The Moisture Seekers

Sjögren's Syndrome Foundation

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Gynecological Aspects of Sjögren's Syndrome

by Thomas Grader-Beck, MD and Anne Burke, MD, MPH

Sjögren's syndrome (SS) is a systemic autoimmune disease that typically impairs the function of exocrine glands within the body. Exocrine glands moisturize and protect body surfaces exposed to the outside world. When these glands become inflamed, as can occur in SS, they are unable to maintain their normal moisturizing function. This causes dryness (sicca) and may predispose to infection.

Ocular and oral sicca are two prominent manifestations of Sjögren's syndrome. They are so common that the presence of at least one of the two is a required criterion for the diagnosis of SS[1]. However, the eyes and mouth are not the only body sites that are affected by the disease. Vaginal symptoms, such as dryness, itching and pain during sexual intercourse (dyspareunia) also are quite frequent. These symptoms often are not discussed between patient and physician. There are many underlying reasons, including unawareness that vaginal symptoms can be part of Sjögren's

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A Guide to Philanthropy

by Karen Loulakis, Director at Watkins Meegan LLC

"Philanthropy" is defined as a desire to benefit a worthwhile cause through gifts of personal resources to charities. These resources can include donations of one's time, energy, money, and property. Millions of Americans perform simple acts of philanthropy, such as donating clothing to homeless shelters, donating through mailings from a non-profit or putting money in church collection plates. This article focuses on how to plan philanthropic activities so that they benefit charities while also maximizing estate and tax benefits for the donor.

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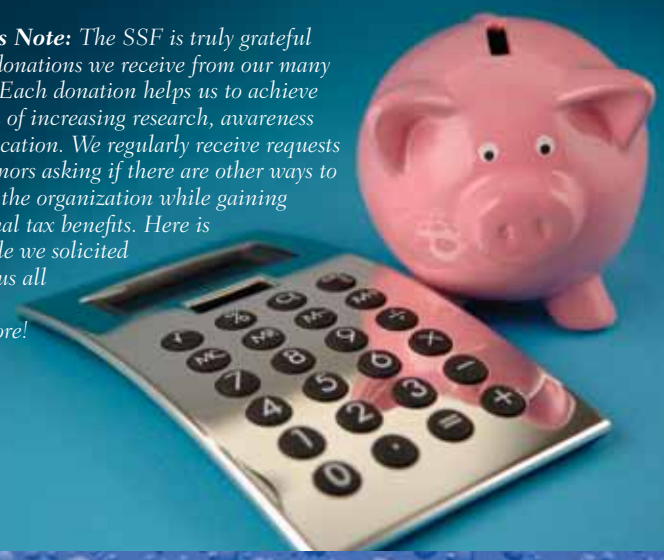
Editor's Note: *The SSF is truly grateful for the donations we receive from our many donors. Each donation helps us to achieve our goal of increasing research, awareness and education. We regularly receive requests from donors asking if there are other ways to support the organization while gaining additional tax benefits. Here is an article we solicited to help us all learn a little more!*



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syndrome, as well as reluctance to discuss sexual concerns openly. We recently have established a clinic dedicated to the gynecological problems of women with SS at the Johns Hopkins Jerome Greene Sjögren's Syndrome Center. The goal of this clinic is to gain a better understanding of this understudied aspect of SS through careful evaluation and treatment of a large number of affected women and through approved research studies. With this article we would like to raise awareness of common gynecological issues in Sjögren's syndrome, including symptoms, diagnosis, underlying disease mechanisms and current treatment approaches.

Description of the problem

Vaginal dryness has long been recognized as a manifestation of SS. There are few studies that address this symptom, but they suggest that vaginal dryness is frequent among women with SS. About a third of premenopausal SS patients are affected by vaginal dryness; this increases to 75 percent in the postmenopausal period. While vaginal, oral, and ocular dryness may coexist in the same woman, their severity may not correlate. In many cases, the vaginal dryness may be more severe than oral or eye dryness. Vaginal dryness also may occur before the onset of oral and ocular dryness in women with SS[2]. Vaginal dryness may help to identify Sjögren's patients who have the characteristic autoantibodies (anti-Ro/La) but lack eye and mouth symptoms. Along with vaginal dryness, patients frequently complain about itching (pruritus) that can be debilitating.

Patients with Sjögren's syndrome have a high frequency of dyspareunia[4]. In a study of premenopausal women, 40 percent with SS complained of dyspareunia in contrast to only 3% without SS[5]. Postmenopausal women with SS also have a higher frequency of dyspareunia than their healthy counterparts[6].

Underlying mechanisms

The mechanisms that cause vaginal dryness are poorly understood. Unlike the eyes and mouth, which are lubricated by secretions from the tear and salivary glands, there are no glands within the vaginal tissue itself. Vaginal lubrication is thought to occur through at least two processes. The main source of vaginal lubrication appears to be fluid leakage through small blood vessels that lie beneath the vaginal mucosa. In women with SS, these blood vessels are surrounded, or infiltrated, by inflammatory cells called lymphocytes[5]. This is probably a consequence of the autoimmune response that causes SS. This infiltration may decrease the blood flow in these vessels which, in turn, can impair the production of vaginal fluid. A second source of lubrication comes from glands in the labia, at the entry of the vagina. Some authors postulate that inflammatory infiltrates in these glands may play a role in causing vaginal dryness, based on related

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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/patientassitance.html.

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

Evoxac® (cevimeline HCl) 30 mg Capsules

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 arrhythmia, 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 CYP3A3/4 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 Flushes	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, sialoadenitis, 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, eructation, 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, thrombocythemia, 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, paroniria, 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, strangury, 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, hyperesthesia, 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 overdosage 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.

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I Stood Up...

Who wouldn't want to wear their favorite jeans to work?

Who wouldn't want to wear their favorite jeans to work?

That is what the mother of a Sjögren's patient was banking on when she decided to hold a Dress-Down Day fundraiser at her place of employment.

For a donation of $1 or more, employees had the pleasure of wearing their favorite, most comfy, blue jeans to work! Sounds like a great idea, right? And in this case, the donations went to a great cause, the Sjögren's Syndrome Foundation!

"What is Sjögren's?" co-workers will ask. Here is a perfect opportunity to increase Sjögren's awareness in your community by hosting a Dress-Down Day.

It is very easy to host this event! Keep in mind that it doesn't have to be your employer holding the fundraiser. You could do what Lizz Colavita did and ask your mother, your brother or a friend to get their employer to host an event in your honor.

Lizz's mom, Kathleen Reilly, works for the Hamilton Township Education Association and decided that she would hold a dress-down day to raise funds for Sjögren's at her place of work. She didn't stop there. She took this fundraiser to an even higher level and asked permission from the superintendent of the school district to hold a school district wide Dress-Down Day to benefit the Sjögren's Syndrome Foundation, raising hundreds of dollars. Way to go Kathleen!

So if you happen to be traveling through Mercer County in Pennsylvania, stop and ask a few people if they know anything more about Sjögren's, because announcements were distributed to hundreds of the school district's staff. Thanks Lizz and Kathleen for Standing up for Sjögren's!

Just think, if everyone recruited their employer to host a dress-down day, we would increase Sjögren's awareness community by community!

How will you Stand Up?

Dress-Down Day Success!

"Gynecological Aspects" continued from page 2 ▼

findings in sweat glands in women with SS[7]. Patients suffering from Sjögren's syndrome can experience a variety of systemic symptoms, including fever, weight loss, fatigue and pain. Some authors believe that the disease burden of a chronic illness can negatively affect sexual function, including vaginal secretions[6], although more research is needed in this area.

Evaluation and Diagnosis

Women with SS who have vaginal symptoms should undergo a pelvic examination. Primarily, this is to determine whether there may be causes for these symptoms other than SS. As far as we know, there are no specific changes that are unique to SS. Some vaginal changes that occur with SS also occur with menopause. For example, women with SS and women in menopause may have signs of vaginal atrophy, including loss of the normal vaginal folds, a pale, dry appearance of the vaginal tissue, or small areas of bleeding and irritation. Laboratory indicators of vaginal atrophy, including a vaginal pH level of greater than 5 and a predominance of basal cells in the vaginal wall, have not been found to be particularly helpful in the clinic[8]. On colposcopy, atrophy of the mucosa between cervix and vagina is frequently observed, and tissue samples from the cervix may reveal chronic inflammation[9]. In addition to vaginal atrophy, there also may be shrinkage or change in appearance of the labia. Women with vaginal atrophy may not have symptoms, and, in this case, no treatment is needed. However, if a woman is having symptoms from atrophy, treatment may be beneficial in order to increase quality of life and decrease risk of infection.

Therapy

The approach to vaginal dryness in women with SS currently includes several options. Some women may benefit from the application of topical estrogen creams, tablets, or rings. Because some women and/or physicians want to avoid hormones, vaginal moisturizers are getting more attention. These may be as effective as local hormone treatment[8]. Women can use vaginal moisturizers regularly, and there are several brands on the market. Vaginal lubricants also have been used and are best applied at the time of sexual intercourse. Androgen (testosterone or male hormone) therapy has not shown any benefit for other SS symptoms, including oral and ocular dryness[10] but has not been evaluated specifically for vaginal dryness.

As of yet, there is no definitive treatment for the vaginal symptoms of SS. Since there is inflammation in vaginal tissues of women with vaginal sicca due to SS, the question arises whether women may benefit from anti-inflammatory therapy, in particular in the premenopausal period. There currently is no information available in this regard.

Summary and Future Studies

Gynecological manifestations are frequent in patients with Sjögren's syndrome and can be debilitating. This aspect of the disease has not been sufficiently studied, the underlying mechanisms are poorly understood and therapy is mainly symptomatic.

At the Johns Hopkins Jerome L. Greene Sjögren's Syndrome Center we have initiated two studies in order to better understand and characterize the problem. The aim of the first study is to define mechanisms of the vaginal disease process in SS. At the time of visit, two biopsies are taken from the vaginal mucosa and analyzed for the presence of various types of immune cells and inflammatory proteins. Our goal is to determine whether unique pathways of inflammation may be present in patients with SS, information that may facilitate the development of specific anti-inflammatory therapy in the future. The second study is a survey of gynecological symptoms, sexual function, and quality of life in women with SS. The goal of this survey is to determine the effects of SS on women's sexual health and functioning. ■

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Raynaud's Syndrome

by Ashley Beall, MD, Partner with Arthritis and Rheumatism Associates, Wheaton, Maryland.

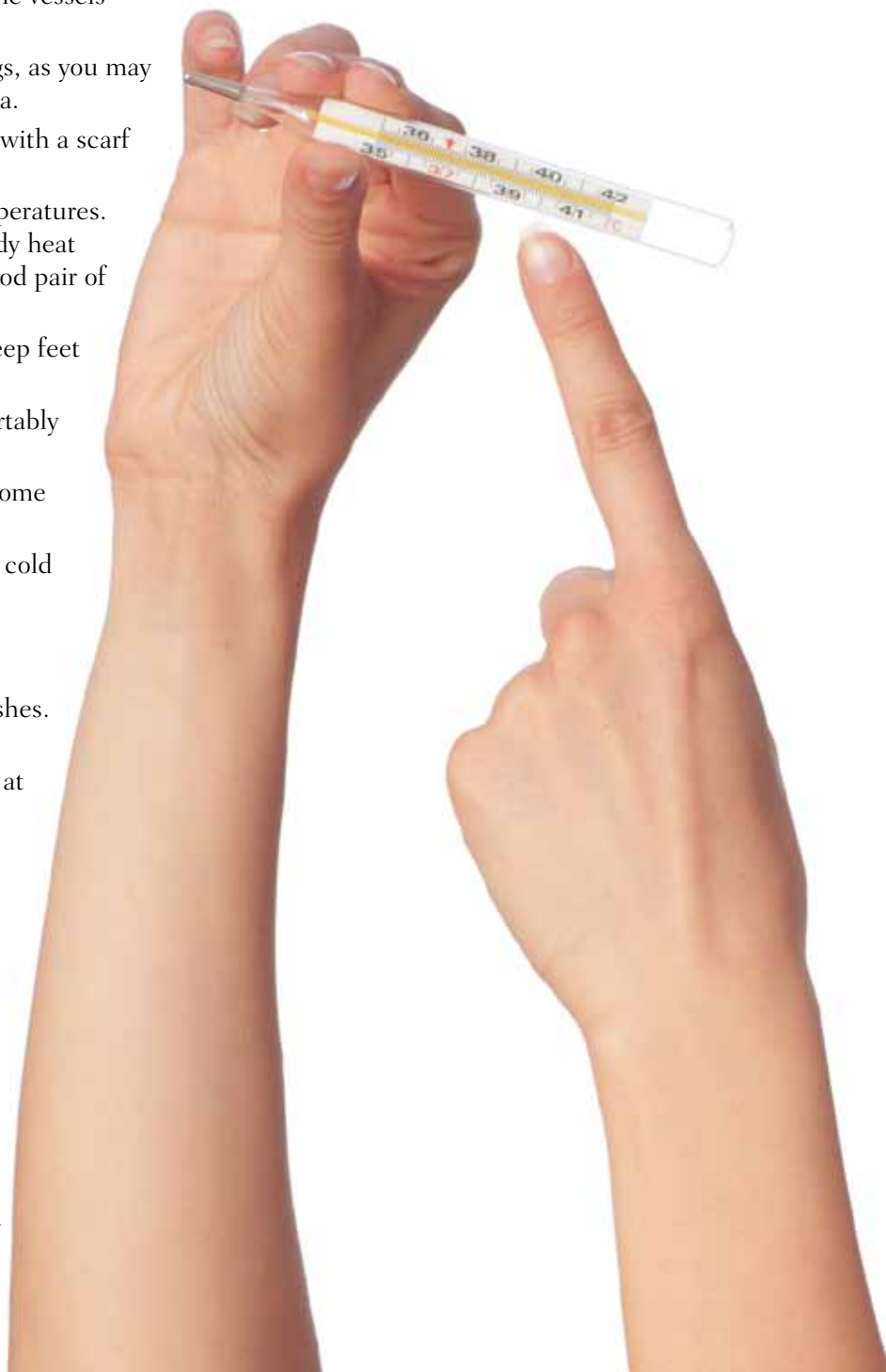
Raynaud's Syndrome (sometimes called Raynaud's phenomenon) is defined as repeated episodes of color changes in the fingers and/or toes with exposure to cold temperatures or during episodes of emotional stress. The color changes are due to a spasm of the blood vessels that feed the fingers and toes. The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

Some things that you can do to control your Raynaud's Syndrome include:

When you know that you will be exposed to cold temperatures, wear layered clothing. This will keep your core body temperature warm and keep the vessels feeding the fingers and toes from spasm.

- Always carry a jacket with you on outings, as you may find yourself in an unexpectedly cool area.
- Wear a hat and cover your face and ears with a scarf in cold temperatures.
- Always wear hand coverings in cold temperatures. Mittens are best, as they will use the body heat generated by your fingers. However, a good pair of insulated gloves is also helpful.
- Wear heavy socks or layers of socks to keep feet warm at all times.
- Keep your home and office space comfortably warm (greater than 70º is best).
- Avoid reaching into the freezer both at home and in the grocery store.
- Use insulated containers when handling cold drinks or food.
- Rinse food with warm water instead of cold water.
- Wear protective gloves when washing dishes.
- Use disposable heat packs as needed for your hands and feet. These are available at many sporting goods stores.
- Always let the water warm up before getting into the shower, and keep the bathroom door closed while bathing or showering to hold in heat.
- When possible, have a loved one warm up your car before getting into it on a cold day.
- Moisturize your hands and feet every day to prevent skin cracking.
- When your hands or feet start to feel cold, wiggle your fingers and toes,

continued page 10 ▼



"Philathropy" continued from page 1 ▼

Tax Benefits of Charitable Giving

Among the ways you can get tax benefits from charitable giving are:

Estate Tax Break – A charitable gift made during the donor's lifetime removes assets and their future appreciation from the potential estate. A charitable gift made at death eliminates any estate tax payable with respect to the gifted property.

Avoidance of Capital Gains – By giving away appreciated securities during lifetime, investors avoid capital gains tax that would be imposed if those assets were sold.

Current Income Tax Deduction – The fair market value of a charitable gift may qualify for a current income tax deduction. This can reduce the donor's income taxes in the year the gift is made.

If you are 70½ and are required to take distributions from IRA's, you can distribute up to $100,000 during 2011 directly to charity. If no income or deduction is reported by you on your tax return, you satisfy the RMD requirement.

These benefits can be realized through even the simplest ways of helping charities. For example, giving $5,000 in cash to a charity could remove this money from the donor's prospective estate and qualify for a current income tax deduction of up to $5,000. If the gift is in the form of appreciated securities, the donor may claim a charitable deduction equal to the fair market value of the assets, and capital gains taxes could be avoided.

Tax Deductions for Charitable Work

While most charitable gifts of cash or property qualify for a federal income tax deduction, the value of personal work or time donated does not. Some personal expenses incurred while working as a charitable volunteer can be deducted by taxpayers who itemize. Here are the details according to the IRS.

Taxpayers may deduct:

The costs of traveling to locations where they work as an unpaid volunteer at a mileage rate approved by the IRS.

Travel and lodging costs to attend meetings as a member of the board of directors.

The cost of uniforms, books, or tools used in volunteer activities if they are required of the work and used solely for the work.

Other Charitable Deductions Include:

Purchase at a charity auction to the extent that the price paid exceeds fair market value. The charity must provide documentation if such value exceeds $75.

The fair market value of property contributed to charity, such as used clothes given for a yard sale. If the amount claimed is more than $250 per contribution, a statement must be obtained from the charity documenting value.

Donor-Advised Funds

A donor-advised fund is a way to realize current tax benefits for charitable giving while potentially deferring the choice of which charity will be the recipient. The donor makes an outright gift of cash or appreciated securities to the fund and receives a charitable tax deduction for the year the gift is made, subject to the donor's adjusted gross income. If the gift is too large for the deduction to be used in one year, the balance may be carried forward for up to 5 years. After the gift is completed, the donor then can make grant recommendations to the fund. Recommendations are considered by the fund's board of directors, and the money is distributed to the designated charities. Gifts to these funds must be irrevocable.

Charitable Remainder Trusts (CRTs)

A CRT is an irrevocable trust that names one or more qualified charities as beneficiaries. It requires a trust document, typically drafted by an estate planning attorney, and is often funded with appreciated securities, real estate, or other appreciated property. By transferring these to the CRT, the donor avoids paying capital gains tax at the time of sale. Once securities, real estate, or other appreciated property are in the trust, they may be sold by the trustees and the assets can be repositioned to increase income and diversification. Because the trust is a tax-exempt entity, no capital gains tax is due on the sale of trust assets.

The trust generates a current income tax deduction for the grantor/donor in the year the gift is made. It also can pay out lifetime percentage distributions to one or more beneficiaries. At the death of the last beneficiary, the remainder passes to charity and the trust terminates. Because a CRT is a relatively complex way to make gifts to charity, this solution works best for fairly large lifetime gifts.

Charitable Gift Annuity

Many leading charities offer an alternative to a CRT that is easier to set up and provides similar advantages. A charitable gift annuity is done by the donor making a completed gift to the designated charity in the present and the charity then pays a lifetime annuity to the

donor. The charitable donation that may be claimed is equal to the difference between the fair market value of the property donated and the present value of the life annuity.

Private Foundations

This is a trust or corporation you establish. It obtains an exempt ruling from the IRS. You get a current charitable deduction for your contribution of either cash or appreciated property. You avoid having to pay taxes on the appreciation. On an annual basis, you must decide to which charities you wish to distribute a percentage of foundation assets.

This is a complex planning strategy and requires an attorney to establish and an accountant to prepare annual filings.

Charitable Lead Trust

This is a trust that you establish either during life or through your estate. You obtain a current charitable deduction for property contributed. Charitable organizations you designate receive an annual distribution from the trust. At death or at the end of a term of years, any assets left in the trust can pass to your heirs free of estate tax.

In summary, among the choices discussed in this article, philanthropy-minded individuals can evaluate several ways of doing the right thing for good causes while also achieving estate and tax-saving goals. Professional advice can be useful in making sure that any gift to charity is money well spent.

Watkins Meegan

Watkins Meegan is a full-service CPA firm with over 35 years of experience. We are located in the Washington, D.C., metropolitan Area with offices in five locations across the region.

Karen Loulakis

As a director at Watkins Meegan LLC, Karen works closely with the firm's wealth management experts. She is a member of the estates, trusts, and probate law section of the DC Bar and is a frequent lecturer on estate planning and related matters at The George Washington University. ■

The Pre-Existing Condition Insurance Plan—New Coverage Option for the Uninsured

If you have had a hard time finding health insurance because of a pre-existing condition or if you've been turned down for insurance coverage and feel like you're out of options, you're not out of luck.

You may now be eligible for a new government program—the Pre-Existing Condition Insurance Plan—created by the Affordable Care Act.

This transitional program is available for children and adults in all 50 states and the District of Columbia who have been locked out of the health insurance market because of a pre-existing condition. In 2014, Americans—regardless of their health status—will have access to affordable health insurance when the nation transitions to a new marketplace.

Under this new program, you'll receive health coverage for a wide range of medical benefits including physician services, hospital care, and prescription drugs. All insurance benefits are available to you—even to treat a pre-existing condition. You won't be charged a higher premium because of your medical condition and your eligibility is not based on your income. Like standard health insurance plans, you may be required to pay a monthly premium, a deductible, and some cost-sharing expenses. Premiums may vary depending on where you live, your age, and which plan you choose.

The Pre-Existing Condition Insurance Plan is already getting results that are changing the lives of Americans across our nation who don't have health coverage and need medical care. James H., who lives in Texas, was diagnosed with brain cancer in 2010. Shortly after his diagnosis, James' insurance company cancelled his insurance coverage claiming that his cancer was a pre-existing condition. James knew that his lack of coverage was a death sentence. Fortunately, James was able to join the Pre-Existing Condition Insurance Plan in Texas and is now receiving the medical treatment he needs.

Cathy A., who lives in Ohio and is a small business owner, has Systemic Lupus which has required very little treatment over the years, but she has consistently been denied health insurance because of her medical condition. Cathy noted that "without me working and paying the bills, my firm would close." After enrolling in the Pre-Existing Condition Insurance Plan in Ohio, Cathy now has the peace of mind she deserves and she doesn't have to worry about the financial instability that goes with being uninsured.

These stories are just a snapshot of what we're hearing from people across the nation who are participating in the Pre-Existing Condition Insurance Plan—just one of many new initiatives resulting from the health care reform law that are helping Americans across the nation.

To qualify, you must: be a citizen of the United States or reside here legally, have been without health coverage for at least 6 months before applying, and have a pre-existing condition or have been denied coverage because of a health condition.

For more information, including program benefits, eligibility and how to apply, visit www.pcip.gov.

There is also a Call Center for the Pre-Existing Condition Insurance Plan. The Call Center is open Monday-Friday, from 8 am to 11 pm ET; dial 1-866-717-5826. TTY users should call 1-866-561-1604 ■

"Raynaud's" continued from page 7 ▼

move your arms and legs around to get blood flowing, or put your hands in your armpits to warm them up.

- If you have access to water when a flare starts, run warm water over your fingers and toes until skin color returns to normal.
- Do not smoke—this constricts the blood vessels that feed the hands and feet.

Talk to your doctor about your symptoms. Several medications can be used to help the vessels stay dilated, including a class of blood pressure medications called calcium channel blockers. Some medicines, such as beta blockers used for high blood pressure, may make Raynaud's worse. ■

In Memory of Colleen Commerford
Mark Chaffee
Ryan & Amy Commerford
Cathy Commerford
Jerry & Katharine Commerford
Janelle Downs
Mildred Hernbloom
Shirley Isin
Angela O'Brien
Jim & Jo Ann O'Brien
Christina Perez
Jeffery Platt
Robin & Steve Rindt
David Roesner
Virginia Ruselowski
Barbara Short
Darla Simpson
Stanion Wholesale Electric Co., Inc.
Roger Steinbrock
Julian Sundgren
Lori Wetter

In Memory of Dan Goche
Dan, Mary Lynn and Erin Taylor

In Memory of Dorothy (Dottie) Boast
Betty Lynn Brusenback

In Memory of Emma Lea Kennard
Lea Ann Dixon

In Memory of Frances Stong
Karen & Ron Penaluna

In Memory of Donald L. Works
Bill & Marg Adams
Doug & Dana Baker
Lauretta Borgman
Kerry & Marilyn Craig
Denver & Wanda Earley
Charlene & Eldon Fancher
Dave & Delberta Hamilton & Family
Charles & Kendra Hubbard
Danny & Bev Koons
John & Janet Mitchell
Earl & Leitha O'Day
Ohio Co. Republican Central Committee
Carolyn Pieper
Bill & Linda Powell
Julia Rasner
Rising Sun Church of Christ
Russell & Doris Slack
Larry & Linda Thayer
Paul E. Wells
Mary Wolf
Rick & Amy Works
Dale & Betty Works
Patty Works & Family

In Memory of Georgeanna Poggensick
Charles & Catherine Lusky

In Memory of Grace Jackson Trout
Robert & Eula Beasley
The Padgett Family
Philip, Linda, Kirsten, Carter, Daphne, Wilson and Carl
Barbara & Ray Shelesky

In Memory of Joyce Nolan
Alyce Moisan
Salem Athletic Club, LLC

In Memory of Kim Pinto
Sandra & Bud Rubens

In Memory of Laura M. Carnellie
Patricia Carnellie

In Memory of Lucille Paradoski
Jerry and Angela Brackhahn

In Memory of Lucy M. Parks
Joann Troja

In Memory of Marilyn Reed Johnson
Joyce Woika

In Memory of Marrine Youngman
Ben & Mary Llew Coulter
Gloria Grillo
Margie Marble
Surgical Association Billing & Administration

In Memory of Ralph Hudson Smith
Paul and Judy Littleton

In Memory of Rosemary Cain
Vicki Larsh

In honor of Debbie Herman, Sip for Sjögren's Event, Harrisburg, PA
David Bernaus

In honor of Deirdre Perl
Marc Satalof

Diane & Ari, in honor of your marriage
Thomas & Marilyn Charette

In honor of Ed & Temma Herman, thanks for your support of the Sjögren's Sip Event, Harrisburg, PA
Al & Debbie Herman

In Honor of Gail Juday
Fred & Linda Porter

In honor of my mother, Jane Marone
Jeff Marone

In honor of our wonderful mom, Paula Josephson
Laura, Alyssa, Bryan, Kevin, Bella, Eliana and Benjamin

In honor of Janine Bensman
Angie, Will, Jack, Bryce & Rob

In honor of Jean King
Augsburg WELCA Circle #4

In honor of Linda Yokum
Mark & Hollie Duckworth

In honor of Mary Kay Papa, thank you for your guidance
Amy Merges

In honor of Melanie Dudley
Gerry & Ronald Myers

In honor of Miriam Parmer
Elaine Harris

In honor of Myra Hopkins
Stephen G. Hobbs, Jr.

In honor of Sisi Arango
Francee Melf

Waltraud Schlanzky, in honor of your birthday
Paula Peterson

In honor of Yvette Gontkovsky, on your 60th birthday
Fred & Dianne Discenzo
Marna Drum
Colette, Anita & Raymond Gontkovsky
Jim & Judy Gontkovsky
Rose Hedrick

IT'S TIME

United Way • Combined Federal Campaign • State Payroll Deduction

Each fall your local United Way, Combined Federal Campaign, state employee, and private employer payroll deduction campaigns begin. We hope you will remember the Sjögren's Syndrome Foundation when choosing where to allocate your donation.

If we are not listed on the contribution form, you usually may write in the Sjögren's Syndrome Foundation.

Tell your co-workers, friends, and family members how important it is to choose and write in the Sjögren's Syndrome Foundation on their campaign form, too.

If your employers will not allow you to write in the Sjögren's Syndrome Foundation, remind them that we are a national non-profit 501(C3) organization and qualify for most payroll deduction campaigns.

If they need more information, contact Sheriese DeFruscio at the SSF office (800-475-6473 ext. 212).

Just think – every dollar counts.

Last year alone – thanks to those who chose to give through their employer's payroll campaign – the Sjögren's Syndrome Foundation was able to increase its Research and Awareness commitments.

Remember, the Foundation has received the:

BEST IN AMERICA
CERTIFIED BY INDEPENDENT CHARITIES OF AMERICA

WHERE THE HEALTH COMMUNITY MEETS
NATIONAL HEALTH COUNCIL™
Standards of Excellence

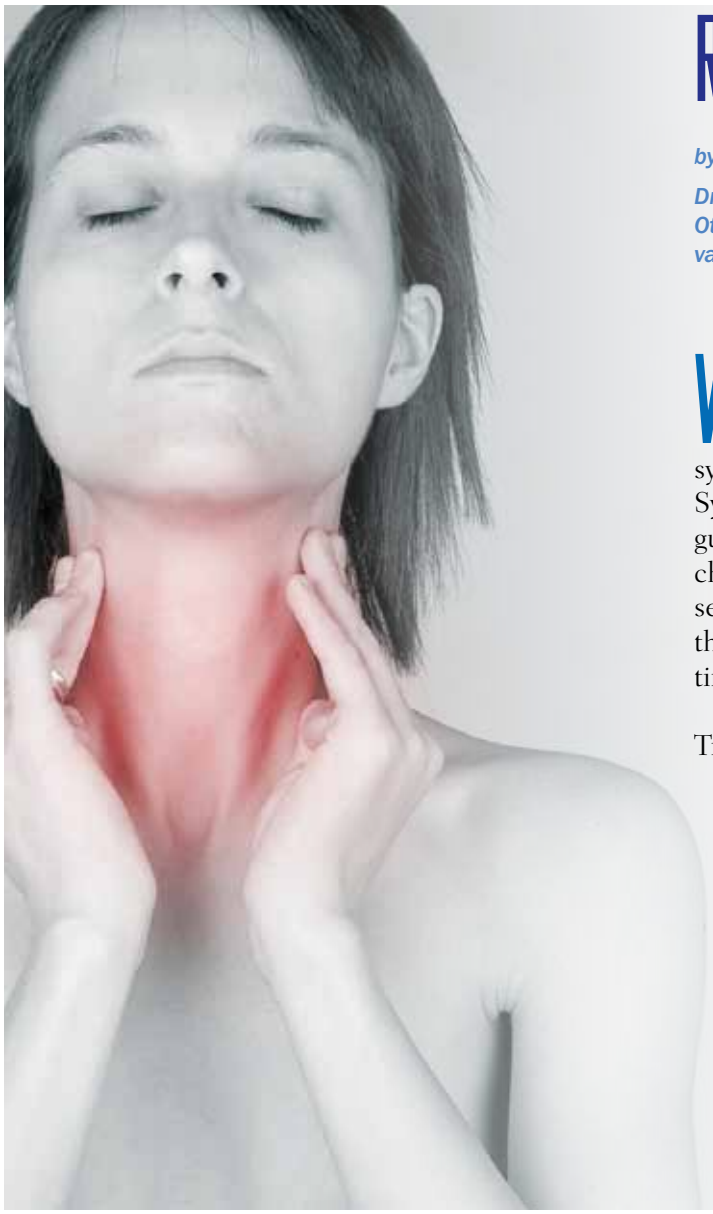
sip for Sjögren's

a fine water tasting event

Host an event in your area…

We'll help.

If you are interested in organizing a Sip for Sjögren's event in your area, please contact Pat Spolyar, Director of Awareness, at 800-475-6473, ext. 221 or pspolyar@sjogrens.org.



Reflux and Your Throat

by Soo Kim Abboud, MD

Dr. Abboud is an Assistant Professor with the Department of Otolaryngology, Head and Neck Surgery, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania.

While the exact reasons are unknown, many patients with Sjögren's suffer from gastroesophageal reflux disease (GERD). This can cause a wide variety of symptoms that can be mistaken for other conditions. Symptoms may include persistent heartburn and/or regurgitation of acid, stomach pain, hoarseness or voice change, throat pain, sore throat, difficulty swallowing, sensation of having a lump in the throat, frequent throat clearing and chronic cough (especially at night time or upon awakening).

Tips for combating gastroesophageal reflux in the throat:

- Avoid lying flat during sleep. Elevate the head of your bed using blocks or by placing a styrofoam wedge under the mattress. Do not rely on pillows as these may only raise the head but not the esophagus.
- Don't gorge yourself at mealtime. Eat smaller more frequent meals and one large meal.
- Avoid bedtime snacks and eat meals at least three-four hours before lying down.
- Lose any excess weight.
- Avoid spicy, acidic or fatty foods including citrus fruits or juices, tomato-based products, peppermint, chocolate, and alcohol.
- Limit your intake of caffeine including coffee, tea and colas.
- Stop smoking.
- Don't exercise within one-two hours after eating.
- Promote saliva flow by chewing gum, sucking on lozenges or taking prescription medications such as pilocarpine (Salagen®) and cevimeline (Evoxac®). This can help neutralize stomach acid and reduce symptoms.
- Consult your doctor if you have heartburn or take antacids more than three times per week. A variety of OTC and prescription medications can help but should only be taken with medical supervision. ■

Other educational sheets on various symptoms of Sjögren's are available online at www.sjogrens.org/brochures

This October, come to Chicago and take control of your health by learning the most up-to-date information from the brightest minds in Sjögren's.

Our *Live, Learn & Share* seminars are the best one-day Sjögren's patient seminars in the country. They have helped thousands gain a better understanding of Sjögren's and will help you, too. Our panel of medical experts will address an array of Sjögren's topics; plus, you'll have the rare chance to meet and share tips with fellow Sjögren's patients.

If you want to be your own best advocate by gaining a thorough understanding of all the key aspects of Sjögren's, then this one-day seminar is for you.

Seminar Topics

Overview of Sjögren's Syndrome — Daniel Small, MD, MMSc, FACP

Dr. Small has had a career-long interest in Sjögren's. He established and is the Director of the Sjögren's Center of Florida in Sarasota, Florida. Dr. Small has been practicing rheumatology since 1978 and has reported on a large series of patients with Sjögren's at both national and international rheumatology meetings. Dr. Small will outline the many facets of Sjögren's and provide a comprehensive explanation of the range of symptoms that Sjögren's patients experience, explain their causes, and offer practical tips for managing them.

Dry Eye and Sjögren's — Peter C. Donshik, MD

Dr. Donshik has practiced medical and surgical ophthalmology in the greater Hartford, Connecticut area since 1976. He sub-specializes in corneal and external diseases of the eye, laser vision correction, contact lenses and corneal transplant surgery. Dr. Donshik lectures nationally and internationally and is a widely published author with over 100 articles in both national and international journals. This esteemed eye care expert will discuss the latest dry eye therapeutic treatments, covering the extensive range of help available from artificial tears to silicone plugs to systemic drugs to help you manage and treat dry eye.

Sjögren's Research Update — Steven Taylor, SSF Chief Executive Officer

Mr. Taylor will share an update on the Foundation's Research Program and the goals for 2012. You will learn about how research holds future promise, greater understanding and hope for better therapies for all Sjögren's patients.

Nutrition and Sjögren's — Tara Mardigan, MPH, MS, RD, LD/N

Tara Mardigan is a Senior Clinical Nutritionist at the Dana-Farber Cancer Institute in Boston, Massachusetts, and Team Nutritionist for the Boston Red Sox. A very popular conference guest speaker, Ms. Mardigan will explain how different aspects of nutrition can impact Sjögren's and share insights into making the best nutritional choices to maximize functioning and well-being.

Musculoskeletal Issues and Sjögren's — Alan Baer, MD

Dr. Baer is Associate Professor of Medicine and Director of the Jerome L. Greene Sjögren's Syndrome Clinic at Johns Hopkins University School of Medicine. He also serves as Chief of Rheumatology and Clinical Director of the Johns Hopkins University Rheumatology Practice at the Good Samaritan Hospital in Baltimore, Maryland. He was a faculty member at the University at Buffalo, State University of New York, from 1986 to 2007, and served there as Chief of the Section of Rheumatology and Fellowship Program Director. Dr. Baer has a long-standing interest in Sjögren's syndrome and will enhance your understanding of Sjögren's-related problems of the musculoskeletal system.

Live, Learn & Share

Sjögren's Syndrome Foundation

CHICAGO PATIENT SEMINAR

SATURDAY, OCTOBER 15, 2011

ROSEMONT, ILLINOIS

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 September 20, 2011)

	September 20th and before	September 21st and after
SSF Members & Guests	$65 per person	$85 per person
Non-Members	$90 (includes one-year membership)	$110 (includes one-year membership
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.

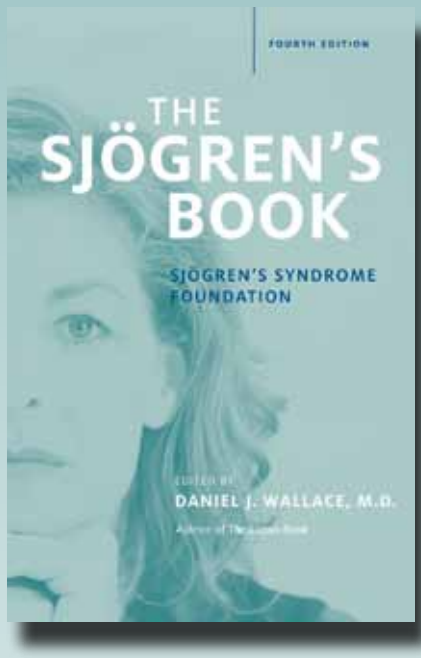
❑ MasterCard ❑ VISA ❑ AmEx ❑ Discover Card Number _____ Exp. Date _____

Signature _____ CC Security Code _____

- *A fee of $25 will be charged for all seminar registration cancellations. Refund requests must be made by September 20, 2011. After that date, we are sorry but no refunds will be made.*
- *Dietary Requests: 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 October 6th.*
- *A limited number of rooms are available at the Sheraton Chicago O'Hare Airport Hotel, 6501 North Mannheim Road, Rosemont, Illinois 60018, at the SSF rate of $99 per night plus tax if reservations are made by September 21, 2011. To make reservations, call the toll-free Central Reservations number at 888-627-8117 (or call the hotel directly at 847-699-6300) and refer to the group name "Sjögren's Syndrome Foundation" for the discounted rate.*

QUESTIONS? *Call 301-530-4420 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



NEW, NEW, NEW!

The Sjögren's Book – 4th Edition

Edited by Daniel J. Wallace, MD

The **NEW 2011 Edition** of the Sjögren's handbook has been completely revised and expanded with **ALL NEW** chapters and the latest information on Sjögren's!

This book can be purchased using the order form below, online at www.sjogrens.org/ssfstore or by contacting the Sjögren's Syndrome Foundation office at 800-475-6473.

	Non-Member Price	Member Price	Qty	Amount
The Sjögren's Book – 4th Edition: Edited by Daniel J. Wallace, MD	$30.00	$26.00		
Maryland Residents add 6% sales tax				
Shipping and Handling: US Mail: $5 for first item Canada: $8 for first item Overseas: $18 for first item				
Total Amount				

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❑ MasterCard ❑ VISA ❑ Discover ❑ AmEx Card Number _____ Exp. Date _____

Signature _____ CC Security Code _____