



COHORT Community

A newsletter for participants and their families

VOLUME 3

SPRING 2008

SPECIAL POINTS OF INTEREST:

Family History

Why is it so important?

In the News

Recent developments

What is informed consent?

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COHORT celebrates its second anniversary !!

Dear COHORT Participants

Valentine's Day 2008 marked the 2nd year anniversary of the COHORT study. This was the day when our very first participant was enrolled. In just two years, over 1200 people have joined COHORT. This is a remarkable achievement and we would like to extend our warmest thanks to you all for your continued commitment to COHORT and for dedicating your time to launch and sustain the study. COHORT builds on the strong collaborative relationships that have been nurtured among scientists, clinicians and the HD community. It's this cooperative spirit and a commitment to HD research that will lead to a better understanding of HD. Clinical trials are the most important tool we have to gather information and gain a deeper

understanding of genetic disease. COHORT (Cooperative Huntington's Disease Observational Research Trial) was designed to collect a large database of clinical information such as family history and biological samples that will be used to study HD. The study is sponsored by



Ira Shoulson, MD, the Principal Investigator for COHORT

CHDI Inc. and HP Therapeutics Foundation Inc., foundations that brings together researchers who are exploring new treatments for HD. It was planned and is overseen by the Huntington Study Group (HSG), a consortium of 81

sites throughout the United States, Canada, Europe and Australia whose mission is to improve treatments for HD. The HSG has carried out several studies involving tens of thousands of individuals affected by HD. This is a significant accomplishment and reflects the HD community's dedication and support of research efforts to discover more effective treatments for this disease. Our dedicated staff at the Clinical Trials Coordination Center in Rochester, NY, help to ensure COHORT runs smoothly. We hope you enjoy reading this newsletter which has been created to bring you up-to-date news on COHORT. We look forward to your continued support in the years ahead.

Enrollment Reaches 1270

Ira Shoulson

The Importance of Family History

The collection of family history information is a crucial aspect of the COHORT study. Many of you taking part in COHORT have already provided valuable information on your family's history of HD. We are grateful for the time you have taken to complete these questionnaires. The information you provide to your study coordinator. If you did not choose to participate at your initial visit and will help us change your mind at any time throughout the study, you can still participate. Please feel free to contact your coordinator throughout the year if you have any questions or concerns.



Biomarkers for HD *What are they?*

In medicine, a **biomarker** is an indicator of a particular disease state and can suggest a change in expression of a protein that correlates with the risk or progression of a disease, such as HD, or with the responsiveness of the disease to a given treatment. Once a proposed biomarker has been shown to correlate with a particular disease, it can be used to diagnose the risk of developing a disease, like HD in an individual, or to tailor treatments for the dis-

ease (choices of drug treatment). In studying potential drug therapies, a biomarker may be used as a natural endpoint. What this means is if a biomarker increases as the disease progresses and a particular treatment is shown to decrease that biomarker, then this may suggest that the treatment could be beneficial to those with HD. Observational trials such as COHORT are actively involved in searching for and validating biomarkers for HD. Examples of the most common types of sam-

ples used to search for these biomarkers are blood and urine samples. As a participant in COHORT, you have the option of participating in this effort by consenting to the collection of blood and/or urine samples which will be sent to our biological storage facility, Coriell. These samples will prove invaluable to future scientific research aimed at identifying and developing useful biomarkers and effective treatments for HD.

Linking participants across multiple HSG Studies

Linking data collected from all HD studies that an individual has participated in, is a powerful tool for tracking an individual's disease progression over time. Being able to gather such a large volume of information on HD is enormously valuable in designing future clinical trials and therapeutic treatments. In order to undertake this mammoth task we need a way of identifying participants who have

taken part in prior HD studies. The Clinical Trials Coordination Center (CTCC) has developed a system to track participants across these studies in a way that provides anonymity. When a participant consents to a study, they are given a 9 digit Unique ID Number which replaces any personal information. This number remains the same across all HSG studies that they participate in.

Although some older studies did not use this unique ID number, with permission, we hope in the future to be able to link an individual's data from these older studies to COHORT by gathering other types of information from the participant such as the name of the study, the name of the study drug or the approximate year the study took place.

“ Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.”

By Margaret Mead

Behind the scenes

To give you an idea of the size of this study, here are some statistics about COHORT.

- There are a total of 43 sites spanning three countries and two continents
- There are ~196 site staff (Coordinators, Investigators, Clinical support staff) working in COHORT, not including all the support staff at the CTCC who coordinate the study (see page 7 for more details on the CTCC).
- We have already collected over 30,000 pieces of individual data from the study in the past two years

IN THE NEWSrecent developments

INAUGURAL HD CLINICAL RESEARCH SYMPOSIUM

The inaugural HSG Clinical Research Symposium took place December 1st, 2007 in Boston, MA. This was the first time that an HSG meeting was open to the entire HD community. Participants from all walks of life, researchers, doctors, families and patient advocacy groups attended. The highlight of the conference was undoubtedly the first keynote speaker, Katie Moser, a physical therapist from Terence Cardinal Cooke Health Care Center who was diagnosed at the early age of 23 years, as carrying the HD gene. Katie shared her experiences about living with HD and received a standing ovation from the attendees. Dr Robert Pacifici from CHDI Inc., provided an update on the latest drug developments. Several of the HSG study investigators gave updates on the current clinical trials in progress. The symposium was well received by everyone. The 2nd annual symposium has already been scheduled for November 2008, in Florida (see page 7 for more details on upcoming meetings). If you want to read more about Katie Moser, her article is published in the New York Times at:

<http://www.nytimes.com/2007/03/18/health/18huntington.html?pagewanted=6&r=1>.

A more comprehensive overview of the inaugural symposium is available on the HSDA website (see page 7 for more information). Abstracts from this conference are also available at:

<http://www.journals.elsevierhealth.com/periodicals/nurt/editorschoice>.

TETRABENAZINE IS RECOMMENDED AS A TREATMENT FOR HD.

On December 6th, 2007, an advisory committee to the US Food and Drug Administration (FDA) voted unanimously to recommend the approval of tetrabenazine to treat motor symptoms associated with Huntington's Disease. If approved this will be the first drug on the market to treat HD. Although the FDA is not required to follow the advice of these independent advisory committees, they usually do. This is an important breakthrough in HD treatment and reflects the hard work and effort put forward by the HD community.

The Consent Process *Are you informed?*

What is Informed Consent?

Informed consent is the process of giving you all of the information that you need to make an informed decision about a research experiment. Researchers help you in this process by clearly and accurately describing what the clinical trial involves.

What is the informed consent document?

- A written description of what will happen in the study
- In some clinical trials, the informed consent document may be several pages, but you should read it carefully
- Only when you understand it fully should you join a clinical trial

- If parts are complicated or unclear, ask for clarification until you are satisfied
- Keep a copy of the document because you may have questions later

Informed consent consists of several parts:

- Researchers provide all of the information in writing in the informed consent document.
- You review the information and ask as many questions as you need
- You decide whether to join and sign the consent form
- You receive a copy of the signed informed consent document

"Protecting your confidentiality is of the utmost importance to the integrity of the COHORT study"

Family Profile The W family

Those of us working with Huntington Disease (HD) families hear incredible stories on a daily basis. We are confronted with amazing accounts of love and advocacy. We are saddened by stories of loss, sorrow and lack of resources. Of these amazing families I have come to know, I would like to tell you about one of them. The W family is made up of 5 beautiful daughters. Of the 4 who have tested, all have been positive for the HD mutation. Like so many families, they

desire to be active in the fight against HD. Of these sisters, one is a participant in another HSG study. One is in the very end stages of her disease process. One has yet to become involved in research. Two of these sisters are participants in COHORT, including the one who has yet to test. Participation in this study began when the gene-positive asymptomatic sister contacted me. She was thinking about getting involved in research but wasn't sure what she could do since she didn't have symptoms yet. We discussed COHORT and as I shared with her the inclusion criteria, she became excited

because her untested sister could participate with her! In addition to enrolling in COHORT, I also talked to her about brain donation. Within weeks, I received in the mail paperwork for brain donation from all five sisters! To date, two of the sisters have enrolled in COHORT. They willingly participated in the optional repository and FHQ. I suspect I have not heard the last of this amazing family!

**By Stacey K. Barton, MSW LCSW
Clinical Coordinator
Washington University, MO**

Frequently Asked Questions about COHORT

Who is eligible to participate?

For those 18 years of age and older the following individuals may participate:

- Individuals who have HD or tested positive for the HD gene.
- Parents, children, and siblings of individuals who have HD or tested positive for the gene.
- Grandparents and Grandchildren of those individuals participating in COHORT who have HD or tested positive for the gene.
- Spouses of those individuals participating in COHORT who have HD or tested positive for the gene.
- HD family members who have tested negative for the HD gene. These individuals must have a family member who has HD or tested positive for the gene participating in COHORT to be included.
- For those under the age of 18, only individuals who have HD are eligible to participate.

• **What will happen at each visit?** Each person will have a clinical evaluation, which includes standard tests to evaluate movement, mental function, and psychological and behavioral features of HD. For those subjects 18 years of age and older, blood will be drawn to test for the HD gene.

Individuals over the age of 18 may also participate in the following optional procedures:

- Collection of family history information.
- Collection of Biological Specimens. Blood will be collected at each visit and stored in a specimen repository.
- Urine will be collected at either the 2nd, 3rd, or 4th study visit and stored in a specimen repository.

When are the study visits?

Each person that participates in COHORT will have one visit per year.

Are there any risks?

You may experience anxiety or psychological discomfort while completing the clinical evaluation, psy-

chological, or the family history questionnaire. Drawing blood may cause pain and/or bruising where the blood is drawn.

Is there any benefit?

There is no direct health benefit from participation in COHORT. You may provide information that could be useful to our understanding of HD.

What if I don't want anyone to know I am participating in this study?

Confidentiality is a central concern in the COHORT study. We have designed this study to protect the confidentiality of those participating.

Will I receive the results of tests performed during COHORT?

Since COHORT is a research study, all research results will be kept in a separate research chart and this information will not be available to you. If you decide to have the test for the HD gene, neither you nor the investigator or coordinator at your site will receive your individual test result.

'there is no limit to the number of people who can enroll in COHORT'

'The very greatest things - great thoughts, discoveries, inventions - have usually been nurtured in hardship, often pondered over in sorrow, and at length established with difficulty.'

Samuel Smiles.

Other HSG Studies Currently Enrolling

- **PREDICT: Neurobiological Predictors of HD:** This study follows individuals who have tested gene positive for HD but are asymptomatic. The purpose of the proposed research is to examine markers of disease onset and progression in the period leading up to the diagnosis of HD.
- **2-CARE: Coenzyme Q10 in Huntington's Disease:** This trial has been funded by the National Institutes of health (NIH) to conduct a phase III, placebo controlled study of Co-Enzyme Q10 (CoQ) in HD. The objective of 2CARE is to investigate the efficacy and long-term safety of high dose CoQ treatment in slowing functional decline in early HD participants, and also to examine the long-term safety of CoQ in this population.
- **RESPOND-HD: An Examination of Responses to Potential Discrimination from Individuals at risk for HD:** This trial will examine the experiences of individuals who have undergone genetic testing for HD or who have a family history of HD. It will evaluate the social, ethical and legal issues resulting from being at risk for HD and/or testing positive for HD. This study will recruit people who are participating in PHAROS or PREDICT.

Using COHORT as an Entry Point to Clinical Research

Families affected by Huntington Disease (HD) have long been among the most generous in terms of participation in clinical research and observational studies. As I work to recruit individuals for the various HSG trials at our site, I am conscious that I don't have the difficulty my counterparts working in Parkinson's Disease, Tourette's and other movement disorders do. Yet I am also aware that for individuals, making the first attempt at participating in these studies is a notable time for them. Often this requires a progression or alteration of their acceptance of the disease in the family, their own risk, or their own symptomatic status. Sometimes, it is overwhelming just to manage the logistics of getting away for a few

hours, especially when they have work or caregiving responsibilities that require their time and attention. For some families, the hours-long drive is a barrier. For others, it is negotiating the imposing medical center, the parking garage blocks away, the traffic and construction that somehow never seems to end. Yet day after day, in medical centers all over this country and all over the world, these remarkable families offer their time, their emotional privacy, and literally their bodies to HD research.

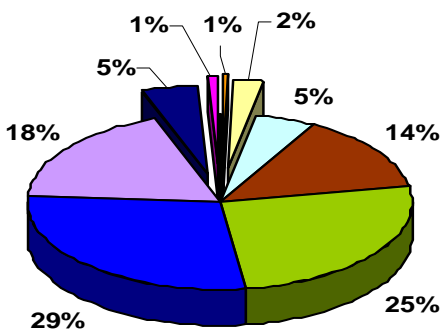
For some, a study like COHORT is an ideal first attempt at research participation. Participants can get a feel for the consent process, what research is like, who are the PIs and Coordinators they will be working

with, and how they will feel about participating, all in a relatively non-invasive manner. For people who do not also receive care from our institution, it is a great entry point into being "known" to us so they can be approached for drug trial participation. For many, COHORT is a way of fighting HD without having to be symptomatic or even know their genetic status. In this way, the family disease that is HD can truly be fought by nearly the whole family – patients, spouses, siblings, children. We can all participate together and fight HD together.

**By Stacey K. Barton, MSW LCSW
Clinical Coordinator
Washington University, MO**

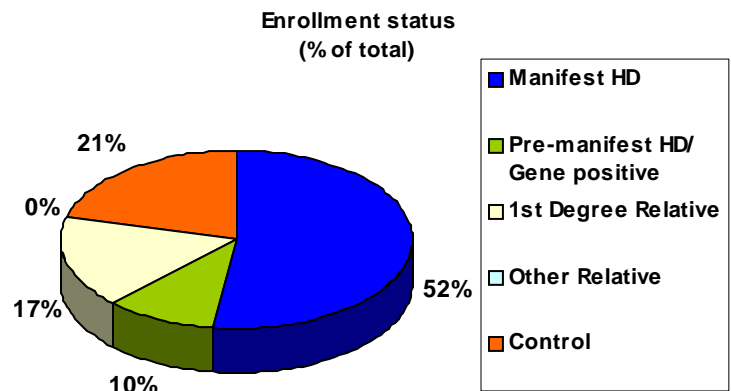
COHORT Demographics

Who's taking part?



Age Demographics

- 10-14 yrs
- 15-19 yrs
- 20-24 yrs
- 25-29 yrs
- 30-39 yrs
- 40-49 yrs
- 50-59 yrs
- 60-69 yrs
- 70-79 yrs
- 80+ yrs

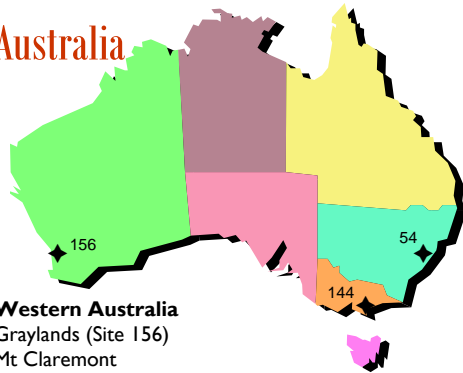


Enrollment status (% of total)

- Manifest HD
- Pre-manifest HD/ Gene positive
- 1st Degree Relative
- Other Relative
- Control

	Mixed	Other	Caucasian	African Black	Asian	American Black	American Indian/ Alaska native	TOTAL
Male	6	0	521	1	8	8	4	548
Female	7	3	679	2	7	19	5	722

Australia



Western Australia
Graylands (Site 156)
Mt Claremont
61-8-9347-6464

Victoria
St. George's Hospital,
Kew (Site 144)
61-3-9272-0436
61-2-9845-6793

New South Wales
Westmead Hospital,
Wentworthville
(Site 54)
61-2-9845-9139

Canada



Quebec
Hôtel-Dieu Hospital-CHUM,
Montreal (Site 89)
(514) 890-8123

British Columbia
University of British Columbia,
Vancouver (Site 48)
(604) 822-7928

Alberta
University of Calgary
Calgary (Site 30)
(403) 210-8548

Ontario
The Centre for Addiction and
Mental Health
University of Toronto, Markham
(Site 39)

New York
Albany Medical College
Albany (Site 37)
(518) 452-0914
Columbia University,
NYC (Site 2)
(212) 305-2387
University of Rochester
Rochester NY (Site 1)
(585) 341-7519

North Carolina
Wake Forest University School of Medicine
Winston-Salem (Site 42)
(336) 716-7548
Duke University, Durham (Site 119)
(919) 684-0069

Ohio
Ohio State University
Columbus (Site 20)
(614) 688-8672
University of Cincinnati/Cincinnati Children's
Hospital, Cincinnati (Site 89)
(513) 475-8730

Pennsylvania
University of Pennsylvania
Philadelphia (Site 18)
(215) 829-8560
University of Pittsburgh
Pittsburg (Site 168)
(412) 692-4916

Tennessee
University of Tennessee Health Sciences
Center
Memphis (Site 47)
(901) 448-1662

Texas
Baylor College of Medicine
Houston (Site 7)
(713) 798-7438
University of Texas Medical Branch
Galveston (Site 145)
(409) 747-4567

Virginia
University of Virginia,
Charlottesville (Site 11)
(866) 290-4528

Alabama

University of Alabama
at Birmingham, AL
(Site 57)
(205) 996-7865 or
1-888-309-HUNT (4868)

California

University of California
Davis Medical Center (Site 61)
(916) 734-6278
University of California
LA Medical Center (Site 50)
(310) 794-1225
University of California
San Diego (Site 51)
(858) 622-5854
University of California
San Francisco (Site 73)
(415) 502-2163

Colorado

Colorado Neurological Insti-
tute,
Littleton (Site 52)
(303) 762-6674

Connecticut

University of Connecticut
Health Center, Farmington
(Site 97)
(860) 679-4441

Florida

University of Miami
(305) 243-3647 (Site 14)
University of South Florida,
Tampa
(813) 974-6022 (Site 19)

Georgia

Emory University,
Atlanta (Site 32)
(404) 728-4956

Medical College
of Georgia,
Augusta (Site 35)
(706) 721-2798

Illinois

Rush University Medical Center
Chicago (Site 5)
(312) 563-2900
University of Chicago,
Chicago (Site 81)
(773) 834-1688

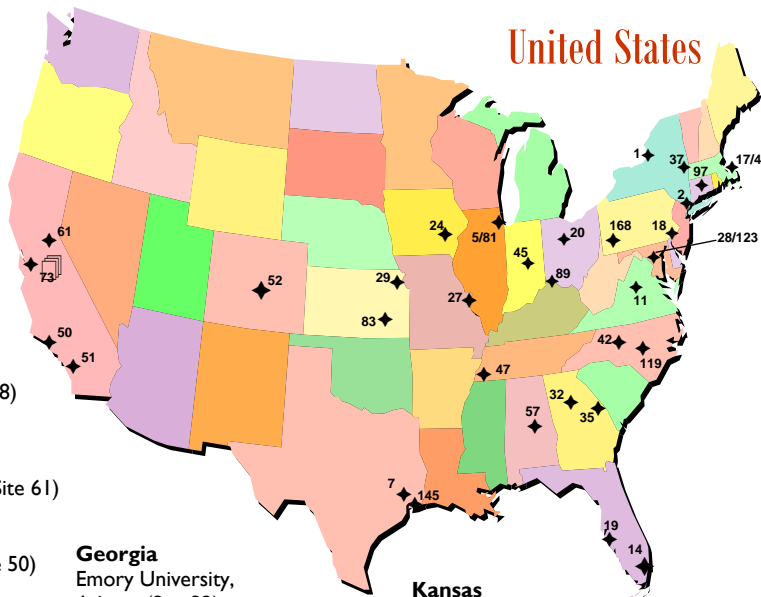
Indiana

Indiana University,
Indianapolis (Site 45)
(317) 274-5744

Iowa

University of Iowa
Iowa City (Site 24)
(319) 353-4307

United States



Kansas

Hereditary Neurological Disease
Center, Wichita (Site 83)
(316) 721-9250 or (888) 232-4632
University of Kansas
Kansas City, (site 29)
(913) 588-6983

Maryland

Johns Hopkins University
Baltimore (Site 28)
(410) 955-1349
University of Maryland
Baltimore (Site 123)
(410) 328-2294

Massachusetts

Boston University (Site 40)
(617) 638-7704
Massachusetts General Hospital
Charlestown (Site 17)
(617) 724-2227

Minnesota

Hennepin County Medical Center
Minneapolis (Site 071)
(612) 873-2943



CLINICAL TRIALS
COORDINATION
CENTER

The **Clinical Trials Coordination Center (CTCC)** is a research unit based in the Department of Neurology at the University of Rochester in Rochester NY. Under the direction of Ira Shoulson MD, Cindy Casaceli, Robert Holloway MD, PhD and Steve Schwid MD, the CTCC has fostered multi-institutional academic research since 1986. It functions to develop, manage and report on controlled clinical trials and supports a full array of services essential to clinical trial services for industry, foundations and government sponsors. It has conducted and managed over 80 clinical trials in the US, Canada, Europe and Australia for the Parkinson Study Group (PSG), the Huntington Study Group (HSG), the Tourette's Syndrome Study Group (TSSG), the Dystonia Study Group (DSG), the Epilepsy Study Group (ESG) and the HIV Dementia Consortium. These study groups are comprised of more than 350 academic investigators. For more information go to <http://www.ctcc.rochester.edu/>

Useful Links

Huntington's Disease Society of America

www.hdsa.org or
contact HDSA toll free at 1-800-345-HDSA

Huntington Society of Canada

www.huntingtonsociety.ca or
contact HSC at 1-800-998-7398

Huntington's Disease Lighthouse

www.hdlighthouse.org

Huntington's Disease Advocacy Center

www.hdac.org

The Huntington Project

www.huntingtonproject.org

HOPES: Huntington's Outreach Project for Education at Stanford

www.stanford.edu/group/hopes/

International Huntington Association

www.huntington-assoc.com

National Institute of Health Clinical Trials

<http://clinicaltrials.gov/>

Hereditary Disease Foundation

www.hdfoundation.org

Huntington Study Group

www.Huntington-Study-Group.org



Upcoming Meetings

USA



The 23rd Annual Huntington's Disease Society of America (HDSA) Convention, will be held **June 6-8, 2008** in Pittsburgh, PA. If you have any questions, please contact the HDSA for more information.



The 2nd Annual HD Clinical Research Symposium, St. Pete's Beach, **November 15, 2008**

CANADA



HSC National Conference 2008 will be held **October 30th - November 2nd 2008** in Charlottetown, Prince Edward Island, CA

WORLD



World Congress on Huntington's Disease (WCHD) conference will be held in Vancouver, British Columbia, Canada **September 12-15, 2009**.

Sponsored by

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&
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Implemented and overseen by

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