Northwestern Scleroderma Program
“Touching a Thousand Lives”

Northwestern Scleroderma Program Celebrates Major Milestone
Northwestern is home to one of the few national centers of excellence for scleroderma, a complex autoimmune disease that leads to hardening of the skin, lung and internal organs.

By combining cutting-edge clinical care and patient-oriented research since 2005, the Northwestern Scleroderma Program has touched many lives. In 2013, the program celebrated its progress by enrolling its 1,000th patient. Recognizing this milestone, a special event “Touching One Thousand Lives” held in the Robert H. Lurie Medical Research Center highlighted the program’s achievements. Director John Varga, MD, John and Nancy Hughes Distinguished Professor of Rheumatology at Northwestern University Feinberg School of Medicine, provided an overview of the program, and highlighted its clinical and scientific accomplishments. He emphasized the innovative and translational aspects of the program, and its close links with on-going innovative programs at Northwestern Medicine.

“The hallmark of the program is our multidisciplinary team approach that allows for currently the best available care for scleroderma,” explained Dr. Varga. “By providing personalized, integrated, and holistic care, our team is patient focused rather than disease focused.”

Looking ahead, Dr. Varga outlined a highly ambitious agenda incorporating advanced and personalized patient care, innovative research, and the development of effective therapies for scleroderma that should position the Northwestern Scleroderma Program as a global leader in this disease.

Moving research forward remains a critical mission. At the event, Benjamin Korman, MD, who is a third year rheumatology fellow at Northwestern, described his pioneering work exploring the relationship between fat cells and fibrosis. At a cellular level scleroderma patients often lose fat, which then is replaced by collagen deposits leading to scarring. Said Dr. Korman, “Fat may be playing a role in scleroderma but it’s not understood why or how.” He hopes to better understand the connection between metabolism, obesity, and fibrosis in scleroderma that could someday lead to new therapeutic options. This research will be funded by a new grant from the National Institutes of Health awarded to Dr. Korman.

Monique Hinchcliff, MD, MS, director of translational research for the Northwestern Scleroderma Program, is focusing on personalized medicine approaches to improve scleroderma treatment. She aims to discover biomarkers in skin biopsies to target therapy more precisely. “We do have scleroderma treatments that appear to work in some patients,” said Dr. Hinchcliff. “So it may be that we need to identify the correct treatment for the correct patient in order to see benefit. If we had more specific information in planning treatment, maybe we could get that homerun.”

Recently publishing their findings, Dr. Hinchcliff and her collaborators have identified a specific gene signature in skin that may be able to predict those patients who will most benefit from one form of therapy. Explained Dr. Hinchcliff, “This discovery gives us hope that we can take a biopsy, look at the gene expression, and actually predict who will do well with a given therapy.” Investigators at Johns Hopkins and Stanford have joined a recently launched nationwide multicenter effort to validate the results of this exciting work.

Continued on page 7
**Let's Welcome**

**Newcomers to the Division:**

- **Kate Schankweiler, RN**  
  *Infusion Nurse*
- **Katja Lakota**  
  *Fullbright Scholar in the Varga Lab*
- **Amanda Ozanich, PA-C**  
  *Physician Assistant*
- **Wen Hong**  
  *Visiting Pre-doctoral scholar in Varga Lab*
- **Xingchun Zhou**  
  *Visiting Pre-doctoral scholar in Varga Lab*
- **Diana Carandang**  
  *Research Administrator*
- **Sandy Ramirez**  
  *Medical Assistant*

**Congrats on Promotions**

- **Laura Belisle**  
  *Research Project Coordinator*

Cheer on our Team - December 14, 2013  
Northwestern Rheumatology

---

**Congrats on Grants**

**PI: Harris Perlman:**
Source: Genentech, Inc.  
Title: Prot #ACT013: Drug Development in the Arthritis/Atherosclerosis Mouse

Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases  
Period: 9/16/2013 - 8/31/2018  
Title: Development of a Novel RA/Atherosclerosis Mouse Model

**PI: Richard Pope:**
Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases  
Period: 7/1/2013 - 6/30/2015  
Title: Role of CCR7 in Clinical Response in Inflammatory Arthritis

**PI: Rosalind Ramsey-Goldman:**
Source: Nodality, Inc.  
Period: 8/7/2013 - 8/7/2015  
Title: Peptide Vaccine Suppressing Autoantigen

Source: Hoellen Foundation  
Period: 9/1/2013 - 5/31/2014  
Title: Hoellen Family Foundation - Arthritis Research

**PI: John Varga:**
Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases  
Period: 7/1/2013 – 6/30/2015  
Title: PPAR-gamma's role in aberrant adipogenesis and fibrosis in systemic sclerosis

Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases  
Period: 8/2/2013 - 7/31/2015  
Title: Targeting Adiponectin Signaling: Novel Peptide Therapy for Scleroderma

**PI: Eric Ruderman:**
Source: Pfizer Inc.  
Period: 7/1/2013 - 12/31/2014  
Title: Prot #ACT013: A multifaceted intervention to leverage electronic health records to improve vaccination rates for patients with rheumatoid arthritis

Source: Consortium of Rheumatology Researchers of North America, Inc.  
Period: 8/22/2013 - 8/22/2016  
Title: CORRONA Spondyloarthritis and Psoriatic Arthritis (SpA/PsA) Registry

**PI: Leena Sharma:**
Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases  
Period: 8/1/2013 – 6/13/2018  
Title: NIAMS Multidisciplinary Clinical Research Center in Rheumatology

**PI: Monique Hinchcliff:**
Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases  
Period: 8/1/2013 - 7/13/2016  
Title: Predictive ability of gene expression signatures in skin as SSc biomarkers

**PI: Christine Hsieh:**
Source: Consortium of Rheumatology Researchers of North America, Inc.  
Period: 9/10/2013 - 9/10/2016  
Title: CORRONA Gout Registry

---

**Farewell to**

- **Stefanie Klein, RN**  
  *Infusion Suite*
- **Anabel Mendez**  
  *Research Administrator*
- **Jhir Jones, MA**  
  *Medical Assistant*
- **Angelica Gierut, MD**  
  *Instructor*
- **Liqun Xiong**  
  *Research Technician*
- **Denisa Melichian**  
  *Research Technician*
Welcome New Fellows
We would like to welcome our newest fellows as of July 1st, 2013.

Abigail Gilbert, MD

Scleroderma Patient Education Conference 2013
The Northwestern Scleroderma Program teamed up with the Scleroderma Foundation for an exciting education conference. Held on October 19, 2013 in the spacious Hughes Auditorium, the conference coincided with Northwestern’s “Touching a Thousand Lives” event marking the enrollment of 1000 people with scleroderma. Over 75 participants had the opportunity to learn about the latest advances in scleroderma treatments and new research.

In his welcoming remarks, John Varga, MD, Director of the Northwestern Scleroderma Program, presented an overview of the program, highlighting its remarkable growth, track record of innovation and discovery, and ambitious research agenda for the coming years. Michael Cuttica, MD, MS, Director of the Pulmonary Hypertension Program, explained how pulmonary hypertension, a major complication of scleroderma, is evaluated and treated. Next, Bethany Doerfler, MS, RD, LDN, an expert in diet and nutrition, explained how healthy food choices and preparations alleviate common gastrointestinal problems in scleroderma.

Attendees could then choose to attend one of three breakout sessions. Monique Hinchcliff, MD, MS, Assistant Professor in Rheumatology and Director of Translational Research for the Northwestern Scleroderma Program, presented exciting new research discoveries focusing on personalized medicine. She highlighted her studies showing that the expression of thousands of genes in the skin can be used to identify optimal treatments, and match the right patient with the right drug. Darren Brenner, MD, Assistant Professor in Gastroenterology, discussed the problem of fecal incontinence, and a variety of ways to manage this complication of scleroderma. Emily Keimig, MD, Instructor in Dermatology, discussed common skin complications in people with scleroderma, and presented practical advice on their treatment.

The conference culminated with the Walter Barr Keynote Address honoring the memory of Walter Barr, MD, a leader in academic rheumatology who planted the seeds for the Northwestern Scleroderma Program. The presentation was given by Maureen Mayes, MD, MPH, Director of the Scleroderma Program at the University of Texas in Houston and an internationally recognized leader in scleroderma research. Dr. Mayes explained her groundbreaking research on the genetics of scleroderma, and discussed how these discoveries will guide the development of more specific and effective treatments for the various forms of scleroderma and their complications.

ACR Conference 2013
Another successful year at the annual American College of Rheumatology Conference held in San Diego. A big thanks to our Division Administrator, Christine De Luca, for staffing Division of Rheumatology booth, spotlighting our division and giving the opportunity for others to “Meet the Professor.” We also had a strong showing of academic posters and abstracts from several faculty members. The Division of Rheumatology surely made quite an impression at this year’s conference!
Putting Lupus In Permanent Remission

Nontoxic therapy shows encouraging results in blood samples from lupus patients

By Erin White

CHICAGO --- Northwestern Medicine scientists have successfully tested a nontoxic therapy that suppresses Lupus in blood samples of people with the autoimmune disease.

This is a positive step toward one day developing a vaccine-like therapy that could keep Lupus in remission in the human body without the use of toxic drugs.

The study was published online in Clinical Immunology, the journal of the Federation of Clinical Immunology Societies.

Lupus is a chronic, autoimmune disease that causes the body to create autoantibodies that attack and destroy healthy tissue and cause inflammation, pain and damage in various vital organs of the body. According to the Lupus Foundation of America, it is believed that 5 million people throughout the world have a form of lupus.

In past studies, Northwestern scientists showed that a nontoxic therapy (which uses synthetic peptides -- small bits of protein -- to generate special regulatory T cells) blocks lupus in mice that are prone to the disease.

For this new study, 30 lupus patients (10 active and 20 in remission) and 15 healthy patients were enrolled and their blood samples were cultured with low doses of the special peptides.

“We found that the peptides could not only generate regulatory T cells, but also that they block and reduce autoantibody production to almost baseline levels in the blood cultures from people with active Lupus,” said Syamal Datta, M.D., senior author of the study. “This approach shows that the peptides have the potential to work like a vaccine in the human body, to boost the regulatory immune system of those with Lupus, fight autoimmune antibodies and keep the disease in remission.”

Datta is a professor of medicine-rheumatology and microbiology-immunology at Northwestern University Feinberg School of Medicine.

Steroids and Cytoxan are the most common therapies used to help treat people with lupus and even at very low doses the side effects of the drugs are toxic. Much like chemotherapy, lupus drugs can compromise fertility and weaken the immune system, making it difficult for patients to have children and leaving their bodies susceptible to infections. Also, such toxic drugs cannot be given indefinitely.

“This nontoxic therapy works like a vaccine in that the peptides are recognized by the bodies of almost every individual we have seen,” Datta said. “It can be given to both subjects with and without lupus and boost their regulatory response with no side effects. We don’t have to design something specifically for an unusual person. It works in everybody.”

This study relates to Datta’s more than 27 years of research in the lupus field focused on the cloning of the T cells that drive lupus autoimmunity. Datta’s team identified the peptides used in this study in 1996, and Northwestern University holds the intellectual rights to these patented discoveries but has published the sequences of the peptides for open access to everyone.

“It is our hope that the next step is a phase one clinical trial in humans to show the efficacy of the peptide therapy in patients with lupus,” Datta said. “The key is to find an industry partner that has experience in these kind of therapies so that we can move forward.”

This study was supported by funding from Alliance for Lupus Research (TIL grant #187305 to S.K.D.) and the National Institutes of Health (National Institute of Allergy and Infectious Diseases grant, R01AI41985 to S.K.D, and National Institute of Arthritis and Musculoskeletal and Skin Diseases, P60 AR30692 to R. R-G).
Northwestern McGaw Resident, Kai Sun, MD, recognized by the America College of Rheumatology

INCREASING PHYSICAL ACTIVITY IN ADULTS WITH OR AT RISK FOR OSTEOARTHRITIS EQUALS A LONGER, HIGHER-QUALITY OF LIFE WITH LESS MONEY SPENT IN HEALTH CARE

SAN DIEGO — Osteoarthritis patients who engage in regular physical activity have higher Quality-Adjusted Life Years, a standard measurement of quality of life and cost-effectiveness of medical treatment, according to new research findings presented this week at the American College of Rheumatology Annual Meeting in San Diego.

Osteoarthritis, or OA as it is commonly called, is the most common joint disease affecting middle-age and older people. It is characterized by progressive damage to the joint cartilage—the cushioning material at the end of long bones—and causes changes in the structures around the joint. These changes can include fluid accumulation, bony overgrowth, and loosening and weakness of muscles and tendons, all of which may limit movement and cause pain and swelling.

Knee osteoarthritis is a common form of osteoarthritis and is caused by cartilage breakdown in the knee joint. Factors that increase the risk of knee osteoarthritis include being overweight, age, injury or stress to the joints, and family history.

Researchers at Northwestern University and Feinberg School of Medicine in Chicago, IL, the University of Pittsburgh, and Brown University in Providence, R.I., analyzed data on physical activity levels in adults with or at risk for knee OA and their quality of life measurements using results from the Osteoarthritis Initiative (called OAI), a nationwide research study sponsored by the National Institutes of Health. The OAI includes questionnaire, laboratory tests and imaging results from more than 4,700 adults with or at risk for knee OA. The researchers wanted to determine if increased physical activity in OA patients would correlate to better Quality-Adjusted Life Years, or QALYs. QALYs are a measure of health outcomes based on both quality of life and survival duration a particular medical intervention would add to the patient’s life. Cost effectiveness for any treatment can then be determined by the cost needed to improve QALYs by one.

“Because physical activity conveys many health benefits, the Department of Health and Human Services published physical activity guidelines in 2008 for all Americans including those with osteoarthritis,” explains Kai Sun, MD; Northwestern Feinberg School of Medicine; and lead investigator in the study. “The guidelines recommend 150 minutes of moderate to vigorous activity a week performed in bouts lasting at least 10 minutes. The objective of our study was to investigate if meeting the 2008 DHHS physical activity guidelines translated into better QALYs among adults with or at risk for knee OA, and to postulate whether interventions to increase physical activity could be cost effective.”

Physical activity levels in these participants were measured for one week using accelerometers, and participants fell into three groups: those meeting national physical activity guidelines, insufficiently active, and inactive. Participants meeting guidelines had 150 or more minutes per week of moderate to vigorous physical activity in bouts of 10 or more minutes. Participants who were insufficiently active had some moderate to vigorous activity, but less than 150 minutes per week, and inactive participants had no bouts of moderate to vigorous activity lasting more than 10 minutes per week. Data were stratified by gender and body-mass index. Various socioeconomic and health factors like smoking, age, education levels, co-existing diseases, and knee OA symptoms were also taken into account. Physical activity was monitored at the beginning of the study (OAI 48-month follow-up visit). Health-related utility scores used to calculate QALYs were measured at the beginning of the study and then again two years later (OAI 72-month follow-up visit).

The researchers found a significant graded relationship between higher levels of physical activity and QALYs. Over the course of two years, those who met physical activity guidelines had QALYs that were 0.11 higher than those who were inactive, and even those who were insufficiently active had QALYs that were 0.058 higher than those who were inactive after adjusting for socioeconomic and health factors. These numbers represent about 10 to 20 additional days of perfect health over a year. Interventions to encourage adults to increase their physical activity level even if guidelines are not fully met could potentially translate to better quality of life, added years of healthy life, and thereby lower overall health care costs, the study’s authors concluded. They estimated that medical intervention costing $1,450 or less that resulted in increased moderate to vigorous physical activity in those with or at risk for knee OA would be cost-effective, using a $50,000 cut-off for additional cost per QALY gained.

“Regular physical activity improves health and reduces mortality in the general population. Furthermore, physical activity promotes arthritis-specific health benefits including improving symptoms, function and psychosocial outcomes, as well as reduced disability,” says Dr. Sun. “Despite these benefits, the majority of adults in the U.S. do not attain the recommended amounts of physical activity. The costs associated with the treatment of inactivity-related diseases and injuries, lost productivity and diminished quality of life poses an economic burden. Therefore, promoting physical activity is an important component in promoting overall health, addressing the epidemic of obesity and other chronic illnesses, and reducing health care costs in the long term.”

The American College of Rheumatology is an international professional medical society that represents more than 9,000 rheumatologists and rheumatology health professionals around the world. Its mission is to advance rheumatology. The ACR/ARHP Annual Meeting is the premier meeting in rheumatology. For more information about the meeting, visit http://www.acrannualmeeting.org/.  

Media Contact: Bonny Senkbei
Multidisciplinary Clinical Research Center (MCRC)  
In Rheumatology Update

MCRC Project 1: Physical Activity Changes & Thresholds: Quality of Life and Outcomes in Knee OA

**Dr. Dorothy Dunlop**’s MCRC study focuses on health benefits experienced by adults with knee osteoarthritis who were inactive and become physically active. This study will use valuable objective longitudinal physical activity data measured on adults from the Osteoarthritis Initiative national cohort who participated in an accelerometer study. In addition to Dr. Dunlop, a health services researcher, the research team includes rheumatology expertise from **Drs. Rowland Chang** and **Leena Sharma**, physical activity expertise from **Dr. Pamela Semanik**, statistical expertise from **Dr. Jungwha (Julia) Lee**, and economic sociology expertise from **Dr. Min-Woong Sohn**.

Physical activity is now so crucial to optimal health outcomes that there are federal recommendations for U.S. adults including those with arthritis. Despite important health benefits from physical activity, as many as half of all persons with arthritis are inactive. This inactivity epidemic is costly from a personal viewpoint because inactivity is associated loss of motion, pain, and stiffness. From a clinical viewpoint, inactivity is related to developing serious conditions such as diabetes and heart disease. From a public policy viewpoint, inactivity leads to increased healthcare costs.

This study will evaluate health outcomes in inactive adults who become active two years later and economically relevant measures. It will compare their outcomes to those of inactive adults who remain inactive two years later. The study population is adults with knee osteoarthritis or having risk factors for knee osteoarthritis. It will also determine the optimal amount of physical activity to maintain function for adults with knee osteoarthritis.

The study is designed to broaden the public health and clinical practice paradigm to promote better health for persons at the low end of the physical activity spectrum. Less demanding physical activity recommendations for adults with arthritis may provide realistic interim goals to promote increased physical activity, especially in people who have pain and mobility problems. Findings from this study have important public health implications for the design of future physical activity intervention programs to improve quality of life among the 52 million U.S. adults who have arthritis.

The MAK-3 (Mechanical Factors in Arthritis of the Knee) study team, led by **Dr. Leena Sharma**, is immersed in statistical analyses of data collected from the completed baseline and follow-up evaluations within the third cycle of their natural history study of knee osteoarthritis. The shortage of approaches to modify the course of knee osteoarthritis by delaying either disease progression or disability is due in large part to a critical barrier: factors that bear major responsibility for these outcomes and that might become targets for novel therapy are not well understood. With the renewed funding for our Multidisciplinary Clinical Research Center, these investigators will be able to evaluate the study participants five years after their baseline evaluation, a crucial opportunity given the usual slow pace of change in osteoarthritis. The team will apply quantitative gait analysis, to evaluate the role of key forces and joint motion measured during ambulation, and state-of-the-art measures of cartilage loss, function, disability, and stage of pain outcomes. This study will uniquely position the MAK-3 team to identify intervention and prevention targets: the longitudinal design and meaningful duration; strategic assessment, using quantitative gait analysis, of key mechanical factors under the dynamic conditions of the most common human weight bearing activity, coupled with direct, state-of-the-art measurement of cartilage loss and dynamic assessment of critical elements of knee-level joint function coupled with person-level function and disability outcomes. These findings will inform the knee osteoarthritis natural history paradigm as well as identify as yet untapped targets for novel strategies to prevent cartilage loss, function decline, and disability progression.

**Dr. Sharma and the MAK team deeply appreciate the involvement of the participants who make this work possible!!!**
Continued from page 1, Scleroderma Milestones

To brainstorm ideas and share data important to scientific inquiry, Feinberg partners with scleroderma investigators around the world. One such partnership involves the University of Texas at Houston. Maureen Mayes, MD, MPH, director of the Houston Scleroderma Program discussed results of a landmark genetic study completed by an international consortium including Northwestern. This first of its kind study led to the identification of a new genetic region, known as CD247, which is associated with susceptibility to scleroderma. This finding resulted from a genetic comparison of 2,296 scleroderma patients to 5,171 healthy subjects, with several hundred blood samples provided by Northwestern’s biobank.

But genetic predisposition is only one part of the equation. “There are also outside triggers that start the disease process and persistence factors that keep it going,” she explained. “If we could figure out what these are, we could develop interventions to stop the process before it starts. We don’t yet have the silver bullet.”

Yet Dr. Mayes sees positive developments ahead. “We know so much more than when I started some 30 years ago,” she said. “The future is in Texas, here in Chicago, and other centers worldwide where there are motivated scientists who were, perhaps like me, once told that there’s nothing you can do about scleroderma.”

Patient Mara Baumgarten, 37, Managing Director J.P. Morgan, gave her perspective on having a world-class scleroderma program in her own backyard of Chicago. “The program gives you empowerment. I have scleroderma, but I am not sick,” said the financial services professional. “We patients are expert at this disease. We are the ones living with it. Here at Northwestern, I feel lucky to be able to participate in my own cure.”

Closing the event, Donald Lloyd-Jones, MD, ScM, director of the Northwestern University Clinical and Translational Sciences Institute (NUCATS), applauded the Northwestern Scleroderma Program for attracting highly competitive NIH funding and adding to the outstanding scientific endeavors of the medical school. In 2013, Northwestern Medicine increased its rankings to 21st place (from 24th place in 2011) among the country’s medical schools receiving NIH awards. In 1997, Feinberg’s ranking was 41, making this new all-time high for the medical school particularly impressive. Additionally, the strength of Northwestern Medicine’s clinical partners continues to make it possible for the Northwestern Scleroderma Program to achieve even higher levels of patient care.

The success of the program on all fronts—clinical care, education, and research—perfectly positions it as an exemplary model for translational medicine and the transformation of 21st century health care, according to Dr. Lloyd-Jones. “What you have heard tonight about the program is symbolic of what’s happening here at Northwestern Medicine,” said the senior associate dean for Clinical and Translational Research. “The scleroderma program is at the leading edge for us in bringing advances to the bedside from the bench and back.”

A Bone To Pick

By Richard Pope, MD

Mabel Greene Myers
Professor of Medicine
Rheumatology

Happy holidays from all of us at the Division of Rheumatology! These past few months have been very busy for the division. We finished up another exciting fellowship interview season, which was facilitated by our new Fellowship Coordinator, Sara Bergner. Sara kept things moving smoothly as we invited thirteen candidates to meet with several of our Faculty members over the course of eight weeks. As we wait to hear back on who matches with our program, we are confident that we’ll have two top-notch candidates join our team this next July.

The division has had a few changes including having to say farewell and good luck to our long time Grant Administrator, Anabel Mendez. She has provided the division with amazing support over the years and she left with a bang, helping us receive twelve new grants since last spring. In her place we welcome Diana Carandang. Diana has returned back to Northwestern to share her expertise with us. We are excited to have her on our team. Welcome to Rheumatology, Diana!

Also, as the holiday season approaches I want to take this opportunity to personally thank our many generous donors. Your contributions are a vital support mechanism for a number of our faculty and their ongoing research programs. Our past and future success depends on your support. The value of each gift is multiplied many times over as it allows us to grow our research enterprise, furthering our knowledge, and putting us in a better position to compete for research grants in our fight against the rheumatic diseases.

In turn the division wants to give back as well. Our own Dr. Brown is leading a team for the Jingle Bell Run/Walk for Arthritis. As this issue goes to press, we are very close to our goal of 10 team members and raising over $1,000 for the Arthritis Foundation. Come out and cheer them on December 14th!

Again, I’d like to thank all of you for your continued support. We wish you and your family a safe and happy holiday season, from all of us at NUARS!

Sincerely,

Richard Pope, MD
Please consider a year-end gift.

Your support of the Arthritis Research Society has allowed Northwestern to establish and advance its standing in the field of rheumatologic and autoimmune disease research. Because of the tremendous progress the Division has made, the Feinberg School of Medicine as a whole continues to benefit, ascending national rankings, gaining accolades, and securing vital research grants as a result.

While the Division of Rheumatology continues to rank among the nation’s best, private donor support remains paramount to our continued success. For those lives affected by disease, both patients and their families, the importance of research to improve treatment options and advance progress toward cures cannot be overstated.

For further information about giving opportunities, please contact Maureen Mizwicki at 312.503.1090 or m-mizwicki@northwestern.edu.

Inside This Issue

- Scleroderma Program: Milestones and Patient Education
- Putting Lupus in Remission Dr. Syamal Datta
- Newsflashes
- MCRC Update
- A Bone to Pick with Dr. Pope

NUARS Director: Richard Pope, MD.
Newsletter Editor: Sara Bergner
Phone: 312.503.8003
Fax: 312.503.0994
Email: sara.bergner@northwestern.edu