Wilson Disease is 100 years old  
Biography of Samuel Alexander Kinnier Wilson

Samuel Alexander Kinnier Wilson was an American born British neurologist who was the first to identify Wilson’s disease one hundred years ago.

Wilson was born in New Jersey in 1878. Shortly after his birth, and the death of his father, he and the rest of his family moved to Edinburgh, Scotland. In 1902, he graduated with an M.B. degree from the University of Edinburgh, and the following year received his B.Sc. degree in physiology. Wilson then moved to Paris where he continued his studies with French neurologists Pierre Marie and Joseph Babinski. In 1905, Wilson moved to London, where he worked as registrar and pathologist at the National Hospital, Queens Square in London. Later he was appointed professor of neurology at King’s College Hospital, also in London.

Wilson specialized in clinical neurology, and made important contributions to the understanding of epilepsy, narcolepsy, apraxia (the inability to perform learned purposeful movements) and speech disorders. He described hepatolenticular degeneration (Wilson disease) in his Gold Medal winning M.D. dissertation of 1912 titled “Progressive lenticular degeneration”. He was honored for his research of the disease and, subsequently, the disorder became known as “Wilson’s disease”. In the paper he is credited for establishing the use of the term “extrapyramidal” (the part of the nervous system that controls muscle reflexes) in the field of neurology.


Word Cloud contest

We thought it would be fun to create a contest in celebration of the 100th birthday of Wilson disease. Contestants used the same text, gathered from the WDA website, and created their designs on Tagxedo using colors, fonts, and designs of their choice. Entries were judged for best appearance. Prizes will be given for 1st, 2nd, and 3rd place. Winning Cloud will be featured on the WDA website, in The Copper Connection, and on a new WDA Marketplace item for the remainder of 2012.

The 1st Place Winner is Ellen Seghi from New Hudson, MI. Our two independent judges awarded first place to this entry and had the following comments,

“I like the symbolism of the trunk serving of the base and supporting the various “branches” in the tree.”

“Tree... this is a disease that makes us a family - we all share the same gene - so we’re connected.”

2nd place winner is Marianne Collins of Pittsboro, NC and 3rd place winner is Erin Chandler of Cincinnati, OH.
The Copper Connection

Our Mission Statement
The Wilson Disease Association funds research and facilitates and promotes the identification, education, treatment and support of patients and other individuals affected by Wilson Disease.

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Newsletter design courtesy of WDA member Rui Alves, Portugal.

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The Copper Connection
5572 N. Diversey Blvd.
Milwaukee, WI 53217
414-961-0533 • Toll Free: 866-961-0533 • Fax: 414-962-3886
mary.graper@wilsonsdisease.org
www.wilsonsdisease.org

Wilson Disease Association
Successful fundraiser spurs planning of Scientific Workshop
Mary Graper

Many thanks to you, our loyal WDA donors, for making our 2011 Direct Appeal a huge success! In the letter, *Alex and Others Like Him Need YOUR Help Now!,* mailed last August, we asked that you help us to raise at least $50,000 by December 2012 so that we could make this important meeting a reality. Well my friends, you did it…and more!

This has allowed us to accomplish much of the preliminary planning already this year. Workshop organizers, Svetlana Lutsenko PhD, Professor of Physiology, Johns Hopkins University; Mary L. Graper, President, Wilson Disease Association; Dominik Huster, MD, Head, Gastroenterology and Oncology, Deaconess Hospital, Leipzig; Stephen G Kaler, MD, Senior Investigator, Molecular Medicine Program, NICHD, NIH; Dennis Thiele, PhD, George Barth Geller Professor, Pharmacology and Cancer Biology, Duke University Medical Center; and Michael Schilsky, MD, Associate Professor of Medicine and of Surgery, Yale University Medical Center, and Medical Director, Yale-New Haven Transplantation Center have identified the following goals for the meeting:

**Objective:** To bring together leading clinical experts and basic scientists working in the area of human copper metabolism; summarize recent research advances that have potential impact on diagnosis and treatment of human copper disorders; identify main translational challenges that require active research efforts to improve clinical outcomes in patients with disorders of human copper metabolism.

**Anticipated Outcome:** The participants will discuss latest research developments in the area of human copper homeostasis; identify the most challenging issues in the diagnosis and treatment of human disorders of copper metabolism. It is anticipated that such focused workshop will facilitate active collaboration/information exchanges between clinical and research laboratories. We will also initiate search for innovative approaches to cross-integrate the clinical and basic science aspects into training programs for young generations of physician-scientists and PhDs working in the field of copper and trace element metabolism.

A preliminary program is being developed and will be submitted to NIH in April, by Dr. Lutsenko, along with a grant application seeking additional funding. It is hoped that the NIH institutes NIGMS, NIDDK, and NINDS will support this important event. The anticipated date of the meeting is March or April 2013 at Johns Hopkins University in Baltimore.

Carol Terry honored at Genetic Alliance event

On September 22, 2011 Genetic Alliance, www.geneticalliance.org, celebrated its 25th anniversary, “25 Years of Innovation”, at the National Geographic Society in Washington, DC. The Celebration included a museum-quality Innovators Exhibit, honoring innovators from across the genetics, health, and advocacy community. Genetic Alliance defined “Innovators”, for the purpose of this exhibit, as “founders of advocacy organizations, board, staff, members, volunteers, researchers, policymakers, and others who have transformed their communities”.

Our own Carol Terry, co-founder and current Secretary of the WDA, was honored that evening with this beautiful plaque that now hangs in her home. Carol’s response, to the WDA Board, upon receiving the award was, “I am speechless! Thank you all so much for honoring me in this way.”
New EASL Guidelines
Pam Meadows, RN, MSN
Chair, WDA Professional Affairs Committee

The European Association for the Study of the Liver (EASL), a leading European scientific society involved in promoting research and education in hepatology, has published the first European Clinical Practice Guidelines, "Management of Wilson’s Disease", for the diagnosis and management of Wilson disease. The Guidelines focus on clinical presentation and prognosis, diagnostic strategies, the importance of family screening, and treatment options. This is great news, as the EASL attracts the foremost hepatology experts and is influential in European liver policy.

The new guidelines were published in the March issue (Volume 56, No. 3) of the Journal of Hepatology, the official journal of the EASL. For more information, and to download the document, visit http://bit.ly/A02vzw

Medication Assistance Update

Facilitating compassionate use medications for Wilson disease patients continues to be an important WDA program activity. MAP International continues to fill our requests for Cuprimine and Syprine, donated by Valeant Pharma, to needy patients outside of the U.S. Last year the WDA paid the shipping costs for 507 bottles of Cuprimine and Syprine to patients in 11 different countries. Because trientine is not an approved medication, for the treatment of Wilson disease, in Canada the WDA also facilitated shipments of compassionate use Syprine to 47 Canadian patients.

Recently, underinsured U.S. patients have been paying extremely high co-pays, between $700 and $2,500 per month, for Syprine. There is currently no established assistance program for this group of families. A restricted donation, from an anonymous donor, has allowed the WDA to provide financial assistance to several patients for this purpose.

Univar, in the U.K., continued their generous donation of both Trientine and shipping costs. Last year they supplied Trientine to 16 patients in 5 countries. Additionally, Univar also recently agreed to assist some of our underinsured U.S. patients. Thank you Univar!

WDA Canadian Pipeline

Linda Schwebke, Ottawa, Ontario Canada

To Canadian patients with Wilson’s Disease,
Spring is coming, and as you dig into the soil to plant your flowers, I, once again, ask you to dig into your pockets and contribute to your organization. True, Canadians do not benefit from a tax deduction, but we get much much more. In addition to the newsletters, research and conferences, it was President Mary Graper’s countless phone calls, on behalf of Canadian patients using Cuprimine, that yielded information on the 2011 drug shortage. Through her determined sleuthing, she ascertained when Cuprimine would once again be available to Canadians. Subsequently, Mary alerted us all through the WDA website, so that we could switch medication if necessary. From my perspective, knowing that an organization represents my interest was a comfort during that most unsettling period. We do not know what the future holds, but we do know that by working together we are stronger. We also know that an organization such as WDA relies on donations. I challenge each and every Canadian to reach down deep and plant a $100 gift of life so that no WD patient goes undiagnosed, untreated or uninformed. Happy spring to everyone!!!
Research from our WDA Center of Excellence in Mumbai

Reversal of Severe Wilson Arthropathy by Liver Transplantation
Aabha Nagral and Kiran Sathe

Consultant Hepatologist, Pediatric Liver clinic, Department of Gastroenterology and Pediatric Registrar, Dept. of Pediatrics, Jaslok Hospital & Research Centre, Mumbai, India.

Wilson disease is associated with multisystem involvement. We describe a patient of Wilson disease with severe arthropathy, which completely reversed following liver transplantation. This is the first case report in literature describing the complete reversal of Wilson disease related arthropathy by liver transplantation.

Correspondence to:
Dr Aabha Nagral, Consultant Hepatologist, 7, Snehasagar, Prabh Nagar, Prabhadevi, Mumbai 400 025, India.
aabhanagral@gmail.com

Received: December 8, 2009; Initial review: January 11, 2010; Accepted: February 22, 2010.

An 11-year-old boy presented with episodes of recurrent jaundice of two years duration. On investigations he was diagnosed to have Wilson disease (low serum ceruloplasmin, high urine copper, slit lamp showing K-F- rings and sunflower cataracts). He had no neurological symptoms. He had a serum bilirubin of 3.5 mg/dL, (direct 2 mg/ dL), AST-104 IU/L, ALT - 205 IU/L, ALP - 160 IU/L, serum albumin - 2.9 g/ dl, INR - 1.8, Hb – 10.8g /dL, WBC – 4800/cmm , platelets – 88,000/cmm. USG of the abdomeshowed a cirrhotic liver with portal hypertension and free fluid in peritoneal cavity. He was initially treated with d-penicillamine. He was fairly well compensated for about one and half years while on d-penicillamine. However, his white cell count and platelet counts progressively decreased (lowest WBC count was 2100/cmm and platelet count of 35,000/cmm) and this was attributed to a combination of hypersplenism and d-penicillamine and he was therefore switched to trientine. After two months, his liver decompensated after an episode of fever and spontaneous bacterial peritonitis. He had a rising bilirubin and grade two hepatic encephalopathy with a deteriorating coagulation profile. He had a rising bilirubin and grade two hepatic encephalopathy with a deteriorating coagulation profile. He developed progressively increasing joint involvement, which started a month after the episode of encephalopathy. The joint pains involved both large and small joints (knees, ankles with small joints of the fingers and toes). The involvement was symmetrical, with tenderness and restricted joint mobility with swelling of the knee joints, which seemed to be predominantly involved. The joint pains severely affected his activities of daily living including sleep. He was investigated for the arthropathy – Anti-Nuclear Antibody, Rheumatoid Factor, Direct Comb’s test, Chikungunya IgM antibody, and HLA B27- were negative; serum uric acid was 1.8 mg/dL (2.5-7.8 mg/dL) and Anti Streptolysin O showed a normal value of less than 200 Todd units. X-ray of the knee joints revealed periarticular soft tissue swelling and osteopenic bones. Ultrasound of the knee joints revealed bilateral effusions of the suprapatellar bursae. MRI of the brain did not show any evidence of copper deposition. Since no other cause of joint pain was found, a diagnosis of Wilson’s arthropathy was made. He was treated with paracetamol and opiate based drugs for the joint pains and local fomentations, which provided minimal relief. Subsequently, he underwent a living related right lobe liver transplantation, (donor being his mother) after 2 months of decompensation (in the form of fever, SBP & hepatic encephalopathy). At the time of transplantation, his PELD (Pediatric end stage liver disease) score was 36 and the liver profile at the time of liver transplantation revealed AST – 305 mg/dL, ALT–290 mg/dL, GGTP–275 mg/dL, total bilirubin – 20.4 mg/dL, direct bilirubin – 14.3 mg/dL, INR –3.4, serum creatinine – 0.4mg/ dL, serum albumin – 2.5mg/dL. He was initially on tacrolimus and steroid based immunosuppressive therapy and later switched to cyclosporine due to tacrolimus related toxicity. The joint problem showed remarkable improvement, with complete of joint pain was found, a diagnosis of Wilson’s arthropathy was made. He was treated with paracetamol...
Clinical Trial for Single Daily Dosage of Trientine Completed at Yale

Michael L. Schilsky, M.D., Yale University of Medicine and Aftab Ala, M.D., Frimley Park Hospital, Surrey U.K.

We recently concluded our analysis of a prospective clinical trial on the safety and effectiveness of a single daily dosage of trientine for treating patients in the maintenance phase of therapy for their Wilson disease. This study was conducted under the direction of Dr. Schilsky at Yale. In this study, each patient served as their own control and was evaluated before and after a transition to trientine taken as a single daily weight based dosage for twelve months. Our expectations of continued stability with respect to patients liver disease and overall clinical status and laboratory testing for copper metabolism and liver function over the treatment period were achieved.

Patient questionnaires taken at the end of the study indicated that study participants viewed being able to take their medication as a single daily dosage favourably and improved their adherence to treatment. The results of this study are being submitted for publication and will be presented at a future Wilson disease meeting so that others may learn of the results. The success of this study has also led to the planning of future collaborative studies here and in the United Kingdom.
WDA RIBBON
Here they are! Ribbon designed and donated by Sarah Hendrix. Copper metallic, with blue and white enamel image of WDA globe, lapel pin through the middle. $7.00 suggested donation per ribbon (S & H included)
Number of Ribbons ________
Amount $ ________

WDA AWARENESS BRACELET
You asked for them... we have them! WDA awareness bracelets! The bracelets are packaged in groups of 5. The suggested donation per bracelet is $2.50, that comes to $12.50/package. Orange/yellow swirl design, inscription reads “STOP COPPER!” and “www.wilsonsdisease.org”.
Packages of Bracelets ________
Amount $ ________

THE GIFT OF LIFE 2
This 382 page book is a valuable resource for anyone facing a liver transplant. Co-author and former WDA Board member, Parichehr Yomtoob, has generously donated a number of copies to benefit the WDA. Mrs. Yomtoob’s son David was a Wilson disease patient who underwent 3 liver transplants during his lifetime. Sadly, David passed away following his third transplant in 2006.
Suggested donation is $22.00.
Number of copies ________
Amount $ ________

WDA LAPEL PIN
Copper metallic edge and figures, with blue and white enamel background. On-half inch in diameter.
Suggested donation is $5.00 each, or 5 for $20.00
Number of pins ________
Amount $ ________

NEW WDA MARKETPLACE AT CAFEPRESS
If you have a specific request for an item you would like to see offered, please let us know. To see all customizable products available visit http://www.cafepress.com/make/personalized-gifts

WDA CAP

WDA SPECIAL EDITION WORD CLOUD MUG

WDA DOGGY TEE
Shop for new WDA awareness merchandise at our new CafePress shop at the WDA Marketplace http://www.cafepress.com/WDAMarketplace. Items you purchase will be printed on demand and shipped directly to you. WDA receives a percentage of the listed retail price. Here are a few examples of what is currently available. More items will be designed and added in the future, so keep watching!
Membership Form

The Copper Connection

Wilson Disease Association

☐ New Member  ☐ Renewing Member  ☐ Mr.  ☐ Mrs.  ☐ Miss  ☐ Ms.  ☐ Dr.  ☐ Other__________

Name___________________________________________________________

Address________________________________________________________

City_________________________ State_________ Zip______________ Country__________

Home Phone____________ Work Phone_________ Email_______________________________

☐ Membership Dues: Basic Membership - $35
  • Receive quarterly WDA Newsletter via e-mail – Please provide e-mail address above

☐ Basic Plus Membership - $60
  • Receive quarterly WDA Newsletter via U.S. mail or e-mail – Please provide email address above

☐ Silver Membership - $120
  • Receive quarterly WDA Newsletter via U.S. mail or e-mail – Please provide email address above
  • 10% discount on Annual Meeting registration for up to two registrants

☐ Gold Membership - $250
  • Receive quarterly WDA Newsletter via U.S. mail or e-mail - Please provide email address above
  • 15% discount on Annual Meeting registration for up to four registrants
  • Special recognition as a Gold Member in WDA Newsletter

☐ Copper Membership - $1000
  • Receive quarterly WDA Newsletter via U.S. mail or e-mail – Please provide email address above
  • 20% discount on Annual Meeting registration for up to four registrants
  • Special recognition as a Copper Member in WDA Newsletter
  • 10% discount for Annual Meeting program ad
  • No annual dues

I wish to make a donation to Wilson Disease Association:

Name___________________________________________________________

Address________________________________________________________

City_________________________ State_________ Country______________ Zip__________

☐ I am making a tax-deductible donation of $__________________________

☐ In honor of __________________________  ☐ In memory of________________________

Send acknowledgement to: __________________________________________

Name_________________________ Street___________________________

City_________________________ State_________ Zip______________ Country__________

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Payment Information:

Marketplace $______  ☐ Visa  ☐ Master Card  ☐ Check or Money Order attached

Membership Fee $______  Card # __________________________

Donation $______  Expiration Date:____________  CID # __________ (3 digits on back of card)

Total $______

Signature___________________________

Please mail, tax, or e-mail to:
Wilson Disease Association, 5572 North Diversey Blvd., Milwaukee, WI 53217
Fax: 414-962-3886  E-Mail: membership@wilsonsdisease.org
Outcome and management of 207 pregnancies in Wilson disease

K. Weiss¹; D. Gotthardt¹; N. Eckert¹; P. Ferenci²; W. Stremmel¹
1. Internal Medicine IV, University Hospital Heidelberg, Heidelberg, Germany.
2. Internal Medicine, University Hospital Vienna, Vienna, Austria.

Introduction: Wilson disease (WD) is a genetic copper storage disorder, leading to liver failure and neurological deterioration. Lifelong medical treatment is necessary to maintain copper homeostasis. Optimal treatment regimens in pregnant women are under debate in respect to abortion rate, teratogenicity and therapeutic efficacy.

Aim: The current study aimed to assess outcomes of pregnancies in a retrospective multicenter cohort study

Patients and Methods: A total of 207 pregnancies in 100 WD patients in European tertiary care centers were analysed retrospectively. Medical regimens (D-penicillamine, Trientine, zinc salts, or a combination of a chelator and zinc) were classified and files were reviewed for maternal hepatic or neurological deterioration during pregnancy. Outcome of pregnancies and abortion rate were analyzed in respect to the maternal treatment and disease presentation.

Results: Worsening of liver function tests was evident in 10 cases and occurred under all treatments to a similar extent. Liver function resolved after delivery in all cases. Neurologic deterioration in pregnancy was rare and was observed only in 2 cases (one under zinc, one under D-penicillamine therapy), but resulted in permanent worsening of the neurologic symptoms.

Overall abortion rate was 48/207 (23.2%) in the study group. Of these, 46 abortions were recorded within the first three months; two still births were associated with placental insufficiency. Abortion rate under Trientine treatment (8/20; 40%; p=0.04) was higher than under D-penicillamine (14/96; 14.7%) or zinc (2/19; 10.5%). We observed inborn defects in 2/159 newborn: One child presented with partial oesophageal atresia (under D-penicillamine therapy of the mother), another child was diagnosed with a Glu-6-P-DH deficiency (under zinc therapy).

Conclusion: In most cases control of liver function was maintained during pregnancy regardless of the chosen medical regimen. Neurologic deterioration was rare but resulted in severe disability in two cases. Thus, careful monitoring of WD patients during pregnancy is recommended. Contrary to previous reports we observed a higher rate of miscarriages under Trientine treatment. Potential teratogenicity remains a concern especially under D-penicilamine therapy.

Wilson Disease

Mary Graper, Wilson Disease Association President

Wilson disease (WD) is a rare genetic disorder of copper metabolism that affects 1 in 30,000 people worldwide. Mutations in the ATP7B gene on chromosome 13 prevent copper from being properly excreted from the body. This results in the accumulation of copper in the liver, brain, and other organs. WD is always fatal unless it is diagnosed and treated before serious symptoms develop.

WD patients typically present with hepatic symptoms, neurologic/psychiatric symptoms, or both. Hepatic symptoms can include hepatomegaly, splenomegaly, elevated serum aminotransferases (AST, ALT), fatty liver, acute hepatitis (resembling autoimmune or viral hepatitis), cirrhosis, and acute liver failure. Neuro/psych symptoms range in severity depending on the amount and location of copper deposition in the brain. Some of the effects of this are various movement disorders, drooling, dystonia, dysphasia, and seizures. Psychiatric symptoms are usually present in neurologically affected patients and, in fact, sometimes precede the onset of the neurologic symptoms mentioned above. Other systems that can be affected are ocular (Kayser-Fleischer rings), cutaneous, renal, skeletal, cardiac, and endocrine.

Wilson disease is a complex, multi-system disorder that is all too frequently misdiagnosed as better known disorders.

Treatment is aimed at removing excess accumulated copper and preventing its reaccumulation. Chelation therapy drugs approved for treating Wilson disease include penicillamine (Cuprimine® and Depen®) and trientine (Syprine® and Trientine Dihydrochloride). Both of these drugs act by binding copper, causing its increased urinary excretion. Metallothionein inducer drugs approved for treating Wilson disease are (Galzin™) in the U.S. and (Wilzin®) in Europe. Zinc
acts by blocking the absorption of copper in the intestinal tract and removes it in the stool. This action both depletes accumulated copper and prevents its reaccumulation. The only “cure” for WD is liver transplantation, which is reserved only for patients with end-stage liver disease.

The Wilson Disease Association was incorporated as a non-profit organization in 1983. Today we are still the only U.S. organization advocating for patients with WD. Our services also extend globally to patients and families in over 50 other countries. We work closely with physicians and researchers to ensure early diagnosis and proper treatment of those now and in the future who may be affected by WD. We are dedicated to providing education and support to those struggling to obtain a diagnosis or manage their disease.

In my opinion, one of the biggest challenges the WDA faces is educating the medical community to “Think Wilson Disease” for anyone who has unexplained hepatic, neurologic or psychiatric symptoms. I look forward to the day when no patient is told, “You can’t have Wilson disease, it is too rare”.

For more information about Wilson disease, please visit the WDA website at www.wilsonsdisease.org

Editor’s Note: This article was printed in the February edition of the University of Chicago Genetic Services newsletter. http://dnatesting.uchicago.edu/

Another wedding fundraiser!

On December 31, 2011 the WDA received the following letter from the mother of the bride:

Dear Ms. Graper,

Our daughter, Cara, married Jason Cesa in October of this year. As you know, Jason is the son of Mary and Joe Cesa, whom you met when their youngest son Tim was going through his liver transplant three years ago. At that same time, Jason was diagnosed with Wilson’s Disease too.

When Jason came into Cara’s life, we first learned about this disease. During the past two and one-half years we have grown to love ALL of the Cesa family members! When Cara and Jason got engaged, they decided to create the enclosed card and place on each person’s plate at their wedding reception. They chose to make a donation to the Wilson’s Disease Association in lieu of wedding favors for their guests.

I am enclosing the donation of (...) and hope and pray that the money will help find a cure for this disease. I appreciate all of your efforts and will continue praying for all those who have Wilson’s Disease.

Thank you.
Raise money without asking!
Stefanie Kaplan, WDA Vice President

There are so many ways to raise money without directly soliciting your friends and family. One way that I raise money each year for the WDA is by hosting a Boutique at my home.

All of us have friends and family that have home-based businesses: Jewelry; Olive Oils; Make-up; Clothing, Kitchenware, etc. Invite 5-6 different vendors to your home for a “Boutique” and ask them to donate 15-20% of their proceeds back to the WDA. Then, create a flyer, a Facebook event, and a mass email to your friends and family telling them about the Boutique and that they can “shop for a good cause”. Have them invite people, as well.

I held my third Boutique last fall and raised $1000 for the WDA! I didn’t have to ask anyone directly for money, and I did not have to write a check myself. My friends and family got to shop for great products; the vendors received exposure and new clients; and the money raised went to a great cause.

If you would like to hold plan and hold one of these, feel free to contact me if you would like any assistance. stefaniefkaplan@gmail.com

Flower Power
Carol Terry, WDA Secretary

Last fall, I initiated a small WDA online fundraiser through Flower Power Fundraising. It was easy to set up the fundraiser online and to notify people on my e-mail contact list that they could help by buying flower bulbs, or distributing the fundraiser information to their e-mail contact list. Every sale of flower bulbs raised 50% of the sale price for the WDA. The bulbs were delivered directly to the purchaser and guaranteed by Breck’s. Flower Power sent automatic reminders to my e-mail contacts at different points during the two-month fundraiser. Last fall’s fundraiser produced over $250 in revenue for the WDA, and it was easy and all done online!

RADA Cutlery

Here’s an EASY way to support the WDA while doing your shopping!

Through a simple internet ordering system, you can purchase quality Rada Cutlery kitchen knives, utensils, gift sets, scented soy candles, cookbooks, stoneware, and dip, soup and dessert mixes direct from the manufacturer at very low prices. A portion of each purchase is given to the WDA. This means that not only will you get a great deal on amazing products, but you will also be helping the WDA achieve its goals on your behalf.

To take advantage of this opportunity to help us, log-on to www.HelpOurFundraiser.com using the following:

Internet Ordering #: 502271
Password: fightwd

Your order will be delivered to your address in 15 working days or less. Please note that a $10 minimum order is required and you can get additional information about the products available or download a complete catalog at www.RadaMfg.com. Your purchase also supports American workers and their families because Rada Cutlery has been proudly manufactured in America’s heartland since 1948.

DID YOU KNOW?
THAT WDA BOARD MEMBERS ARE ALL VOLUNTEERS?
DONATIONS ARE USED FOR PROGRAM ACTIVITIES TO BENEFIT ALL AFFECTED BY WILSON DISEASE.
2011 DIRECT APPEAL:

2011 DIRECT APPEAL IN HONOR OF:
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2011 DIRECT APPEAL IN MEMORY OF:
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CO-PAY ASSISTANCE
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Amitab Upadhyaya

MEMBERSHIP DUES:
Dina Pritsker, Barbara Falk, Gerald Fortuna, Joyner Household, Agnes Lute, Aabha Nagral M.D., Bergmann, Cathleen, Gary Bowen, Janene Bowen, Chien-Hui Chung, Douglas Coleman, Dave Cook, Linna Ding, MD,PhD, Rui Estevs, Groman Household, Janet Jorgensen, Kelyn Everham, Wayne Kamenitz, Kim Michaux, Christopher King, Klouse Household, Patrick Lehrner, Beverly Linkins, Mary Katherine Griffin, Nara Weyman, Joelle Kwong Sang, Pamela Meadows, Peggy Norris, Peter Mills, Marla Piehsatuska, Pryor Household, Richard Rosencontritz M.D., James Russo, Sobkowski Household, Susan Tarquinio,
2012 WDA BOARD ELECTIONS
Current Board members Len Pytlak and Drew Katz have agreed to run for new 3-year terms on the WDA Board this year. Elections will be held by mail-in ballot in the fall. Please look for the ballot and voting instructions in the fall newsletter.

NEWSLETTER DEADLINE:
If you would like to submit an article to be published in the next printed edition of The Copper Connection the deadline for submission is September 1, 2012. Please e-mail your article to the WDA office at info@wilsonsdisease.org

DONATIONS:
For your convenience, you can make your donations online by visiting our website. Just visit www.wilsonsdisease.org you will see the Donate button on the front page. This will direct you to a secure PayPal link where you can safely enter your information. We encourage you to donate online as it will save you time and postage! If you prefer to mail a check, or do not have online access, please send your tax-deductible donation to the WDA office at:

Wilson Disease Association
5572 N. Diversey Blvd.
Milwaukee, WI. 53217

EASY WAYS TO DONATE:
At www.goodsearch.com you can earn money for the WDA simply by searching the Web. Rather than using your usual browser, click on the GoodSearch button on the WDA website home page. From there you can browse the Web and earn 1 cent per click for the WDA. It’s that easy! Feel like shopping online? You can also do that through GoodShop and the WDA will earn an average of 20% for each purchase you make at one of the over 1000 participating stores.

CONNECT WITH THE WDA ON
https://twitter.com/#!/wilsondisease
and
http://www.facebook.com/wilsondiseaseassociation

MORE SEARCHING AND SHOPPING OPPORTUNITIES AT IGive.COM!
Again, click on the iGive button on the WDA home page and get started. Every time you shop at any of 700+ online stores in the iGive network, a portion of the money you spend benefits WDA. It’s a free service, and you’ll never pay more when you reach a store through iGive. In fact, smart shoppers will enjoy iGive’s repository of coupons, free shipping deals, and sales. To get started, just create your free iGive account.

FIND SUPPORT:
Join this valuable Forum by clicking on the Inspire button on the WDA home page. There you will find many opportunities to ask questions, engage in discussion, create a journal, and gain knowledge. There are many topic areas to choose from.

NATIONAL DISEASE RESEARCH INTERCHANGE (NDRI)
Please take the time to register with NDRI. Your blood and tissue donation might be the one that helps find a cure, or a better treatment. To donate blood or tissue, please contact a Rare Disease Coordinator at raredisease@ndriresource.org, or by phone at 800-222-6374.

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https://twitter.com/#!/wilsondisease

http://www.facebook.com/wilsondiseaseassociation
2012 SUPPORT MEETINGS

Instead of a large annual conference this year, the WDA will be hosting several smaller regional meetings. Those of you who have attended one in the past know how enjoyable these meetings are. There is no charge to attend the meetings, and the WDA will provide a light meal for all attendees. WD treating physicians will be present to provide updated information and field questions from the group. Members of the WDA Board of Directors will also be on hand to answer questions and gather relevant information that will assist in the WDA’s advocacy initiatives.

We have one confirmed date for September 16, 2012 in New York City. With the help of Dr. Schilsky, we have secured The Yale Club of New York City for the venue. Other tentative locations, with dates to be determined are Ann Arbor, Michigan, Long Beach, California, and Toronto, Canada. If you would like to receive updated information, as it becomes available, please write to membership@wilsonsdiasease.org and ask to be added to the Regional Meeting Mailing List. Updates will also be posted on the WDA website and WDA Facebook page.