Celebrating our 25th Year!

Neuropathy Hope

Hope through caring, support, research, education, and empowerment

A newsletter for members of Western Neuropathy Association (WNA)

WESTERN NEUROPATHY ASSOCIATION

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FLIPPING THE SCRIPT ON A CANCER PATHWAY TO REGROW NERVES

By Helen Floersh, May 24, 2023 11:00am FierceBiotech.com

"There are currently no approved medicines to regenerate nerves […] so there's a huge unmet need," study senior author James Phillips, Ph.D., said in a press release. Serious injuries can cause permanent and often progressive damage, with consequences ranging from numbness and tingling to full-blown paralysis.

Findings reported May 24 in Nature by a research team from University College London, which collaborated with pharma giant AstraZeneca on the project through the company's Open Innovation Program, could provide a new pathway to investigate.

The compound at the heart of the study is ***1938***, a drug that targets the enzyme phosphoinositide 3-kinase alpha, or PI3Ka. Enzymes in the PI3K family regulate cell growth through their involvement in various cell cycle processes. They are perhaps best known in the pharma world as the targets of PI3K inhibitors, a class of agents used as second- or third-line blood cancer treatments.

The researchers wanted to take a closer look at the therapeutic properties of P13Ka the scientists' goal was to raise—not lower—PI3Ka levels. They started by screening a large library of molecules for ones that were likely to activate the PI3K signaling pathway. After finding a potential contender, they used medicinal chemistry to boost its potency, generating ***1938***. They then conducted specificity analyses to make sure that the compound targeted P13Ka specifically and not other enzymes in the P13K family. After seeing that was the case, the researchers assessed its effects on embryonic connective tissue cells from mice, finding that ***1938*** did indeed boost P13Ka activity in the cells.

After conducting more cell analyses to better understand ***1938's*** activity, the researchers tested the drug's ability to protect and heal nerve cells. They started by analyzing its effects on rat neurons in cell culture, finding that it increased the length of new neuronal branches, called neurites, in a dose-dependent manner. Higher doses doubled the neurites' length within 72 hours of treatment.

The team then looked to live mice, using a mouse model of sciatic nerve injury to see whether the drug could aid healing. Immediately after the injury, the researchers administered a single injection of ***1938*** into the site of the damage. They also implanted a minipump just adjacent to the injury to continue delivering the drug for the rest of the experiment.

Three weeks after the injury, the researchers assessed how well the mice had recovered by taking electrophysiological recordings from a muscle near the site as they stimulated the nerve. Mice that were treated with ***1938*** had better nerve conduction than those who were untreated. Analyses of the tissue itself showed that treated mice also had more nerve growth within the muscle, a result that was confirmed to be due to heightened acceleration of natural neuronal regeneration from the drug.

The team is now working to turn their findings into treatments for peripheral nerve damage as well as to see whether activators of PI3Ka and other kinases in the pathway could be used as therapies for strokes, spinal cord injuries or other forms of damage to the central nervous system.

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PERIPHERAL NEUROPATHY SUPPORT GROUPS JULY 2023 SCHEDULE

Encourage, inform, share, support, and hope.
Join a meeting to help others, learn something new, and/or share experiences.
In-person or virtual – connect to others with peripheral neuropathy

In-Person Support Group Meetings

Auburn CA Support Group – No meetings in July, August and September
Contact: Sharlene McCord (530) 878-8392, Kathy Clemens (916) 580-9449, kaclemens@earthlink.net

July 19 Santa Cruz CA Support Group
1:00pm PST, Woodside Village Mobile Home Park, 420 Melrose Avenue
Contact: Mary Ann Leer (831) 477-1239

Virtual Support Group Sessions
Contact Katherine Stenzel at klstenzel@hotmail.com for the Zoom link
Or go to **join.zoom.us** and enter the meeting ID and Passcode

July 8 2nd Saturday Support Group
11:00am-1:00pm PST/1:00pm-3:00pm CST, Meeting ID: 856 7106 1474, Passcode: 114963
Host – Katherine Stenzel, klstenzel@hotmail.com

July 19 3rd Wednesday Support Group
10:00am-noon PST/12:00pm-2:00pm CST, Meeting ID: 833 4473 0364 / Passcode: 341654
Host – Glenn Ribotsky, glenntaj@yahoo.com

July 22 4th Saturday Support Group – No Meeting
Attend WNA Virtual Gala instead! See page 3 for more information.
Reply to Registration Email to attend – or contact Lindsay Campoy at admin@pnhelp.org

FROM THE PRESIDENT Pam Hart, WNA President

It is not often that we can hear from a medical professional who is also a neuropathy sufferer. The Auburn support group was fortunate to have Jan Windz, , Ph.D., F.N.P., as a presenter at their last meeting before a summer break. Jan is a nurse practitioner who has worked with many people experiencing neuropathy from multiple sources. Jan has personal experience with post-chemotherapy neuropathy following treatment of breast cancer. She continues to experience significant neuropathy, particularly in her hands. Jan was able to bring a perspective that is sometimes missing in diagnoses and treatments today – that of a focus on the whole person. How refreshing to have a healthcare professional ask you about more than just your nerve endings! Jan was especially insightful given her work in integrative psychiatry and people with chronic conditions. She is a proponent of Low Dose Naltrexone (LDN), which I mentioned in a previous column. LDN has been shown to reduce pain in about 80% of the people she treats, with no side effects. The challenge continues to be educating physicians on it's usefulness.

I can't help but think that this is a good reminder for all of us to broaden our thinking about what ails us and learn to enjoy life a bit more. With that in mind, I want to be sure to invite everyone to our first ever **WNA VIRTUAL GALA** on July 22nd. This is an online event – but for those in the Auburn Support Group, we will meet live. There will be games, contests and prizes galore! Please attend to see who might show up to give a surprise speech!

RSVP to Fun!

Western Neuropathy Association

Virtual Gala

and Fundraising

Saturday, July 22, 2023

11:00am – 1:00pm Pacific, 1:00pm – 3:00pm Central

(in lieu of 4th Saturday Virtual Zoom Support Group)

Education, Empowerment, Caring and Support

You are invited to join the WNA Directors and committee members for an afternoon of fun!

Put the date on your calendar. Look for the registration email the first week of July.

Over Zoom, we will dance to the YMCA song with our arms, spin the wheel for Door Prizes, play Bingo and go on a Neuropathy Scavenger Hunt.

Two Contests will be held – the first is for Best Costume! Take this opportunity to dress up like royalty with your favorite tiara, find that silly hat that the kids thought you threw away, and use your imagination. The categories are: Dress Up, Funny and Other. First, second and third prizes will be awarded.

The second contest is for Best Virtual/Physical Background! Decorate your background physically with streamers, ribbons and balloons. Or decorate your virtual background with a picture (format .jpeg or others) that you upload from your computer. You could also create a background with PowerPoint by creating a slide and then saving it in picture format. Lots of options! Categories are: Scenic, Funny, and Neuropathy. Again, first, second and third places will be awarded.

Throughout the event will be speeches by WNA grant participants and those who lives have been touched positively by our organization's efforts. We hope that attendees will contribute to WNA's mission to provide hope to peripheral neuropathy sufferers through education, empowerment, caring and support.

Put the date on your calendar and look for the registration email in the first week of July. We're looking forward to seeing everyone's face and enjoying this time together.

Katherine

LOTION RECOMMENDATION

After attending a virtual support group session in March, Evelyn and Ed Martin tried two products for the cramps that Ed was experiencing several times each night – *"Terry Naturally Healthy Feet & Nerves"* and *"Frankincense & Myrrh Neuropathy Rubbing Oil"*. Evelyn wrote: "Miraculous results!!! Maybe others will enjoy! We are finally sleeping – praise God!!! "

And in the recent June virtual support group session, P.K. Agarwal, Bay Area, CA member, said he also used the "*Frankincense & Myrrh*" lotion to reduce symptoms in his feet at night. He is sleeping much better now with less pain. P.K. notes that both frankincense and myrrh have been used in traditional medicine for centuries as they are known for their anti-inflammatory, analgesic, and antioxidant properties. Inflammation is known to contribute to nerve damage and pain in neuropathy. By reducing inflammation, these oils may help alleviate neuropathic symptoms.

Health Care Challenges Websites
(updated)

SHIPs
State Health Insurance Assistance Programs
www.shiphelp.org
(877) 839-2675

Help for navigating the complexities of Medicare. Search the website for your specific state program.

Medicare Rights Center
www.medicarerights.org
(800) 333-4114

Non-profit that works to ensure access to affordable health care for older adults and people with disabilities.

Medicare
www.medicare.org
(800) MEDICARE
(800) 633-4227

Get started with Medicare, options, news.

Benefits and Insurance for People with Disabilities
www.usa.gov/disability-benefits-insurance
(844) USAGOV1
(844) 872-4681

For those with a disability, learn how government programs and services can help in your daily life.

PERIPHERAL NEUROPATHY PROJECTS, FUNDING AND NEW DRUGS

NIH.com, March 31, 2023, https://report.nih.gov/funding/categorical-spending#/
Submitted by Dana Delgado, WNA member, Austin, TX| Summarized by Katherine Stenzel, WNA Editor

I often hear the comment "No one is doing anything/researching to help our peripheral neuropathy symptoms!" WNA member Dana Delgado found such information on the NIH website – "*Estimates for Funding for Various Research, Condition, and Disease Categories*". On the right, find data broken out for Peripheral Neuropathy projects from 2015 to 2024, with total dollars spent in millions.

Estimates of Funding for Peripheral Neuropathy related projects

2015	$105
2016	$122
2017	$121
2018	$143
2019	$202
2020	$193
2021	$205
2022	$194
2023	$200 (estimated)
2024	$207 (estimated)

(Dollars in millions and rounded)

I was curious about the projects that were funded in 2022 and looked at the ones with the most money allocated.

Top 10 projects in 2022 ranked by Amount (Dollars in millions)

1. Helping to End Addiction Long-term (HEAL): Development of Clinical Candidate Drugs for Pain, Addiction and Overdose, through NIH, $10,316.802
2. Molecular and Clinical Manifestations of Matrix and Aggregate Myopathies, through NIH, $4,098,540
3. Helping to End Addiction Long-term (HEAL): Probe/Drug Led Production, through NIH, $3,002,829
4. Development of Pathology-activated Drugs for Treatment of Neuropathic Pain, University of Texas/MD Anderson Cancer Center, Texas, $2,408,109
5. A first in class, mechanism-guided, cell-based therapy for complex regional pain syndrome, Cleveland Clinic Lerner College of Medicine, Ohio, $2,033,135
6. The neuronal stress response in neurodegenerative disease and pain, through NIH, $1,958,923
7. Development and Optimization of MNK Inhibitors for the Treatment of Neuropathic Pain, 4E Therapeutics Inc, Texas, $1,940,921
8. Inhibiting RIPK1 with Necrostatin-1 for Safe and Effective Pain Treatment, Massachusetts General Hospital, Massachusetts, $1,633,790
9. Developing GPR37 activators as non-opioid pain therapeutics, University of Texas Medical Branch Galveston, Texas, $1,573,491
10. Remote Monitoring of Management of Chemotherapy induced Peripheral Neuropathy, University of Vermont and Vermont State Agriculture College, Vermont, $1,526,391

Projects 1-3 and 6 looked to be large NIH projects and I couldn't determine much detail. Projects numbered 4, 5, 7, 8 and 9 are researching treatments for pain – 2 specifically saying neuropathic pain, 1 for complex regional pain syndrome. Project 10 is researching monitoring of neuropathy.

So, half (5) of the top 10 projects are researching new pain medications. And yes, I'll brag – 3 of those are in Texas!

I looked deeper at Project 7 as it's a company – not a hospital. From their website at: *https://4etherapeutics.com/*

4E Therapeutics – Dedicated to delivering innovative medicines for patients with neuropathic pain. Drugs in their research and development pipeline:

- **4ET1103** – highly efficacious in multiple animal models of pain and well-tolerated in rodents and dogs, expected to be ready for clinical trials in 2024
- **MNK-eIF4E** – developing small molecule MNK inhibitors into next-generation drugs for the treatment of migraine.
- Peripherally restricted GPCR agonist for Acute Pain – in discovery

The first drug looks promising but is still a long way from patient use.

Another drug (not in the top 10 projects) being developed is by company Kannalife Sciences, who just changed their name to Neuropathix, Inc. Details from their website at: *https://www.kannalife.com/*

Neuropathix – A biopharmaceutical company focused on the research and development of a pipeline of next generation cannabinoid-inspired therapeutics as potent, non-opioid alternatives to treat patients with significant unmet medical needs.

Focused on development of **KLS-13019**.
Compared to Cannabidiol:

- 200 times more potent
- 10 times more bioavailable
- 5 times safer
- 1000 times more effective

– Continued on page 5

PALMITOYLETHANOLAMIDE, A LIPID MEDIATOR, IMPROVES PAIN SCORES IN DIABETIC NEUROPATHY Jessica Nye, PhD, Clinical Pain Advisor, November 15, 2022

Treatment with *palmitoylethanolamide* (PEA) was found to result in decreased pain and improved sleep and mood among patients with diabetic peripheral neuropathy (DPN), according to the results of a study published in Inflammopharmacology.

This prospective, randomized, quadruple-blinded, placebo-controlled, parallel study was conducted at the University of Queensland in Australia. The study intervention, PEA, is an endogenous, biologically active lipid mediator that is part of the N-acylethanolamine family that is synthesized on demand by the phospholipid membrane of the cell. Patients (N=70) with DNP were randomly assigned in a 1:1 ratio to receive PEA 300 mg (n=35) or placebo (n=35) twice daily for 8 weeks. The primary outcomes were safety and efficacy, evaluated by change in scores on the Brief Pain Inventory Short Form for Diabetic Peripheral Neuropathy (BPI-DPN), a 4-item pain assessment tool.

At week 8 compared with baseline, recipients of PEA had greater improvement in Neuropathic Pain Symptoms Inventory (NPSI) total pain, superficial pain, paroxysmal pain, paresthesia, and deep pain scores, as well as Medical Outcomes Study sleep scale daytime somnolence, sleep problem index, sleep disturbance, sleep adequacy, and shortness of breath or headache scores compared with placebo.

PEA was also well tolerated and reported to be safe as an adjunct in patients prescribed metformin and/or insulin for the management of either type 1 or type 2 diabetes. Patient reported side effects were intermittent mild headache, constipation, urticaria, severe fatigue, and respiratory infection. No patients withdrew from the study due to an adverse event. A major limitation of this study was the imbalance between participants with type 1 and 2 diabetes – all but three patients had type 2 diabetes.

These data indicate that PEA reduced pain among patients with DNP with few safety signals and supported additional study of this intervention in the setting of DNP.

CLINICAL TRIALS FOR PEA AND PERIPHERAL NEUROPATHY

PEA for the Relief of Chemotherapy-Induced Peripheral Neuropathy, Phase 2
Clinical Trials Identifier: NCT05246670
Recruitment Status: **Recruiting**

This phase II trial tests whether PEA works to relieve the symptoms of chemotherapy-induced peripheral neuropathy in patients with cancer. Chemotherapy-induced peripheral neuropathy refers to a nerve problem that causes pain, numbness, tingling, or muscle weakness in different parts of the body, and is caused by chemotherapy. PEA may be useful against bothersome nerve symptoms.

Diabetic Neuropathic Pain Relief 6 Weeks Dosage Sublingual Water-soluble CBD/PEA, Phase 1 and Phase 2
Clinical Trials Identifier: NCT05766969
Recruitment Status: **Not yet recruiting**

The purpose of the study is to evaluate whether the sublingual/water-soluble DIA/NPR-6 is a better pain reliever in patients with diabetic neuropathic pain of the feet compared to placebo.

Peripheral Neuropathy Projects, Funding And New Drugs – Continued from page 4

From a recent paper in Science Direct[1], a new synthesis of **KLS-13019** shows "improved bioavailability and potency in both preventing and reversing paclitaxel-induced neurotoxicity in vitro and in vivo."

(Editor: In this setting, paclitaxel-induced neurotoxicity means chemotherapy-induced peripheral neuropathy. I try not to include my opinions in articles… but this is exciting!)

So yes (Virginia), there are drugs being researched to relieve neuropathic pain. We just have to be patient.

Reference

[1]Kinney, W.A., et al. (2023). Efficient Syntheses Of KLS-13019 Using Palladium Mediated Cross Couplings. *Tetrahedron Letters*, 117(154369). https://doi.org/10.1016/j.tetlet.2023.154369

UNDERSTANDING THIS RARE DISEASE CALLED ATTR AMYLOIDOSIS

Pfizer.com, *Understanding This Rare Disease Called Aatr Amyloidosis,* retrieved March 22, 2023

You probably know someone with heart failure, gastrointestinal (GI) problems, or nerve pain. They are all common problems. But in rare cases, these could be caused by a life-threatening disease called transthyretin amyloidosis (or ATTR amyloidosis, for short).

Although ATTR amyloidosis is currently considered rare, there is growing evidence that it may be more common than once thought. Some experts believe that the disease is underdiagnosed due to a lack of awareness. ATTR amyloidosis is not easily diagnosed because its symptoms are similar to those of other, more common conditions.

What is ATTR amyloidosis?

Amyloidosis refers to a disease caused by a buildup of abnormal proteins, called amyloid, in the body's organs and peripheral nerves. These protein deposits can cause organs to not function properly and lead to nerve damage. Often, symptoms of amyloidosis are not specific or may seem similar to symptoms caused by other conditions.

ATTR amyloidosis is caused by a protein called transthyretin, or TTR, that changes its shape and forms into fibrous clumps. These clumps of misshapen protein are deposited into various organs and peripheral nerves, which can cause them to function abnormally.

ATTR amyloidosis can be caused in 2 different ways. It can be hereditary, meaning passed from a person's mother or father. In the hereditary form, mutations in the TTR gene are thought to cause the protein to destabilize and to change its shape. Or, it can be related to destabilization of TTR due to aging.

ATTR amyloidosis polyneuropathy (ATTR-PN)

ATTR-PN is a disease that primarily affects the peripheral nerves and is caused by mutations in the TTR gene passed from an affected mother or father. The buildup of amyloid happens primarily in the nerves that detect touch, pain, and heat. It can cause a loss of sensation, tingling, numbness, or pain in the hands and feet. People with this disease also often have damage to the autonomic nervous system (nerves that affect how organs work), digestive tract, and other vital organs, sometimes including the heart. People with ATTR-PN may experience symptoms such as:

- Diarrhea, constipation, or both at different times
- Nausea, vomiting
- Loss of appetite
- Sexual dysfunction
- Muscle weakness
- Various eye problems
- Sudden drop in blood pressure upon standing
- Carpal tunnel syndrome

Symptoms of ATTR-PN generally occur in adulthood at widely varying ages, as early as in the 20s or as late as in the 70s or later. This condition affects both men and women.

It is important to get an accurate diagnosis as soon as possible, because treatments may be more successful if started early. If you suspect you may suffer from symptoms of this disease, speak with your healthcare provider. A number of tests (such as a noninvasive imaging test or tissue biopsy and genetic testing) may need to be performed in order to determine a correct diagnosis. It's also important to work with a healthcare team who specializes in diagnosing amyloidosis.

FDA TO REVIEW *EPLONTERSEN* FOR ATTR POLYNEUROPATHY

Diana Ernst, RPh, Clinical Pain Advisor.com, March 21, 2023

The Food and Drug Administration (FDA) has accepted for review the New Drug Application for eplontersen for the treatment of hereditary transthyretin-mediated amyloid polyneuropathy (ATTRv-PN).

Hereditary ATTR is a severe, progressive and life-threatening disease caused by the abnormal formation and aggregations of transthyretin (TTR) amyloid deposits in various tissues and organs. Eplontersen is an investigational ligand-conjugated antisense medicine designed to reduce the production of TTR protein.

The submission includes data from the phase 3 study, which compared the efficacy and safety of eplontersen to placebo. Findings from the 35-week interim analysis showed that treatment with eplontersen led to a significant mean reduction in serum TTR concentration, as well as a significant treatment effect on the modified Neuropathy Impairment Score +7 (a measure of neuropathic disease progression). Moreover, treatment with eplontersen also improved patient-reported quality of life.

"Overall, the interim analysis demonstrated eplontersen has the potential to make a positive impact on disease progression and improve quality of life in a substantial number of patients," said Eugene Schneider, MD, executive vice president and chief clinical development officer at Ionis.

ANGER IS A NATURAL RESPONSE TO CHRONIC ILLNESS

Lisa Marie Basile, Ankylosing Spondylitis News, October 2, 2019

I have a bone to pick with people who hate to confront anger, sorrow, or bleak thoughts and dark feelings. This sort of behavior is called chronic positivity: staying positive no matter what, even if it's not entirely authentic. Chronic positivity doesn't leave much room for emotional honesty or the day-to-day frustrations that come with chronic illness.

In short, chronic positivity is inflexible and reductive.

Consider the piece, "'*Stay Positive' Isn't Good Advice for Chronically Ill People. Here's Why*." Author Angie Ebba writes: "We're told that if we have a good attitude, we will heal faster. Or, if we're sick, it's because of some negativity we put out into the world and we need to be more conscious of our energy."

How true is that? How many of us have been told by uninformed co-workers, family members, or friends to "cheer up" and reframe our perspective? How many people have inferred that we're somehow keeping ourselves sick?

You feel angry when doctors lack up-to-date knowledge about specific autoimmune illnesses or, worse, can't send medical paperwork or fill prescriptions on time. You feel bitter when you're working to make ends meet but are constantly exhausted and in pain. You're not going to feel like a bucket of rainbows when you have to cancel on friends, or when friends get upset at you for doing so.

Staying positive all the time is not a feasible request. Feeling the entire scope of human emotion is useful, too. It can help us confront and heal our feelings. It can also help us advocate for ourselves.

There's a difference between keeping your head up and robbing yourself and others of their natural feelings.

I dealt repeatedly with uveitis (inflammation inside the eye) prior to being diagnosed with ankylosing spondylitis (AS). I had to convince my doctors that, no, I wasn't wearing my contacts too often. I wasn't working out when my back hurt. Then doctors told me I was tired because I didn't work out enough! X-rays weren't showing active AS, but I knew something was wrong, just like I knew that women's pain is commonly ignored or reduced to being overly emotional.

I was angry after diagnosis, too. People told me to look on the bright side — and I tried. I really did. But things were hard. I was tired. The medicine made me even sicker. I could barely make it through a day of work. Nobody saw my pain, so they didn't believe it.

In the end, I was better equipped to deal with my feelings because I was honest about them. I journaled through my reactions, asking myself the following questions:

- Why am I so upset today? Is it because my feelings are being invalidated?
- What is beneath this anger? Is it a lack of control? Fear of the future? Does pain make me cranky?
- Why does it feel so reductive to "calm down" or be thankful for what I have? Are those responses simplistic?
- How can I make something good from this anger? Can I learn to stand up for myself? Can I learn to pick better friends?
- How can I balance negative feelings with more positive ones?

Looking inward gives us strength and clarity and can make us empathetic toward others. Don't be afraid of the abyss. It's a place we all have to explore from time to time. Wisdom is found in the nuance.

988 SUICIDE AND CRISIS LIFELINE

Nationwide, **988** is the number to dial to access free mental health crisis services, available 24 hours a day, 7 days a week. The Lifeline provides free and confidential support for people in distress, prevention and crisis resources for you or your loved ones. More information is available at **988lifeline.org.**

There is also a free 24/7 **Crisis Text Line**. Text HOME to 741741 and a live, trained Crisis Counselor will receive the text and respond, all from a secure online platform. The volunteer Crisis Counselor can help you move from a hot moment to a cool moment. Help is available for depression, suicide, self-harm, gun violence, anxiety and eating disorders, to name a few. Learn more at **crisistextline.org.**

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IN THIS ISSUE

When putting together the content for a Neuropathy Hope issue, I place something new or innovative on the front page. For this issue, a team in University College London found that a new compound, **1938**, when tested on mice, helped increase nerve growth for the nerve branches, called neurites. And for a sciatic nerve injury, again in the mice, the compound increased nerve conduction in the injured area along with increased nerve growth. This is so exciting!

Do you have problems with foot pain and sleeping through the night? Two support group members found relief using the same lotion and this was independent of the other – i.e. they had not talked to each other. Turn to page 3 to find out which lotion. Try ordering it from Amazon to find a cheaper price.

The supplement *palmitoylethanolaminde*, or PEA, has been found to reduce pain and improve sleep in those with diabetic peripheral neuropathy. And you can buy this just as you would buy a vitamin. Current clinical trials are testing PEA for Chemotherapy Induced PN and a combination CBD/PEA for diabetic foot pain.

Let me know what you think of this issue as I enjoy hearing you,

Katherine
klstenzel@hotmail.com

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Our mission is to provide support, information and referral to people with neuropathy and to those who care about them, to inform and connect with the health care community, and to support research.

Dues - $30 a year
All contributions and dues are tax-deductible.

We are supported by dues-paying members, contributions by members and friends, and occasionally, small grants and fundraisers.

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