



# *The VA Parkinson Report*



*A Newsletter for the Parkinson's Disease Research, Education and Clinical Centers  
and The National VA Parkinson's Disease Consortium*

Department of Veterans Affairs Volume 6, No. 1, Spring 2007

## ***PADRECCs Lead the Way in Developing a Network of Care for Veterans with Parkinson's Disease***

The Parkinson's Disease Research, Education, and Clinical Centers (PADRECCs) integrate patient care, education and research to improve the lives of veterans with Parkinson's disease (PD) and other movement disorders. VHA Patient Care Services support the clinical and educational programs while research efforts of the PADRECCs are funded through a variety of sources including NIH, VA Office of Research and Development, industry, and foundations that advocate for people with PD. The six core PADRECCs are located in Philadelphia, Richmond, Houston, Los Angeles, San Francisco, and Seattle/Portland. From the onset the PADRECCs established links to the other VA Medical Centers in order to make their specialized skills available to as many veterans as possible. The process of developing a network of care expanded with the initiation of the National VA PD Consortium which consists of over 225 active members and 41 movement disorder specialty clinics known as Consortium Centers.

The Consortium is an integral part of the outstanding VA system of healthcare. Dr. Feasby, in an article about the quality of healthcare delivery systems (Neurology 2006;67;1744-7), cited the Department of Veterans Affairs (VA) as "one of the striking American health care suc-

cesses." The VA is the largest integrated healthcare system in the United States, dividing the U.S. into 21 Veterans Integrated Service Networks (VISNs) that care for nearly 8 million of the nation's 24 million veterans. With 155 medical centers, more than 875 clinics, 135 nursing homes, 42 residential rehabilitation centers, and 206 counseling centers totaling more than 1,400 points of care, the VA far exceeds the private sector in both preventive and longitudinal health care.

The emphasis on primary care can falsely lead to the perception that specialized medical care, such as treatment of neurological disorders is unimportant. The PADRECCs and the National VA PD Consortium are key to providing quality services for veterans with neurological disorders. The VA offers quality neurologic care through a network of over 1000 neurologists with academic ties plus other specialty trained health professionals, including nurse practitioners, pharmacologists, and electrodiagnostic technicians. VA affiliates with 107 of 125 US medical schools and pays for one quarter of all neurology resident training. PADRECCs and the National VA PD Consortium play an essential role in meeting the health care needs of America's veterans.

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September 2006 Consortium Conference in Philadelphia. Left: Dr. Robert Ruff with (counterclockwise) Dr. Ali Samii (NW PADRECC), Dr. William Marks (SF PADRECC Director), Marty Charns, (VA Center for Organization, Leadership, & Management Research—COLMR), Irene Cramer, PhD, MSSA, (COLMR) and Lori Anzaldo (SF PADRECC). Right: Dr. William Marks (SF PADRECC Director) with Dr. William Duncan (VHA's Chief Consultant of Medical/Surgical Services).

## ***PADRECCs Extend Outreach through Telemedicine Technology***

The VA has been at the forefront in providing better health care through telemedicine. This technology is proving to be especially invaluable to those veterans with limited access to specialists due to disability or residence in rural areas. Home telehealth, for example, allows many veterans to continue to reside at home and avoid more frequent ER visits. Tele-retinal imaging permits the wide-scale assessment of veterans for diabetic retinopathy. Telerehabilitation permits veterans with combat wounds to return home and maintain access to the expertise provided at the four major poly-trauma centers.

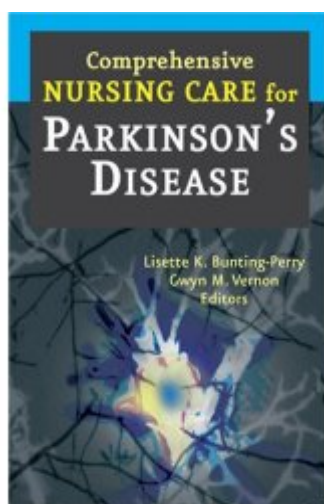
In 2001, the six Parkinson's Disease Research and Clinical Centers (PADRECCs) were established. In 2003, to improve delivery of such care across the collective VA healthcare system, the National VA Parkinson's Disease Consortium was subsequently formed. Despite this extensive network of experts, a number of veterans still live too far or are too disabled to access these specialists. As such, the Southeast/Richmond PADRECC has made considerable strides to utilize telemedicine to reach out to this group of veterans. In addition to accessing veterans in rural areas in Virginia, West Virginia, and North Carolina, the Southeast PADRECC consults via telemedicine on veterans throughout its region and as far away as Miami. In FY06, 25 telemedicine consults (12 new/13 follow-ups) were conducted at a calculated savings of 19,082 travel miles, 302 travel hours, and \$2,100 in mileage (reimbursable at a modest 11cents/mile). In the first 5 months of FY07, we had already completed 26 consults. With further exposure and the addition of a second movement disorder specialist, we expect to see these numbers

continue to grow at a rapid pace. Most recently, we purchased equipment to permit the specialist to view patients within his/her own office, which has facilitated the ease of this service.

Deep brain stimulation surgery for movement disorders is available chiefly at PADRECC sites. Telemedicine has proven to be an invaluable means for assessing potential surgical candidates. While telemedicine limits our ability to perform more thorough neurological examinations, this has generally not been an issue for assessing most patients with movement disorders. Usually a nurse is in attendance at the remote site and can assist with the examination (such as testing for postural instability) and can relay recommendations directly to the treating physician. Perhaps 20% of the time, the treating neurologist is present during the evaluation and when indicated, his/her presence can be requested. Participation in the telemedicine visit can also serve as a valuable educational experience for the remote treatment team.

All VHA related telehealth activities fall under the VHA Office of Care Coordination (OCC). To learn more about implementing telemedicine at your VA facility, contact your local telemedicine coordinator or go to the OCC at <http://vaww.va.gov/occ>. John Peters, MS at VACO is the VHA Telehealth Program Analyst and the OCC general telehealth contact. He is an excellent resource for VA sites with technical questions concerning equipment and VHA administrative practices and standards. Contact John at 202-273-8508 or email: [john.peters@hq.med.va.gov](mailto:john.peters@hq.med.va.gov).

*Mark S. Baron, MD, Director, Southeast PADRECC*



## ***New Nursing Text on Parkinson's Disease***

Lisette Bunting-Perry, RN, MScN (Assistant Clinical Director, Philadelphia PADRECC), Gwyn Vernon, NP and contributors composed of PADRECC clinicians including S.Heath, RN, MS (Clinical Nurse Coordinator, San Francisco PADRECC), C.Ward, MSN, RN-BC (Houston PADRECC), R.Martine, APRN, CS, BC (Associate Director of Education, Philadelphia PADRECC), H.Watson, RN, BSN (Clinical Nurse Coordinator, Philadelphia PADRECC), and G.Glenn, LSW (Social Worker, Philadelphia PADRECC) present a review of the information nurses need for the care of patients with Parkinson's disease. *Comprehensive Nursing Care for Parkinson's Disease* covers what is currently known about the disease and evidence-based standards of care including: management through deep brain stimulation, medication management, non-motor complications and psychosocial issues, and complementary and alternative approaches.

## *VA Parkinson's Disease Consortium Center Network Inaugurated*

The National VA Parkinson's Disease Consortium was inaugurated on September 21-22, 2006 at a conference held in Philadelphia. The 6 Parkinson's Disease Research, Education and Clinical Centers (PADRECCs) have established networks with VA Movement Disorder specialists, neurologists, and other health care providers throughout the US to ensure that all veterans with Parkinson's disease have convenient access to state of the art treatments. Conference participants included Consortium and PADRECC members, Dr. Robert Ruff (National Director of Neurology), Dr William Duncan (Chief Consultant VHA Medicine/Surgery Services), and representatives from the American Parkinson Disease Association (APDA), National Parkinson Foundation (NPF), Parkinson Action Network (PAN), and the Michael J Fox Foundation. In total, 65 participants representing approximately 50 VAs participated in this event.

The agenda was diverse, interactive, and exciting. After a brief welcome by Rebecca Martine (Consortium Chairperson), Drs. Ruff and Duncan spoke about the VA's commitment to veteran health care and the Consortium's role as a model care delivery system. The majority of the morning session addressed the management of motor (Dr. Jeff Bronstein) and non-motor (Dr. Joseph Quinn) symptomatology in Parkinson's disease (PD) followed by Dr. Matthew Stern's discussion of neuroprotective strategies. Dr. Stern also introduced the PARS Study (Parkinson's Associated Risk Syndrome), a novel approach to identifying patients at risk for PD with the ultimate goal of early intervention to prevent the development of the disease. Several of the Consortium members will be PARS investigators. Dr. William Marks followed with recent developments in deep brain stimulation within the VA system and new techniques being developed at the San Francisco VA that are moving the field forward. The morning session

ended with updates on VA PD research presented by Dr. Mark Baron (basic science), Dr. Eugene Lai (clinical research) and Dr. Eric Cheng (health services research). The morning program made clear that the VA offers state of the art therapies and cutting edge research that is now being disseminated nation wide by the Consortium.

Case presentations highlighted the afternoon. Consortium members provided fascinating videos of interesting patients and diagnostic challenges that often humbled the panel of PADRECC Directors. Participants also had the opportunity to present their research during an evening poster session.

Amy Comstock, CEO of PAN, gave an inspiring talk over dinner describing political influences in the PD community and the accomplishments of grass roots efforts led by PAN. She also outlined the challenges of improving the funding opportunities for PD research in the upcoming years. Needless to say, it was a full day.

The second day of the conference was devoted to implementation of the Consortium and partnering with non-profit organizations. Participants discussed the overall model of care, administrative set-up, and educational and communication initiatives. A panel representing PAN (Amy Comstock), APDA (Joel Gerstel), NPF (Ruth Hagestuen) and MJ Fox Foundation (Katie Hood) talked about efforts the non-profit organizations are making to find a cure for PD and helping patients and caregivers improve the quality of their lives.

By the end of the conference, attendees felt a sense of mission. Not only was the event educational, but the participants found it motivating to be a part of this groundbreaking campaign that is raising the level of care for veterans with PD while concurrently developing a model of care for other disorders.

*Jeff Bronstein, MD, PhD, Director, SW PADRECC*



Pictured left: Dr. Jeff Bronstein (Consortium Co-Chair and Director SW PADRECC), and Rebecca Martine, APRN,CS,BC (Consortium Chairperson and Associate Director of Education Philadelphia PADRECC) at the Consortium Conference.

Pictured right: Participants at the Philadelphia Consortium Conference took the opportunity to discuss collaborative research projects.



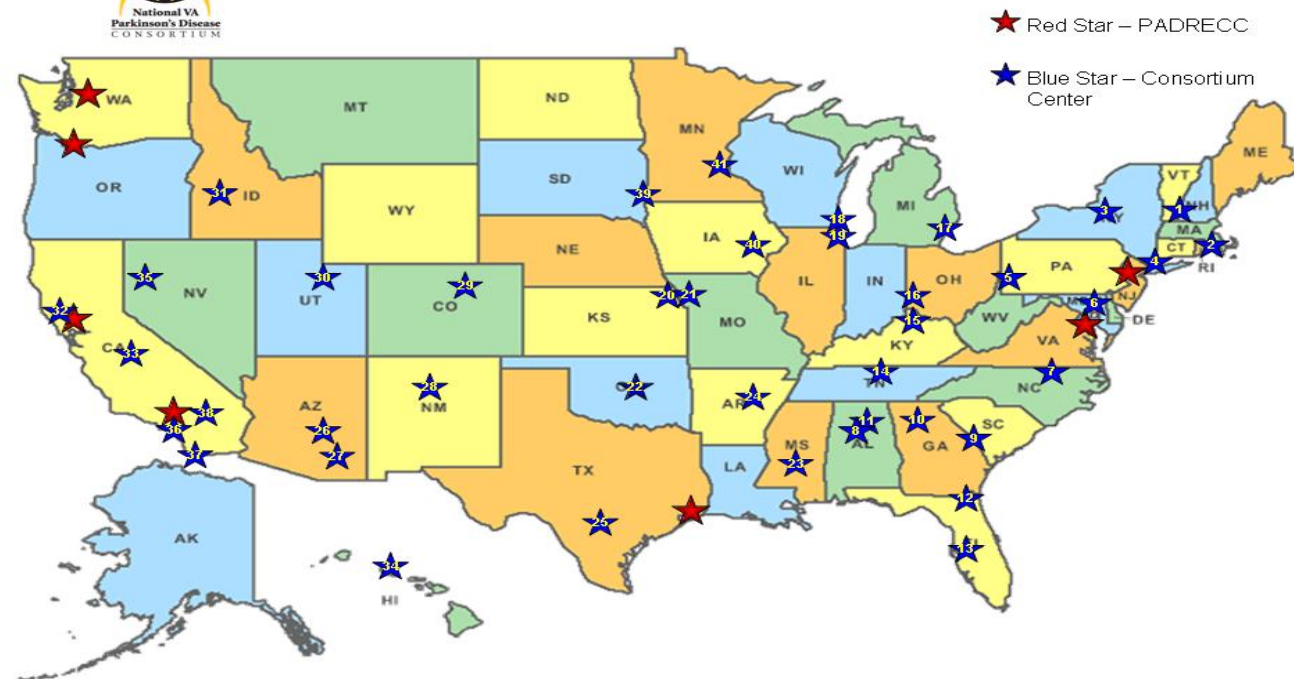
## *National VA Parkinson's Disease Consortium Center Referral List*

<u>Map #</u>	<u>VA Facility</u>	<u>City, State</u>	<u>Consortium Center Director's)</u>	<u>VISN</u>	<u>Referral Phone #</u>
1	White River Junction	White River Junction, VT	Timothy Cox, NP	1	802-295-9363 x5780
2	VA Boston Healthcare System, Jamaica Plain Campus	Jamaica Plain, MA	Dr. Raymond Durso	1	617-232-9500 x4750
3	Syracuse VA Medical Center	Syracuse, NY	Dr. Dragos Mihaila	2	315-425-3474
4	James J. Peters VA Medical Center	Bronx, NY	Dr. Ruth Walker	3	718-584-9000 x5915
5	VA Pittsburgh Healthcare System, University Drive Division	Pittsburgh, PA	Dr. David Hinkle	4	412-688-6185
6	Baltimore VA Medical Center	Baltimore, MD	Dr. Paul Fishman	5	410-605-7000 x7060
7	Durham VA Medical Center	Durham, NC	Dr. Burton Scott	6	919-286-0411 x15611
8	Tuscaloosa VA Medical Center	Tuscaloosa, AL	Dr. Fernando Franco	7	205-554-2000 x 4136
9	Augusta VA Medical Center	Augusta, GA	Dr. John Morgan	7	706-721-1115
10	Atlanta VA Medical Center	Decatur, GA	Dr. Garrett Alexander	7	404-321-6111 x 7121
11	Birmingham VA Medical Center	Birmingham, AL	Dr. Anthony Nicholas	7	205-933-8101 x4734
12	Malcom Randall VA Medical Center, NF/SGVHS	Gainesville, FL	Dr. Frank Skidmore	8	352-374-6058
13	James A. Haley Veteran's Hospital	Tampa, FL	Dr. Theresa Zesiewicz	8	813-972-7633
14	Tennessee Valley Healthcare System - Nashville Campus	Nashville, TN	Dr. Thomas Davis	9	615-327-4751 x5244
15	Lexington VA Medical Center	Lexington, KY	Dr. John Slevin	9	859-281-4920
16	Cincinnati VA Medical Center	Cincinnati, OH	Dr. Fredy Revilla	10	513-475-6318
17	Ann Arbor VA Medical Center	Ann Arbor, MI	Dr. Matthew Lorincz	11	734-769-7100 x4445
18	Clement J. Zablocki Veterans Affairs Medical Center	Milwaukee, WI	Dr. Bradley Hiner	12	414-805-9719
19	North Chicago VAMC	North Chicago, IL	Dr. Semyon Shulman	12	224-610-3753
20	VA Eastern Kansas HCS - Colmery-O'Neil VAMC	Topeka, KS	Dr. Prasunamba Amaraneni	15	785-350-3111 x54452
21	Kansas City VA Medical Center	Kansas City, MO	Dr. Louis Giron	15	816-922-2525
22	Oklahoma City VA Medical Center	Okla. City, OK	Dr. Keri Bharucha	16	405-270-0501 x 5140
23	G.V. (Sonny) Montgomery VA Medical Center	Jackson, MS	Dr. Robert Herndon	16	601-364-1285
24	Central Arkansas Veterans Healthcare System John L. McClellan Memorial Veterans Hospital	Little Rock, AR	Dr. John Schwankhaus Dr. Walter Metzger	16	501-257-6053
25	Audie L. Murphey VA Medical Center	San Antonio, TX	Drs. Eric Pappert & M. Carolin	17	210-617-5161
26	Carl T. Hayden VA Medical Center	Phoenix, AZ	Dr. William Lawrence	18	602-277-5551 x2831
27	Southern Arizona VA Healthcare System	Tucson, AZ	Dr. Scott Sherman	18	520-626-6319
28	New Mexico VA Healthcare System	Albuquerque, NM	Dr. Larry Davis	18	505-256-2752
29	VA Eastern Colorado Health System	Denver, CO	Dr. Deborah Hall	19	303-393-2874
30	VA Salt Lake City Healthcare System	Salt Lake, UT	Dr. David Renner	19	801-584-2569
31	Boise VA Medical Center	Boise, ID	Drs. B. Cusack & D. Hindson	20	208-422-1325
32	Martinez Outpatient Clinic and Ctr for Rehab & Ext Care	Martinez, CA	Dr. Ingrid Kwee	21	925-370-4734
33	VA Central California Healthcare System - Fresno	Fresno, CA	Dr. Jeffrey Mogelof	21	559-228-5328
34	VA Pacific Islands Healthcare System	Honolulu, HI	Dr. Webster Ross	21	808-433-0124
35	VA Sierra Nevada Healthcare System	Reno, NV	Dr. John Peacock	21	775-328-1297
36	VA Long Beach Healthcare System	Long Beach, CA	Dr. Selina Parveen	22	562-826-8000 x2292
37	VA San Diego Healthcare System	San Diego, CA	Dr. Evelyn Tecoma	22	858-552-8585 x3685
38	VA Loma Linda Healthcare System	Loma Linda, CA	Dr. Dorthie Cole	22	909-825-7084 x3049
39	Sioux Falls VA Medical Center	Sioux Falls, SD	Dr. Muhammad Zaidi	23	605-336-3230 x6402
40	Iowa City VA Medical Center	Iowa City, IA	Dr. Ergun Uc	23	319-338-0581 x5166
41	Minneapolis VA Medical Center	Minneapolis, MN	Dr. James Ashe	23	612-467-2214





## National VA PD Consortium Center Network



The PADRECCs are pleased to announce the establishment of the National VA PD Consortium Center Network. Together, the 6 PADRECCs and the 41 Consortium Centers create a hub and a spoke model of care, ensuring movement disorder services for veterans across all 21 VISNs. Referral and appointment information can be found on our website under the link “Consortium Center Referral List.”

## Consortium Centers at a Glance

### Iowa City, IA

Iowa City VAMC

Director: Dr. Ergun Uc

319-388-0581 x 5166

The Movement Disorders Clinic at the Iowa City VAMC, operational since 2001, provides subspecialty consults, botulinum toxin injections, and patient selection and management services for deep brain stimulation surgery. Dr. Uc, affiliated with the University of Iowa Hospitals and Clinics, is the principal investigator of an NIH funded study, “Predicting Driver Safety in Parkinson’s Disease.”

### Phoenix, AZ

Carl T. Hayden VAMC

Director: Dr. William H. Lawrence

Phone: 606-277-5551 x 2831

The Phoenix Movement Disorders Clinic, staffed by 3 senior neurologists, draws from the Phoenix area as well as the NW quadrant of Arizona, including the Colorado River area. Physicians also consult with specialists from the Barrow Neurologic Institute, the University of Arizona and the Tucson VAMC. The clinic staff receives support from the PADRECC West LA faculty who visit bi-monthly.

### Syracuse, NY

Syracuse VAMC

Director: Dr. Dragos Mihaila

Phone 314-425-3474

The Syracuse Movement Disorders Clinic provides comprehensive neurological care for patients diagnosed with Parkinson’s disease and related movement disorders. Dr. Mihaila, a faculty member in the Department of Neurology at SUNY Upstate Medical University, collaborates with a dynamic group of health care providers including physical therapists, speech-language pathologists, social workers, and neuropsychologists, to address all aspects of Parkinson’s disease.

*Editor’s Note: Each issue of The VA Parkinson Report will highlight National VA Consortium Centers*

## Current and Emerging Parkinson's Disease Medications

Little has been added to James Parkinson's 1817<sup>1</sup> initial description of the presentation of Parkinson's Disease (PD). However, the discovery of medications used to treat and care for patients with this disorder has aided in symptom management and continues to expand. This article will briefly describe current and emerging medications used to treat symptoms of PD and the Veterans Affairs National Formulary (VANF) approval process.<sup>2</sup>

The treatment of PD has long since been dominated by the use of agents which activate dopamine receptors and extend the availability of these agents. Currently, the use of direct dopamine agonist and dopamine precursors are recommended for initial treatment for reduction of hypomobility ("off" time) and maximize mobility ("on" time) in PD.<sup>3</sup> Adjunctive therapies of catechol-O-methyltransferase (COMT) inhibitors (i.e. entacapone), monoamine oxidase type B (MAO-B) inhibitor (i.e. selegiline), and N-methyl-D-aspartate (NMDA) antagonist (i.e. amantidine) have offered additional relief of motor symptoms by enhancing dopaminergic activity.<sup>3</sup>

The need for treatment of motor and non-motor complications associated with disease progression as well as increasing the convenience of dose administration has sparked development of new drug entities over the past 5 years. 2003 brought the combination product Stalevo<sup>®</sup> (carbidopa/levodopa/entacapone) to the market to minimize the number of tablets patients may take to enhance their adherence to current regimens. In 2004, Apokyn<sup>®</sup> Pen (apomorphine injection), a direct dopamine agonist, was introduced for relief of unpredictable episodes of "off" time. Also in 2004, Parcopa<sup>®</sup> (carbidopa/levodopa oral disintegrating tablet [ODT]) was approved, easing the administration of the previously used therapy. 2006 brought two new monoamine oxidase inhibitors (MAO-I) to the market; Zelapar<sup>®</sup> (selegiline ODT) a novel formulation of the selegiline which minimizes the hepatic first pass metabolism effects and Azilect<sup>®</sup> (rasagiline), a new MAO-I which can be conveniently taken once daily. Finally in January 2007, FDA approved Droxidopa, an orphan medication, that can be used to treat neurogenic orthostatic hypertension in PD.

The VANF provides high quality, best value pharmaceutical products while assuring the portability and standardization of the pharmacy benefit to eligible veterans accepted by the VA for care.<sup>4</sup> Upon FDA approval of a new molecular entity (NME), the Pharmacy Benefits Man-

agement Group and Medical Advisory Panel (PBM-MAP) directs an in-depth drug review, including responses from VA field experts. The PBM-MAP then decides whether to add the NME to the VANF. The PBM-MAP may also develop criteria to ensure safe, effective use when indicated. Table 1 lists medications available for treating PD and their VANF status.<sup>6,7</sup> Table 2 lists products in development that may be reviewed by the PBM-MAP in the future if approved by the FDA.<sup>7</sup>

The VA recognizes that treatment of PD is highly individual and that providers must utilize their clinical knowledge and experience. There may be alternative approaches that are equally effective, and it is essential to select treatment choices for the individual patient. As the number of agents expand, these emerging therapies will undergo the VANF process to provide our veterans with the most cost effective medications available.

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*Crystal Obering, PharmD, MBA; Monica Schaefer, PharmD, Kansas City, VAMC*

Crystal Obering, PharmD, Kansas City Consortium Center, presents her research during the poster session of the Philadelphia Consortium Conference in September.



**Table 1: FDA Approved Medications for Treatment of PD<sup>6,7</sup>**

Medication	Classification	VA National Formulary Status	Formulary Considerations
Bromocriptine	Dopamine Agonist, ergot	Formulary	
Pramipexole	Dopamine Agonist, non-ergot	Formulary	*
Ropinirole	Dopamine Agonist, non-ergot	Non-Formulary	
Apomorphine	Dopamine Agonist	Formulary	*
Carbidopa/Levodopa IR	Decarboxylase Inhibitor/ Dopamine Precursor	Formulary	
Carbidopa/Levodopa SA	Decarboxylase Inhibitor/ Dopamine Precursor	Formulary	*
Carbidopa/Levodopa ODT	Decarboxylase Inhibitor/ Dopamine Precursor	Non-Formulary	
Carbidopa/Levodopa/ Entacapone	Decarboxylase Inhibitor/ Dopamine /	Non-Formulary	
Entacapone	COMT Inhibitor	Formulary	*
Selegiline	MAO-B Inhibitor	Formulary	*
Selegiline ODT (Zelapar)	MAO-B Inhibitor	Non-Formulary	
Rasagiline (Azilect)	MAO Inhibitor	In Process	
Amantadine	NMDA antagonist	Formulary	
Benzotropine	Anticholinergic	Formulary	
Trihexylphenidyl	Anticholinergic	Formulary	
Droxidopa	NE <sup>£</sup> precursor for NOH <sup>δ</sup>	Orphan Drug –	
		In Process	

\* Restrictions and/or criteria for use should be considered at the facility or local level.

£ Norepinephrine

δ Neurogenic Orthostatic Hypotension

\*\*3/29/07 the FDA announced a voluntary withdrawal of Permax and generic pergolide

**Table 2: Emerging Medications in the Developmental Phase <sup>7</sup>**

Medication	Developing Company	Proposed Mechanism	Trial Phase
Rotigotine TD	Schwartz Pharma	Dopamine agonist	FDA approved, awaiting additional data submission
Apomorphine SL	Pentech Pharmaceuticals	Dopamine agonist	Phase III
CEP-1347	Cephalon	Selective inhibitor of the stress-activated protein kinase pathway	Phase II/Phase III
Istradefylline	Kyowa Hakko	Adenosine $\alpha$ 2a receptor antagonist	Phase III
SLV 308	Solvay Pharmaceuticals	Noradrenaline, dopamine and 5-HT	Phase III
Requip OCR	GlaxoSmithKline	Once daily dosing of dopamine agonist	Phase II/Phase III
Safinamide	Newron Pharmaceuticals	Na <sup>+</sup> channel blocking activity, Ca <sup>2+</sup> channel modulation and MAO-B inhibition	Phase III
Melevodopa/Carbidopa	Chiesi Farmaceutici	Affervescent tablet formulation of decarboxylase inhibitor/ dopamine precursor	Phase III

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Chairperson

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**Visit our Website****[www.parkinsons.va.gov](http://www.parkinsons.va.gov)****Nationwide PADRECCS****National Neurology Office**

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**April is World Wide Parkinson's Disease Awareness Month****PADRECC Educational Calendar**

Philadelphia PADRECC	Southwest PADRECC (W. Los Angeles)
4 <sup>th</sup> Annual PADRECC/MIRECC Symposium on Neurodegenerative Disease: The Interface of Psychiatry and Neurology Hyatt Regency at Penn's Landing Philadelphia, PA 4/20/07, 7:45 am - 4:30 pm ET	3 <sup>rd</sup> VA/UCLA Research Conference on PD and Movement Disorders Michael Zigmond, PhD (keynote speaker) UCLA Neuroscience Research Building 4/25/2007 12:00 pm - 6:00 pm PT
Southeast PADRECC (Richmond)	Northwest PADRECC (Portland/Seattle)
SE Consortium Center Network Educational Conference Calls VANTS # 1-800-767-1750 Access Code #91787 5/7, 7/9, 9/10, & 11/19/2007 9:00 am - 10:00 am ET	Portland Provider Education Lectures (Speakers: Kathy Chung, MD, Erin Bookout, SLP, Ron Blehm, PT & Jeff Kraakevik, MD) Portland VA Bldg 110, RM 109 4/11, 7/11, & 10/10/2007 11:30am - 12:30 pm PT
Houston PADRECC	San Francisco PADRECC
4 <sup>th</sup> Annual PADRECC Symposium on PD for Allied Health Professionals Houston United Way Bldg. 11/2/2007 8:00 am - 4:00 pm CT	SF PADRECC Caregiver Support Group SF VAMC or call in at: 1-800-767-1750 Access Code #5990 1 <sup>st</sup> Thursdays 12 Noon PT