

## ALS RESEARCH GROUP MEETING REPORT

Wednesday, November 29, 2006  
Yokohama, Japan

### **Participants:**

**Unfortunately, we were unable to obtain a complete list of attendees. Please let me know if your name was mistakenly not included.**

Hiroshi Mitsumoto (chair), Jeremy Shefner (co-chair), Stanley Appel, Paul Barkaus, Richard Barohn, Kate Bednarz, Benjamin Brook, Mark Browberg, Robin Conwit, Merit Cudkowicz, Valerie Cwik, Dallas Forshew, Angela Genge, Paul H. Gordon, Michael Graves, Laurie Gutmann, Laura Herbelin, Petra Kaufmann, Catherine Lomen-Hoerth, Sharon Matland, Robert Miller, Erik Piro, David Schoenfeld, Khema R. Sharma, Alex Sherman, Eric Sorenson, Rup Tandan

TEVA Pharmaceutical Industries representatives: Merav Bassan, Tamar Goren, Ella Sorani

Dr. Mitsumoto briefly reviewed the history of the ALSRG and its previous meeting. He suggested that in addition to this steering meeting, there will be a general meeting, planned for the AAN meeting in Boston, hosted in a space provided by Dr. Cudkowicz at Massachusetts General Hospital. This would allow for a free-standing meeting of more than one hour's duration on the Sunday or Monday prior to the meeting. Alternatively, there could be a one hour meeting on site during the scientific sessions, e.g. in early evening. The group discussed the different options and voted for a 2-3 hour meeting on Monday preceding the AAN meeting at Massachusetts General Hospital.

Dr. Tandan commented on the by-laws. ALSRG is incorporated and will have an annual meeting. Minor changes to the by-laws had been suggested including: The Board of Directors will have an odd number of members to avoid ties. The steering committee will have managerial duties especially with regards to the annual meeting.

The Science Committee reports that the DNA repository is very successful. Seven groups are now collecting DNA. The most recent tally is as follows:

<b>Center</b>	<b>ALS</b>	<b>Controls</b>	<b>Total</b>
MGH	120	45	165
CPMC	233	140	373
Mayo	333	274	607
Kentucky	280	204	484
CoQ10	304	340	644
Mino	220	205	425
ALSA-Vermont	90	71	161
Total	1580	1279	2859

The principal investigators in the different groups reported on their progress and any issues that have arisen during the initiatives.

Regarding disbursement, several investigators have used ALS DNA samples from Coriell. However, Dr. Brown pointed out that no investigators to date have used the option to withdraw sample without payment.

The UCSF site has been particularly successful in obtaining control samples. Dr. Lomen-Hoerth and Dallas Forshew reported that patients were very enthusiastic about this initiative and held “blood-drawing parties”. They also were able to obtain blood at a church event through patient contact. Dr. Mitsumoto reported that they were drawing blood at an ALS fundraising event called “Ride for Life” held near NYC. Some centers are paying controls for participation while other are not.

The Database Subcommittee Meeting was hosted by Dr. Genge in Montreal in September 2006. Dr. Sherman summarized the meeting for the group: A first important step is the integration of the database with Coriell. Recently, it has become possible to export data contributed by ALSRG member from Coriell. Other important issues to be addressed include data quality as well as policies regarding data access. We further need policies on data edits and on new data submission.

For the integration the Coriell database and the ALSRG database the data elements have to be matched. For example, the information on race/ethnicity is not coded in parallel. Another problem is that Coriell as a commercial entity is not much interested in which site DNA and data came from. However, for ALSRG purposes we need to know origin of data/DNA for data queries as well as future projects involving disbursement.

The ALSRG database committee has to agree on standard forms to be used to establish a web-based system to enter, store, query, and share harmonized research data by the ALSRG community. The hope is that the web-based system will also serve as a platform for education, collaboration and research. It will hopefully also become a platform for clinical and epidemiological research. It will finally be an IT resource because this system can be used instead of software options at the user’s site.

Project types may include international surveys over the entire dataset, but can also have a more limited scope and facilitate projects initiated by one site or a small number of sites. There will be an “open” dataset available to all contributors. In addition, the scientific committee will decide what will be part of that open dataset. A contributor may choose to share data beyond the open dataset, e.g. data that have already been published. Benefits to participating investigators include that data collection is harmonized for collaborative research. The system can serve as a virtual databank for future projects. Finally, it can be used by investigators as a virtual data storage space. The database committee may request sub-committees to address specific issues, e.g. quality of life module.

Dr. Genge added that from an investigator's perspective this will be an opportunity to launch important collaborative projects that address issues such as epidemiology of ALS. She thinks that dividing the scope of the database into modules is a promising strategy. Eventually, the hope is that data could be collected that would allow for comparisons and collaborations with European groups. Dr. Genge is planning to hold a follow-up database meeting in June 2007 in Montreal. Dr. Mitsumoto suggested that a specific project linked to this effort would help to move it forward.

Dr. Graves raised the issue if data should be collected from control patients. The controls under the Coriell project have the limitation that they stem from a population selected not to have any neurological disease. Therefore, if one used the information collected from the Coriell DNA controls one would falsely conclude for example that there is an association between ALS and many other neurological diseases. Dr. Graves suggested that one might set out to collect data on another set of controls ascertained under the same inclusion criteria as the patients. Others agreed with this limitation, but noted that these rules were set by the NIH prior to the ALSRG involvement and that collecting a second set of controls would be a major effort possibly not outweighed by the benefits that could be derived.

Dr. Conwit remarked that the NINDS staff and non-ALS investigators who have previously used the Coriell repository needed controls free of neurological disease. She suggested that the data would still be useful if presented with a disclaimer as to the limitations due to control ascertainment bias.

Dr. Shefner raised the issue of funding. Dr. Genge thought that fees were not appropriate in this development phase. Rather, she thought that private foundations and patient groups could be approached for funding.

Dr. Cwik stated concerns about "database" fatigue. She pointed out that there are a number of databases including ALSCARE, the planned CDC ALS database and others. She questioned if another database was needed. Dr. Genge responded that she saw a need for this database which would be investigator initiated and different in scope. She also expressed hopes in collaborating for example with the future CDC ALS database. Dr. Miller stated that the ALSCARE database has a very different focus on outcomes research. Regarding the CDC database he noted that it is still in early stages of development and that it is too unclear at this point what the CDC database will provide. Dr. Miller also expressed his hope that an ALSRG database could be the basis for future tissue collection and epidemiological studies. Dr. Miller supports the ALSRG database as an effort with vision towards the future when these kinds of efforts will be an important basis for new projects. Dr. Sherman suggested that this database would be different and not so much subject to "database fatigue" as it is voluntary and will have benefits to the investigators that will make it worthwhile for them to submit data as they will allow data sharing and provide a platform for data management.

Dr. Cudkowicz suggested that Coriell and the NINDS were made aware of issues with data quality so that the plan for queries by Coriell could be improved.

Regarding the education committee, the Mentorship Program was renamed to a “Sharing Experience Program”. Dr. Gordon reported as an example a visit by two investigators, Marla Morgan and Angela Young who came from the University of Alabama to learn about setting up a multidisciplinary clinic, databases and clinical trials. The visit lasted for one week and was funded jointly by Columbia University’s MDA/ALS Center and the University of Alabama. Dr. Mitsumoto expressed the hope that others would follow this example and provide similar opportunities.

Regarding the ALSRG Website, Dr. Mitsumoto thanked Dr. Sorensen for its creation and invited ALSRG members to visit the ALSRG website. It contains information about the ALSRG and its meeting. It is meant to disseminate information to the group. Dr. Sorensen pointed out that meeting minutes are posted on the website and open for comments. The website also offers the opportunity for links and Dr. Sorensen invited participants to submit information. Dr. Brown commented Dr. Sorensen for his promptness in posting information on the website within a few days.

Regarding the membership committee, Dr. Mitsumoto appreciates Dr. Barkhaus’ effort in completing a membership list. The bylaws have to be sent by regular mail, so that a mailing list had to be created. Generally, the group will use electronic mail for reasons of efficiency and cost.

A new election is coming up, including for the Vice Chair position, who will be the next chair from 2009. Regarding new steering committee members, there are currently 12 members (8 original, and 4 elected, 2 of them young investigators). The final number of the committee has to be 13 (odd number to avoid ties). Four of 8 original members will be rotated out and those will be replaced by the election. One vice chair has to be elected, as well as one allied health professional, one young member and one general member. Dr. Shefner pointed out that more than one allied health professional could be elected, but that one position had to go to an allied health professional. Dr. Shefner will identify who the members of the current board are that will have to rotate out. These individuals will not be eligible for re-election. The nominations will be solicited by email, but the actual election will occur by mail. Drs. Eisen and Rowland were selected as senior outside members to oversee the election process. For this election, Dr. Mitsumoto volunteered to oversee the election process as he is rotating out of his current position and not eligible for re-election. Dr. Shefner suggested that the outgoing chair should in future elections be overseeing the election procedures. Should the elected vice chair be already member of the steering committee, there will have to be a contingency plan, i.e. next elected member on list.

Dr. Barohn suggested maintaining the provisions for “young investigators”. However, he suggested reviewing the criteria, e.g. age definition, or “new investigator”, or equivalent of “Associate Professor” or less as definition. Dr. Gutmann pointed out that the point was to look beyond the “old guard” for leadership. This would include someone of any age who is new to the ALS field. The group agreed that the young investigators will need

to meet the criteria of an age less than 40 years old or work in the ALS field for less than 5 years.

Dallas Forsheew stated that officers in many organizations come out of the board. She thought therefore that nominations for the vice chair should come out of the list of members on the board. Dr. Shefner thought that this was likely to happen, but favored not to make this a requirement, so that the vice chair could be openly nominated from the entire membership.

Dr. Mitsumoto stated that the ALSRG as tax-exempt entity requires a treasurer and secretary. He pointed out that it was convenient to him to have these functions close to him. Dr. Kaufmann is currently acting as secretary and keeps minutes. Dr. Shefner noted that with the availability of electronic communication, it is not necessary that the chair and secretary come from the same institution.

Dr. Mitsumoto opened a discussion of the ALS study groups in relation to the ALSRG. He noted that many ALS investigators collaborate with more than one of the major ALS study groups, NEALS, WALs, GLALS. He suggested that the ALSRG could encompass these research groups. Dr. Shefner pointed out that the role of the ALSRG is not overlapping with the goals of NEALS, WALs, or GLALS which were all specifically formed with the purpose of performing clinical trials. Therefore, Dr. Shefner argued that rather than the ALSRG combining the three clinical trials groups it should be a separate, parallel entity.