)



Right Brain Exercise:

Look at the dots on the left. Without lifting your pencil, draw four straight connected lines through all nine dots, only going through each dot once.

Left Brain Exercise

Can you think of a word that begins with the letters ‘BR,’ and when you add the letter ‘E’ after those letters, it creates a new word that sounds the same as the original?

These books can be purchased using the order form below, online at www.sjogrens.org or by contacting the Sjögren’s Syndrome Foundation office at (800) 475-6473.

	Non-Member Price	Member Price	Qty	Amount
The Memory Bible: An Innovative Strategy for Keeping Your Brain Young	\$16.00	\$13.00		
<i>Maryland Residents add 5% sales tax</i>				
Shipping and Handling:	U.S. Mail: \$5 for first item + \$2 for each additional item			
	Canada: \$8 for first item + \$2 for each additional item			
	Overseas: \$18 for first item + \$2.50 for each additional item			
Total Amount				

Mail to SSF, BB&T Bank · PO Box 890612 · Charlotte, NC 28289-0612 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 US bank, net of all bank charges) payable to SSF.

MasterCard VISA Discover AmEx Card Number _____ Exp. Date _____
 Signature _____ CC Security Code _____

in memoriam

In Memory of Billie Margaret Wagner
John & Beth Morrison

In Memory of Carol Friess
Kenneth & Joni Lahmann

In Memory of Diane Weiner
Evan & Leslie Langbein

In Memory of Gladys Beach
Charlotte Beach Hankins

In Memory of Isabel “Babe” Daldos
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In Memory of Mary Case
James & Sondra Foy
Rose Meise
Sandy Coleman
Betty Johnston
Mr. & Mrs. Baxter Breaux
Doris Fischer

In Memory of Tillie Zaid
Sandy & Bob Leon

in honor

In Honor of Barbara Hyler
Jo Ludwig

In Honor of Betsy Hixon
Andrew Hixon

In Honor of Louise Hillery
The Family of Tom Spofford

In Honor of Our Mom - Catharine Claiborne
Jaka, Yvie & Kaizer Claiborne

In Honor of The 71st Birthday of Jackie Hill
Michael Hill

In Honor of The Birthday of Dr. Steven Carsons
Lynn-Anne & Stuart Spitzer



2011 SSF National Patient Conference

"Your Passport To Learning"

April 1-2, 2011
Hyatt Regency Reston
Reston, Virginia



As a Sjögren's patient, it's easy to feel confused or overwhelmed by the abundance of information available about the illness and how it affects your body. But here is *Your Passport to Learning* for an educational journey to take control of your health and day-to-day living by learning from the best minds dealing with Sjögren's. This April, join fellow Sjögren's patients and their family members as well as healthcare professionals and other experts who specialize in Sjögren's at the 2011 SSF National Patient Conference in Reston, Virginia (just outside of Washington, DC).

SSF programs are the best Sjögren's patient education opportunities in the country. They have helped thousands gain a better understanding of Sjögren's and will help you, too. This two-day event will feature an array of presentations from the country's leading Sjögren's experts – physicians, dentists, eye care providers, and researchers – who will help you understand how to manage all key aspects of your disease. Presentation topics will include:

Overview of Sjögren's Syndrome

- OB-GYN Issues and Sjögren's
- Lung Complications
- Dry Eye and Dry Mouth Issues

How to Find a Healthcare Professional

Aching Joints, Fatigue and Sjögren's

Neurological Manifestations

- Vitamin D Deficiency in Autoimmune Disease
- Sjögren's Survival: A Patient Perspective
- Overlapping Major Connective Tissue Diseases

Research Update

So this April 1-2, we invite you to pick up *Your Passport to Learning* and experience an amazing opportunity to heighten your understanding of Sjögren's at the 2011 National Patient Conference in Reston, Virginia!

Call 1-800-475-6473 or visit www.sjogrens.org today to receive the latest information.

Space is limited. Please register early!

Registration Form

Registration fees include: Lunch each day, snacks and beverages, Friday evening dinner, hand-out material from speakers and entrance to exhibit area on Friday and Saturday.



2011 NATIONAL PATIENT CONFERENCE
RESTON, VIRGINIA — APRIL 1-2, 2011

1 ATTENDEE – complete for each registrant

Attendee Name(s) _____
Attendee Name(s) _____
Street Address _____
City _____ State _____ Zip _____
Telephone _____ E-mail _____

2 FEES – please circle appropriate fee(s) (Note: Early Bird Deadline is March 7, 2011)

	March 7th and before	March 8th and after
SSF Members & Guests	\$165 per person	\$185 per person
Non-Members	\$190 per person	\$210 per person
TOTAL:		

3 PAYMENT – Mail to SSF, c/o BB&T Bank · PO Box 890612 · Charlotte, NC 28289-0612 or Fax to: 301-530-4415

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 SSF.
 MasterCard VISA AmEx Card Number _____ Exp. Date _____
Signature _____ CC Security Code _____

- Refund requests must be made in writing. Registrants whose written requests are received by March 18th will receive a 75% refund. After that time, we are sorry that no refunds can be made.
- Dietary Requests: Unfortunately, we cannot accommodate all special dietary requirements. We can accommodate vegetarian or gluten-free dietary requests. If you require a vegetarian or gluten-free meal option, please contact Stephanie Bonner at the SSF office (800-475-6473 ext. 210) by March 23rd.
- A limited number of rooms are available at the Hyatt Regency Reston (1800 Presidents Street, Reston, Virginia 22090) at the SSF rate of \$129 per night plus tax if reservations are made by March 8, 2011. Call the toll-free hotel reservation number at 888-421-1442 or call the Hyatt Regency Reston directly at 703-709-1234 and refer to the group name "Sjögren's Syndrome Foundation" for the discounted rate.
- The Hyatt Regency Reston provides a complimentary shuttle service to/from the Dulles International Airport.

QUESTIONS? Call 800-475-6473 or visit www.sjogrens.org

The Moisture Seekers

Sjögren's Syndrome Foundation Inc.
6707 Democracy Blvd., Ste 325
Bethesda, MD 20817

Phone: 800-475-6473

Fax: 301-530-4415

Spring 2011 Sjögren's Syndrome Foundation Special Event Calendar

The SSF is very excited for all of our events coming this Spring. Look at our special event calendar below to see if there is a *Walkabout* or *Sip for Sjögren's* coming to your area.

Visit www.sjogrens.org or contact the SSF office to learn more about our events!

February

- 12** *Sarasota-Bradenton Walkabout*
DeSoto Square Mall, Bradenton, Florida
- 13** *Orlando Walkabout*
Waterford Lakes Town Center, Orlando, Florida
- 26** *Phoenix Walkabout*
Paradise Valley Mall, Phoenix, Arizona

April

- 1&2** *National Patient Conference*
Hyatt Regency Reston, Reston, Virginia
- 2** *GWR Walkabout - Reston*
Reston Town Center at the Reston Hyatt,
Reston, Virginia
- 10** *Sip for Sjögren's - Atlanta*
Nelson Mullins, Atlantic Station, Atlanta, Georgia
- 30** *Team Sjögren's - Nashville Country Music Marathon*
Nashville, Tennessee

May

- 7** *Philadelphia Walkabout*
Philadelphia Zoo, Philadelphia, Pennsylvania
- 10** *Sip for Sjögren's - Harrisburg*
West Shore Country Club, Harrisburg, Pennsylvania
- 18** *Sip for Sjögren's - Akron*
Mustard Seed Market & Cafe, Akron, Ohio

June

- 11** *Denver Area Walkabout*
Denver Zoo, Denver, Colorado

To Be Announced

- Dallas Walkabout*
- Detroit Walkabout*
- Long Island Walkabout*
- San Antonio Walkabout*
- Sip for Sjögren's - San Diego*

