SPRING 2011

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SPRING 2011 The Newsletter of Macula Vision Research Foundation

SupportSightNEWS

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IN THIS ISSUE

A MESSAGE FROM MVRF FOUNDERS

Dear Friends,

Our Executive Director, Lea Bramnick has announced her decision to retire. During the past 12 years, MVRF has grown and matured under Lea's leadership. We've provided over $14 million for groundbreaking research, created a national network of support groups and hosted 10 international medical research conferences.

MVRF will continue to serve the community through a seamless transition of leadership. It is our pleasure to announce our new Executive Director, Keith A. Lampman. Keith comes to us with diverse expertise and executive level experience. Most recently, Mr. Lampman was the Senior Development Director for the National Brain Tumor Society. Prior to this position, he was the Executive Director of Columbia Memorial Hospital Foundation and has held executive level positions in banking for 13 years.

We are thrilled to welcome Keith to our team. He brings a broad knowledge of disease specific fundraising and has proven success in increasing the visibility and efficacy of non-profit organizations. Keith is looking forward to continuing the good work Lea has done and is prepared to lead MVRF in improving the quality of life for those affected by retinal diseases and, ultimately in finding a cure.

Please join us in thanking Lea for her years of outstanding service to the macular degeneration community and in welcoming Keith to the foundation.

Karen and Herb Lotman

Karen and Herb Lotman

MACULAR DEGENERATION AND CHANGING THE WAY YOU THINK

By: Betty Mathews, DrPh

I have had macular degeneration for almost 10 years. I learned that when macular degeneration is the diagnosis, the shock and disbelief are overwhelming. The mind overflows with questions such as “why me?” or “what if?” Don’t go there. Your thoughts may be drawn to the past when life seemed easier, colors brighter and sounds more musical. Don’t go there. The past has gone and the future never comes. It is only the present in which life is lived. An enriched present can be yours. It is merely waiting for you to take charge and to make it as easy and as colorful as it used to be. You can still have a beautiful life, but you will need to prepare yourself with the right tools, develop the skills you will require and above all, you will need to change the way you think about everyday living tasks and the way you think about yourself.

The first step is to begin the difficult task of changing your focus from the ways you did things in the past to the goals you wish to achieve. That is, the focus is not on seeing, but on reading. The focus is not on cooking but on eating, not on driving but on getting where you need to be. So you take the bus, taxi or have a friend drive you. The focus is always on the goal, not the way things used to be or the way you did things before your vision changed.

Once your thinking is on goals first, it’s time to explore new or different ways to reach each goal given the reality of low vision. It often requires giving up many of the old familiar, often cherished ways of living. For example, assume that the family has always come to your house for Thanksgiving dinner and they are coming this year. You have always made a cranberry relish, it’s your specialty. The goal is still to have cranberries at dinner. The question is, within the reality of your vision what is the best way to achieve the goal? No matter what the answer, it will not be the cranberry dish you have prepared for years. Given that, you might as well buy cranberries in a can from the store. That may seem a distasteful idea to you, but if you concentrate on the goal as more important than the means, and the goal is to have cranberries at the dinner, then you accept the fact that you can no longer see well enough to shred cranberries. However, you can still have cranberries at Thanksgiving dinner. The goal with the highest priority is to have the holiday dinner with family and friends together.

Discarding the familiar, the tried and true, and cherished ways you have lived is extremely difficult. You really do not want to change those things about your life or about yourself. However, the life that awaits you is the life you build by your commitments to being open to all that is there for you.

Changing the way you think means having the same goals you’ve always had, but reaching them in different ways. As you learn new and successful ways to achieve your goals, you will discover that

you are thinking not negatively about yourself, but positively. You are successfully solving the difficult task of living well with macular degeneration and experiencing satisfactions in your life you may not have expected.

These words describe experiences that many of us have shared. If you're thinking:

"This is Polly Anna rhetoric. You do not understand; I am legally blind!"

Yes, I know. I am legally blind also.

My question to you is, "What is your alternative?" Think about it. I did. I found no satisfactory answer.

About the author:

Betty Mathews is a Doctor of Public Health (DrPH) and Professor Emeritus, Behavior and Health Education, University of Washington. She is 88 years old, has macular degeneration, lives alone and maintains her home in Green Valley, Arizona. She cooks for herself and Sasi, a toy poodle.

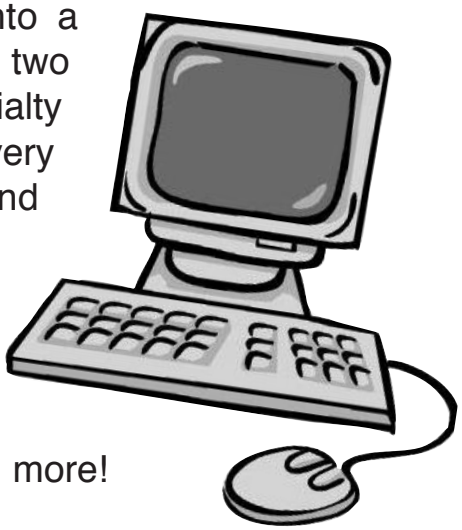
In December 2002, she was driving home from the market when the white lines in the street began to "square-dance." Since then, she has been legally blind.

VISIT US AT WWW.MVRF.ORG

You asked for it and we delivered! We know how difficult it can be to attend our seminars, so we are bringing the seminars to you.

This past January, we launched our brand new website, which showcases videos from a recent SupportSight seminar hosted at the National Constitution Center in Philadelphia. We had six of the most respected retina specialists from the Philadelphia area, discussing almost every topic imaginable regarding macular degeneration and how it affects your life. Topics ranged from present and future treatments, stem cell research, and patient evaluations, to small ways to improve everyday life.

Dr. Emily Chew from the National Eye Institute discussed an ongoing vitamins study and how genetics may factor into a patient's predisposition for macular degeneration. We had two leading low vision specialists talk about techniques and specialty products that may help you in your daily life. And, we were very lucky to have Mary Betty Roeder talk with her usual wit and candor about how she lives successfully with macular degeneration.



Videos of these speakers and more are available for you to watch at our new website. While you're at **WWW.MVRF.ORG**, you can read our past newsletters, browse "Macular Degeneration 101", ask us a question, and more!

RESEARCH UPDATE by Robert S. Molday

Robert S. Molday is Professor of Biochemistry & Molecular Biology and Ophthalmology and Director of the Center for Macular Research at the University of British Columbia in Vancouver, B.C., Canada, Chairman, MVRF Board of Scientific Advisors

Age-related macular degeneration (AMD) is the leading cause of vision loss in the elderly, affecting as many as 25 million people worldwide. It is associated with the progressive degeneration of light-sensing rod and cone photoreceptor cells and supporting retinal pigment epithelial cell layer in the central part of the retina known as the macula. The dry form of AMD accounts for about 90% of the cases and is characterized by the appearance of yellow deposits known as drusen in the central retina. Wet AMD is the more severe form of the disease and is characterized by abnormal blood vessels which grow under the macula and irreversibly damage the photoreceptors of the macula.

AMD is a complex, multifactorial disease with age being a key risk factor. As many as 1 in 10 people at 65 years of age experience impaired vision from AMD. This increases to 1 in 3 individuals over the age of 75. In addition to age, environmental, life-style and genetic factors contribute to the one's risk of developing AMD. Smoking and high fat intake are known to be significant risk factors for AMD. Exposure to sunlight, hypertension, and high cholesterol levels have been implicated in some but not all studies.

In recent years, research has focused on identifying genetic factors which increase one's risk of developing AMD. In 2005, several research groups first identified a variant of the complement factor H gene (CFH) as a major genetic risk factor for AMD. Subsequent studies have shown that other genes of the complement pathway associated with the immune system also contribute to one's susceptibility for developing AMD. These findings are significant in that they link a significant fraction of AMD with inflammation arising from the dysfunctional regulation of the immune response. As a result of these findings, a major research effort is underway to develop drugs which target inflammation and defects in the immune complement system.

Another major step in understanding the genetics of AMD was made over the past year. An international team of researchers funded in part by MVRF reported a strong association between variants in the hepatic lipase gene (LIPC) and advanced AMD. LIPC functions in the breakdown of fats and the regulation of cholesterol levels. This new study, if confirmed by other investigators, could provide new insight into how high fat intake increases one's risk for developing AMD and lead to new research directions in the prevention and treatment of some forms of AMD.

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Gene therapy continues to show great promise as a therapeutic treatment for certain blinding diseases. Clinical trials for Leber's Congenital Amaurosis Type 2 (LCA2) have now been expanded to include young patients. LCA2 is a particularly severe disorder in which children are born with little or no vision due to a defective RPE65 gene in retinal pigment epithelial (RPE) cells. In these clinical trials, the normal RPE65 gene is delivered to RPE cells of LCA2 patients harboring the defective gene. Studies have shown that a single injection of the normal gene is safe and restores significant vision in the treated eye. The success of these LCA2 clinical trials has paved the way for additional preclinical gene therapy studies for a number of other inherited retinal degenerative diseases including retinitis pigmentosa, X-linked retinoschisis, achromatopsia, Stargardt macular degeneration and other forms of Leber's Congenital Amaurosis which together constitute a large fraction of inherited retinal diseases associated with blindness. Phase I clinical trials are being planned in the near future for a number of these diseases. **MVRF has contributed substantially to the success of these studies through its support of numerous preclinical and clinical gene therapy research projects.**

Stem cells and progenitor cells are cells that have the potential to replace damaged and diseased tissue-specific cells. Studies in several laboratories have shown that embryonic stem cells and progenitor cells can integrate into the retina and develop into rod photoreceptor cells which respond

to light. Over the past year a team of investigators headed by Dr. Jane Sowden with the support of MVRF reported that stem cells can also develop into cone photoreceptor cells in the retina of a mouse deficient in cone cells. This finding is important since cone photoreceptor cells are essential for normal central vision and are lost in many blinding diseases including AMD. Additional research is needed to determine if these cone photoreceptors function in the detection of light and transmission of electrical signals to the brain for imaging. Additionally, it will be important to determine the long term safety of stem cell replacement therapy and identify the optimal sources of cells for these studies. Stem cell technology has also been used to replace damaged retinal pigment epithelial (RPE) cells. Preclinical studies have shown that stem cells transplanted into the retina of mice with damaged RPE cells can develop into normal RPE cells and prolong the survival of photoreceptor cells. RPE cell replacement technology has recently been approved for

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RESEARCH UPDATE by Robert S. Molday

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Phase I clinical trial for patients with Stargardt macular degeneration.

In addition to the studies described earlier, MVRF is supporting a broad spectrum of research programs designed to further our knowledge of AMD and other retinal diseases. These include developing new diagnostic techniques to monitor AMD and other retinal degenerative diseases, identifying factors which promote photoreceptor cell survival, designing novel drugs for AMD and other retinal diseases, investigating the role of nutrients including polyunsaturated fatty acids in AMD, and elucidating the molecular and cellular mechanisms underlying retinal degenerative diseases.

Over the past decade we have witnessed remarkable progress in understanding the genetic, molecular and cellular basis of many retinal degenerative diseases including AMD. This knowledge has translated into the development of experimental treatments which can slow the loss of vision and in some cases improve vision of individuals affected with specific forms of AMD and inherited retinal diseases. However, additional research is needed to further extend our understanding of these complex eye diseases and translate these findings into preventative measures and more effective treatments. MVRF continues be a major supporter of basic and clinical research into AMD and related retinal degenerative diseases which are a leading cause of blindness in the world population. **Macula Vision Research Foundation has contributed over $14 million for research on macular degeneration.**

MVRF BY THE NUMBERS

100 percent of every dollar donated goes to research and public education

$14 million to outstanding vision scientists performing cutting-edge research

27 research studies in progress

105 grants awarded to date

10 International Research Conferences

27,000 people have attended MVRF seminars and meetings

86 world-renowned research scientists have participated in MVRF international conferences

14 cities have MVRF SupportSight programs

100 percent of administrative costs are underwritten by the Karen and Herb Lotman Foundation

HOW TO GET THE MOST OUT OF A VISIT WITH YOUR DOCTOR

It's important to have an open line of communication with your doctor, but sometimes when you're at the appointment, you can forget a question you had thought of earlier in the day or feel a little rushed. Taking some time beforehand to prepare can help you maximize your time with your doctor. Here are some things you can do to put your healthcare in your hands.

1. Plan what you'd like to say. It really helps to write it down. Make a list of questions and concerns that you'd like to discuss, so that you're sure not to miss anything.

2. Know your family's health history and share it with your doctor. This may help your doctor in determining what screening tests to administer and what symptoms to be aware of as your care continues.

3. Make a list of all the medications you take, including herbs and supplements. You can make this list on the computer and print it out for all of your doctors or write the list and make copies to leave with your doctor to keep in your permanent record.

4. Keep a pain journal. If you're having pain, it's important to let your doctor know. Be specific in describing what it feels like, when it happens, what seems to cause it, and how long it lasts. The more information your doctors have, the better equipped they are to work with you in managing your health.

5. If your upcoming doctor's appointment is going to be stressful, take someone with you. If you're worried or anxious, you may not remember all of the information given to you or you may forget to ask questions. If you prefer to attend your appointments alone, you might want to take a tape recorder with you so that you can reference it later if needed.

6. Never be afraid to ask questions! The whole purpose of the appointment is to better understand and manage your health. If you don't understand something, ask your doctor to explain it in a different way. You're both there to improve your quality of life and it's important that you're on the same page.

CONTRAST SENSITIVITY & MACULAR DEGENERATION

A common problem for people with macular degeneration is a reduction in contrast sensitivity, which makes it difficult to clearly distinguish objects from the background.

To determine your contrast sensitivity function (CSF), your doctor may use a chart with text printed in dark ink that transitions to lighter shades of gray on a white background. Some doctors automatically administer this test at each visit, while others may not. If you're having trouble driving at night or if you need more light than you used to when you're reading, perhaps you should ask your doctor at your next appointment to check your CSF.

Regardless of the severity of your contrast sensitivity loss, there are things you can do to increase contrast and make everyday tasks a little easier.

PROPER LIGHTING

- Use brighter bulbs.
- Adjust the contrast on your computer screen.
- Properly direct light – either directly on an object or slightly away if there is a glare.

INTENTIONALLY INCREASE CONTRAST

- Use a white coffee cup when drinking coffee.
- Use a dark place mat with white dinner plates.
- Wrap pot handles with tape of a contrasted color to make them more visible.

WEAR CONTRAST-ENHANCING EYEWEAR

- Tinted lenses worn over your prescription glasses can increase contrast sensitivity. Many people find yellow tinted lenses helpful, but there are other colors that you can try.

PLAYING VIDEO GAMES

- A study completed by the University of Rochester in 2009 (Li, Polat, Makous, & Bavelier, 2009) suggests that playing video games can improve contrast sensitivity. The study followed two groups of gamers, one group played action games (Unreal Tournament 2004 and Call of Duty 2) and the other played non-action games (The Sims 2). Each group played for 50 hours over nine weeks. The action-gamer group had a significant increase in their contrast sensitivity, the "positive effect remained months and even years after training, indicating long-lasting gains."

  The study concluded, "The underlying cortical plasticity that is induced is likely to be most beneficial for central deficits such as amblyopia. Video game playing may also compensate to some extent for optical and retinal defects by retraining the visual cortex to make better use of the information that it receives, however degraded."

LOW VISION EASY-GRIP
BLACK AND WHITE CUTTING BOARD
"FLIP OVER FOR YOUR CHOICE OF COLOR"

This heavyweight, durable cutting board will be of service for many years to come. Don't confuse this one with flimsy versions sold elsewhere. This heavy-duty white board reverses to black and is so solid in construction it is guaranteed it for life. Polyboard is odorless, sanitary, unbreakable and resists scratching. Won't dull knives. Built-in handle lets you carry it from counter to table to stove. Every kitchen should have one Measures 9-5/8 X 15 x 1. **Available at most low vision vendors, see back page.**

SUDOKU

SOLUTION ON PAGE 13

2		5			7			6
4			9	6			2	
				8			4	5
9	8			7	4			
5	7		8		2		6	9
			6	3			5	7
7	5			2				
	6			5	1			2
3			4			5		8

Fill in the blank squares so that each row, each column and each 3-by-3 block contain all of the digits 1 thru 9. If you use logic you can solve the puzzle without guesswork.

STEM CELLS AND MACULAR DEGENERATION

Colin J. Barnstable, D. Phil. Penn State Hershey Neuroscience Research Institute, Chair, Department of Neural and Behavioral Sciences, Penn State College of Medicine

INTRODUCTION

The major blinding disease of macular degeneration leads to loss of central vision because the light-detecting cone photoreceptors die. Scientific advances in macular degeneration research have given us a better understanding of what causes the disease and an array of treatments that can slow down or stop the blinding effects of bleeding in the wet form of the disease. Until recently, however, we had nothing to offer patients who have already lost their vision to this disease. The new field of regenerative medicine, and of stem cell therapy in particular, holds the promise of replacing the retinal cells that die in macular degeneration and of restoring some degree of vision to those patients.

What are stem cells?

Stem cells are unspecialized cells that have two specific properties. They have the ability to keep dividing indefinitely and they are capable of replacing or repairing all body tissues. There are three types of stem cells.

- Embryonic stem cells (ESCs) are derived from very early embryos and these cells have the ability to turn into any cell type in the body. A battery of ESCs exist and we are trying to understand whether they can be used as universal grafts and what properties make some better than others. There are two issues slowing down progress with these cells. The first is the legal and ethical debate surrounding the generation of these cells. Most come from the excess embryos produced by in vitro fertilization procedures and would otherwise be discarded, but there is a substantial lobby that argues that use of these embryos for this purpose is unacceptable. The other problem in using these cells is that, because they are so immature, the number of steps needed to turn an ESC into a specific type of fully differentiated cell are numerous and at present beyond our capability.

- Adult stem cells are usually restricted to forming one cell type or tissue. Because they are less immature than ESCs, it is easier to turn them into the type of cell needed. Until recently it was thought that the brain, including the retina, had no stem cells and was incapable of incorporating new cells as a repair mechanism. We now know that this is not the case and that repair of the nervous system is very possible. Adult stem cells are already used in clinical practice. A common, and successful use is in bone marrow transplantation. Bone marrow contains stem cells that can make all the

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cell types of blood. While a relatively crude procedure, it does demonstrate the success and value of stem cell transplants. We can take bone marrow from an individual, but we cannot take many tissues to isolate the adult stem cells.

The problem with these cells is that they come from the tissue that needs repair. If we want retinal stem cells we need to get them from retina – something that may not be possible on any useful scale.

- Induced pluripotent stem cells (iPSCs) are adult cells that have been reprogrammed into stem cells by forcing them to express stem cell genes. The huge advantage of this procedure is that it is possible to take any tissue, for example skin, from a patient and produce stem cells that could then be used to repair specific tissues in that same patient. The current procedure used in many laboratories involves obtaining cells from an individual and using a virus, or other tools of molecular biology, to introduce just four genes into that cell. These are sufficient to make it turn from a skin cell into a primitive cell or stem cell.

What makes stem cell research so exciting is that it has the goal of being able to direct stem cells to form any needed tissue. Heart attack patients could get stem cells to repair damaged heart muscle, arthritic patients could have stem cells repair joints rather than needing surgical replacement and Type I diabetes patients can get insulin-producing pancreas cells from stem cells.

Stem Cells and Vision

Macular degeneration is a strong candidate for stem cell therapy because the loss of vision is caused by loss of a single cell type – the light-sensitive cone photoreceptors. Work in several countries, including work supported by MVRF, has isolated stem cells that can be turned into retinal cells for use in this type of therapy. The long-term goal of this work is to be able to instruct these cells to turn into cone photoreceptors and to transplant them into the retina where they can hook up to the rest of the retinal circuitry and restore lost vision. Fortunately, macular degeneration is a slowly progressive disease. This means that we can envision a time when a patient is diagnosed with the disease, provides a skin or blood sample for production of iPSCs, and after a time returns to the clinic to have their engineered stem cells transplanted into the retina to restore vision.

So where are we?

There are a several hurdles to be overcome before stem cell therapy can become a recognized treatment for macular degeneration. Research groups around the world are actively working on each one of these. The hurdles include:

- Obtaining a good source of stem cells. At the moment, this is a slow process and needs to be improved if we are ever to have a bank of cells available for patients. Because of the ethical and legal issues with ESCs, a lot of effort is being put into generating iPSCs from adult tissues. The treatments used to force adult cells into a stem cell have the

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STEM CELLS AND MACULAR DEGENERATION

continued from page 11

potential of turning the cell into a cancer cell, a risk that is unacceptable. New laboratory methods to generate iPSCs are overcoming this problem and within the next few years we should be able to generate stem cells more easily. We know we can produce the stem cells, we just need to do it more easily.

- Turning stem cells into photoreceptors. This is probably the largest hurdle to overcome. We still have only a few glimpses of the molecular instructions that take a stem cell along a differentiation path to a photoreceptor. Until we can control this process, using stem cells to restore vision will not be useful. The future is not bleak however. A large amount of research is being carried out to define the steps that stem cells go through as they turn into photoreceptors and to devise treatments that can mimic this process. In both a laboratory dish and in experimental animals we can make some stem cells turn into the desired cell type – the cone photoreceptor. As we understand what is happening to these cells we will be able to make all of them behave in the way we want.

- Transplanting stem cells. It has become almost routine in laboratory settings to inject drugs and cells into the retina. Decades of careful surgical procedures on the retina mean that ophthalmologists have the tools and experience to deliver stem cells when they are available. Working out how many cells to transplant and exactly where to place them will take experimentation, but should not be any roadblock to this therapy.

- Restoring vision with stem cells. The last hurdle to overcome is to have transplanted cone photoreceptors connect into the retina and transmit light signals in the correct way. A diseased retina, like any wound, develops scar tissue and this can be a barrier between grafted cells and host retina. Treating eyes before this scar forms, or finding ways to eliminate it, will be essential before stem cell transplants become routine.

- Why did the cells die in the first place? Putting new cells back into a diseased retina may not help if the conditions that killed the original cells are still present. We will need to combine stem cell transplants with protective therapies that are being developed to limit further damage in macular degeneration patients.

continued on page 13

Where are we going?
New findings are emerging at an increasing rate. Every month the scientific journals are reporting new advances in the production and handling of stem cells. In the foreseeable future we can expect clinical trials of stem cell therapy for macular degeneration. Will these first trials work perfectly? Almost certainly not. As with all new procedures we will first see only modest success and then be able to improve on this until we have a therapy that can be used for anyone who has lost vision from this disease.

Answers for Sudoku puzzle from page 9.

2	3	5	1	4	7	9	8	6
4	1	8	9	6	5	7	2	3
6	9	7	2	8	3	1	4	5
9	8	6	5	7	4	2	3	1
5	7	3	8	1	2	4	6	9
1	4	2	6	3	9	8	5	7
7	5	9	3	2	8	6	1	4
8	6	4	7	5	1	3	9	2
3	2	1	4	9	6	5	7	8

REMARKS FROM MRS. JOHNNIE ANGLIN AT A SEMINAR IN LEXINGTON, KY — APRIL 10, 2010

"Hello, my name is Johnnie Anglin and I have macular degeneration. My knees are knocking….I did not realize that there would be so many of you.

I want you to know that I don't accept defeat easily; however, two weeks ago, I lost a daughter to liver cancer. I was asked awhile ago if I could do this speech and I said, "Yes, I could."

Macular degeneration does not interfere with what I like to do – which is making crafts. I crochet, paint, and use my sewing machine in my crafting. In fact, while making "Ms. Mouse," my sewing machine came unthreaded. After several failed attempts, I bowed my head and asked the Lord for help in threading my machine and He did – I got it threaded. I put my head on the table next to the needle and it worked.

I see my eye doctor as scheduled. I use all the low vision accessories that I can. Most of the accessories are offered by Retina Associates of Kentucky Low Vision. I take care of my daily household budget and pay my bills. The gist of this speech is:

Stand up, unfold your arms and get on with it!"

LIFE AND LIVING
THOUGHTS AND POEMS BY PEGGY S. HARP

Hello to all of you, my name is Peggy S. Harp and I have macular degeneration, one eye is 20/200 and the other 20/400. So, I'm pretty sight impaired and I have several other things wrong, but that is not what I'm writing about.

The fact that you or I have a handicap is beside the point. We can still be very productive, not only for ourselves but for our loved ones and people we've yet to meet. Not to brag, but I am going to tell you what I've done since I was diagnosed with macular degeneration. I've been sky-diving at age 65, white water rafting, and I've traveled to Ireland, Hawaii, the Caribbean, and New York. In fact, I've traveled to several different places in the U.S. and Puerto Rico, and I have a place in Puerto Rico. Sometimes my family members visit me there, but, I've traveled to Puerto Rico in a wheelchair by myself and had a ball.

I've even written a book and published it, I still work at my business everyday and I am actually involved in several organizations. Does this sound like I'm handicapped? If it doesn't, good! When I can't see something, I say, "Sorry, I'm sight impaired." I'm not ashamed it's just a fact of my life. I'm also extremely deaf but when I can't hear I think so what, it's just another fact of life.

My whole point of sharing this information is to tell you that we can go on with our lives. We can be productive and we have the right to live our lives to the fullest extent. It's up to us, everyone will want to help, but you and I have to do it. Call the Department of the Blind or Handicapped at your State Capital, call the Macula Vision Research Foundation, find out what is out there to help and if you need assistance ask how to get it. It's up to you to get out of that chair and look for help.

The world and all its beauty is still there, we can usually see that tree, that flower, that sun and its sunsets. We can't always see the faces of our grandchildren and we can't read to them but we can tell them wonderful stories, we can talk to our friends and find that we have lost nothing in these friendships. It's all up to you.

If you wish to talk to me personally, I'd love to talk to you. My office number is (800) 432-9282 and remember, it's a wonderful world with beauty and things we have yet to accomplish.

POEMS BY PEGGY S. HARP

TO LEARN

I began to know myself
I am excited, elated, and joyous
I can go it alone,
stronger than I ever knew,
my depth of feelings
and emotions, deep and
reassuring
How wonderful to have this age
and have the time to learn
all this about ourselves

REBORN

Fall is here
Trees and bushes
are eye startling
in their beauty
Everything is dying
The awesome blaze of this
glory proceeds the death
All will be barren, dead stark
Black limbs will stand against
the backdrop of laden skies;
yet deep within the death
life still lives. It is but
at rest, but next year life
returns and all is reborn
over and over and over

ABOUT THE AUTHOR:

A lifelong resident of Lexington, Kentucky (except for seven years in Oklahoma), Peggy S. Harp is the self-employed CEO of Harp Enterprises, Inc., a business of printing and elections. Now widowed, she has raised eight children. She has been very active in professional organizations and community groups in her area, including the Printing Industry of America, the Lexington, Kentucky and US Chambers of Commerce, Christian Women's Fellowship, and the Advisory Council for the Department for the Blind. In addition to writing, Peggy enjoys painting, books, music, extreme sports, and traveling.

Thank you to our contributors.

Your help is essential to our continuing support of those affected by this diagnosis.