



FALL 2007



AUTISM SPEAKS™
It's time to listen.

family connections

VOLUME 1 ISSUE 1

CLINICAL PROGRAMS

an interview with

PAT LEVITT *Ph.D.*



Dr. Levitt studies the molecular and cellular mechanisms that control the development of the brain, and the causes of developmental and neuropsychiatric disorders such as autism, anxiety and schizophrenia; Dr. Levitt is the Annette Schaffer Eskind Chair; Professor of Pharmacology; and Director, Vanderbilt Kennedy Center for Research on Human Development.

How did you get involved in autism research?

Portia Iversen, co-founder of Cure Autism Now (CAN), asked me to attend a meeting of the scientific advisory board of CAN 5 years ago. That experience, with so many scientists like myself sitting around a table and discussing possible new leads in autism research, stimulated my thinking to evaluate my own research program and to see if anything we were doing could be relevant to understanding autism.

Please describe the focus of your research and what it tells us about autism.

We had been studying the role of a cell receptor protein, called 'MET', in brain development. We used genetic tools to disrupt MET expression in mice. Brain development is disturbed selectively in the cerebral cortex, in particular the neurons that control neuronal excitability and complex information processing.

The subsequent behavioral changes in the adult mice were similar to what had been described in autism, including social behavior disruption, anxiety and intermittent seizures. We noticed that the gene encoding MET was in a region of chromosome 7 that had been previously implicated as an autism 'hot spot' by geneticists. We took a shot, and decided to look for DNA sequence variations in the MET gene that might show increased inheritance in subjects with autism. And indeed, we did.

What is meaningful about the mutation your group identified?

The mutation is a change in a single base in the region of the MET gene that controls the amount of the gene product that is made. Thus, using a cell culture system, we were able to show that if you had the

sequence change transmitted more in autism, that sequence change altered the amount of the gene product that is produced by about 2-fold. This means that not only does the sequence variation track more in autism, but it causes a biological change. We recently have followed up the genetic finding by measuring levels of MET protein in postmortem brain tissue, and we will be reporting shortly that, as we hypothesized, there is an approximate 2-fold decrease in MET protein in cases from individuals with autism compared to age-matched controls.

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LaSalle lab integrates two clinical programs

Since 1997, Dr. Janine LaSalle's lab at UC Davis has been studying the role of epigenetics in human Autism Spectrum Disorders (ASDs). Epigenetics is the study of heritable changes in chromosomes that are not encoded in the DNA sequence, including DNA methylation and chromatin organization. One mechanism of epigenetic changes in gene expression is called genomic imprinting. At conception, most genes are normally regulated by two alleles (one from the father, one from the mother). In some cases, gene expression occurs from either the mother or the father – and this is termed imprinting. In order for scientists to determine whether a gene of interest has been "imprinted", genetic material must be obtained from all family members. This includes at least one parent.

Recently, the LaSalle lab identified a protein called GABRB3 in a region of the chromosome thought to be implicated in autism: chromosome 15. Mutations in a specific area of this chromosome are known to produce a genetic disorder with behavioral characteristics similar to autism (called "IDIC15"). In individuals with IDIC 15, an extra copy of a region of chromosome 15 is present.

continued on page 14

from the desk of
CLARA LAJONCHERE
Ph.D.

Dear Families,

Now that the merger between Cure Autism Now and Autism Speaks is complete, we are a stronger, more unified voice for the autism community. One of the victories of the merger is that all clinical programs and research resources, such as the successful AGRE and ATP programs, are now united under one roof, providing more opportunities for families to partner with us as we work towards interventions and treatments for our children.

We are thrilled to announce the first edition of *Family Connections*, a newsletter that brings together all of Autism Speaks' Clinical Programs: Autism Genetic Resource Exchange (AGRE), Autism Tissue Program (ATP), Clinical Trials Network (CTN) and the Autism Treatment Network (ATN). For many years, AGRE families looked forward to receiving *Listening To You* in their mailboxes. Now expanded, *Family Connections* will bring together the biggest and best resources and provide you with the latest scientific findings. We hope that through this newsletter, you will be able to connect with happenings and updates across all clinical programs at Autism Speaks.

Our expanded science team is ready to partner with you in an effort to find the answers that are so important to each and every one of us. We will continue to work together and rely on each other to fight autism across all scientific fronts, assuring that we achieve great success in the future.

Thank you for all that you do!

Clara Lajonchere, Ph.D.
VP Clinical Programs

Clara Lajonchere
and her nephew, Moritz, at 6 months



autism GENETIC RESOURCE exchange www.familyagre.org

A repository (gene bank) of genetic and clinical information that is made available to autism researchers worldwide. AGRE was created by Cure Autism Now in 1997 to accelerate the pace of research in autism. AGRE collects DNA samples and clinical data from families that have two or more members (known as "multiplex" families) diagnosed with autism or an ASD. Participation in the program requires participation from at least one biological parent and 2 affected children.



www.autismtissueprogram.org **autism TISSUE program**



The Autism Tissue Program was established in 1998 to create a centralized source of brain tissue and associated clinical data from individuals with ASD and their families. Brain tissue offers researchers a way to directly examine underlying processes in the brain. Without this precious resource, the basic understanding of the cellular and molecular basis of this disorder is not possible. Studying brain tissue allows researchers to a) better understand the underlying biological mechanisms associated with autism; b) develop treatment targets; and c) develop better biomarkers. The ATP participates in a nationwide campaign to help families understand the importance of brain tissue donation. Because autism has been deemed the most heritable of the neurodevelopmental disorders, all family members are encouraged to register for donation. Researchers also need brain tissue from neurotypical controls, i.e. people who are neither autistic nor related to people with autism, to compare to tissue from affected individuals and their family members.

www.autismspeaks.org/science/programs/atn **autism TREATMENT network**



A network of treatment and clinical care centers dedicated to improving medical care for children and adolescents with autism. The ATN seeks to fulfill its goal of improving medical treatment by establishing standards of clinical care based on clinical research and shared clinical practice. The ATN is dedicated to establishing these standards of care for autism in the medical community through open research collaboration, trainee mentorship, medical education and participation in conferences. The ATN is further committed to improving insurance reimbursement for autism-specific treatments to increase accessibility to these treatments community-wide.

CLINICAL TRIALS network www.autismspeaks.org/science/programs/ctn

A network of 8-13 medical centers that work together to carry out clinical trials for autism. The centers in the network work collaboratively to support trials by recruiting children, providing clinical expertise and following the protocols for each trial (multi-site, single protocol trial). Since the sites in the network share uniform practices for data collection, assessment training, and study methods, clinical trials are greatly expedited. The goal of the network is to rapidly screen new and promising compounds and other interventions and provide pilot data for larger multi-center federally funded trials. Possible interventions include pharmaceuticals (new compounds and off-label drugs), nutraceuticals (e.g. vitamins, minerals, fatty-acid supplements) and behavioral treatments (alone or in combination with pharmacologic treatments).





KEY CONTACTS

New Families

Families who want information about AGRE or have questions about enrollment, please contact:

Tiffany Torigoe, Family Recruitment Manager at **866.612.2473 x732**

Lynne Herod-Deverges, Family Recruitment Specialist at **866.612.2473 x734**

info@familyagre.org

Family contact information can be submitted online at

www.autismtools.org/familyagre/register

An AGRE brochure is available for download at

www.cureautismnow.org/agre

Enrolled AGRE Families

Families who have questions regarding scheduling a visit to your home, or next steps in participation,

please contact: Tiffany Torigoe, Family Recruitment Manager at **866.612.2473 x732**

Lynne Herod-Deverges, Family Recruitment Specialist at **866.612.2473 x734**

info@familyagre.org

If you signed up for our program, were deemed eligible, and have not had a clinical visit, it might be because we are still trying to recruit additional families in your area. If you know any families with more than 1 affected child with autism that are interested in being part of AGRE, please fill out the enclosed postcard and mail it back to the AGRE offices or contact one of our recruitment staff directly (listed above)

No matter where in the process your family might be, it is very important that we have your most up-to-date contact information. If you have changed your phone number, email address or mailing address since you signed up with AGRE, you can update us in one of the following ways:

- Fill out the enclosed postcard and mail it back to the AGRE offices.
- Contact one of our recruitment staff, listed above.
- Fill out our online form at www.familyagre.org/contact/changeAddress.cfm

Research Questions

Researchers and families who have research questions about AGRE, please contact:

Vlad Kustanovich, Researcher Liaison and ISAAC Project Manager at **866.612.2473 x731**

info@agre.org

Our families have truly been the heart of the AGRE program. The numerous families that dedicate their time and effort to helping us crack the puzzle of autism are amazing! There are currently over 1,360 families across the nation, from Hawaii to Rhode Island, who are actively participating in AGRE. Many of the families are still in the participation process.

What Does it take to Participate

Participation consists of 3 different phases

Blood Draw A highly trained AGRE phlebotomist visits the family's home and collects blood samples from all participating family members.

Diagnostic Testing An expert AGRE psychometrician visits the family's home to conduct a parent interview and standardized diagnostic assessments with each affected individual to verify diagnosis.

Medical Evaluation A pediatric neurologist will collect a medical history on all participating family members and conduct a physical/neurological exam on all participating children. (The medical histories will be conducted either in the family's home or via telephone, depending on geographic location.)

The order of these 3 steps will vary depending on a family's geographic location and schedule since there are only 3 full-time AGRE psychometricians and 2 full-time AGRE phlebotomists that travel throughout the United States seeing families. The psychometricians and phlebotomists travel independently of one another so there can be a 9 month wait (or longer) between in-home visits.

If you have any questions about your status in the program, please contact our recruitment staff:

Tiffany Torigoe, Family Recruitment Manager, at **866-612-2473 x732**

Lynne Herod-Deverges, Family Recruitment Specialist, at **866-612-2473 x 778**

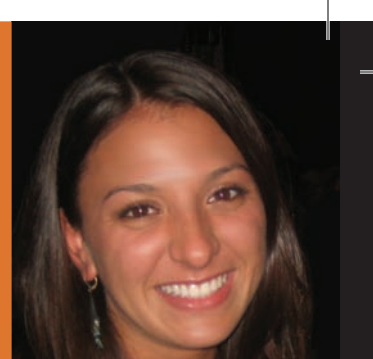
Email info@familyagre.org

You may also visit our website

www.familyagre.org

for further information.

Brianne Cohen
Psychometrician



Angie Fedele
Clinical Operations Manager
Psychometrician



Charlotte DiStefano
Psychometrician



Linda Parry
Phlebotomist



Tiffany Torigoe
Family Recruitment
Manager



Lynne Herod-Deverges
Family Recruitment
Specialist





collaborations

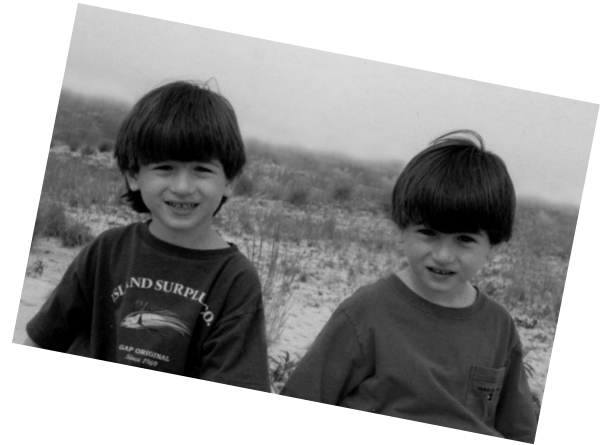
AGRE believes that collaborations with other groups will provide the biggest contribution to autism research. Below are some of the exciting collaborations that we have been involved in for 2007.

Active Collaborations

- Washington University in St. Louis – Social Responsiveness Scale (SRS)**
- Stanford University - California Autism Twin Study**
- SARRC – Southwest Autism Research and Resource Center (Co-recruitment)**
- UCLA – Magnetic Resonance Imaging (MRI) Study**

Upcoming Collaborations

- University of Southern California: Institute for Creative Technologies** – A pilot study that involves the use of a Virtual Reality “Classroom” scenario for the assessment of attentional performance in children with Autistic Spectrum Disorder (ASD). The specific aims of this project include the determination of the usability of the system for better measurement of attention skills in a more lifelike environment.
- University of Southern California: Robotics Research Lab** – This project involves the use of a “socially assistive human robot” this study is aimed at designing robots as compelling social partners and catalysts for social interaction between a child with autism and other people.
- Yale University** – The aim of this study is to identify biological markers that contribute to the pathobiology of several neurodevelopmental disorders, including autism, using 3 different kinds of MRIs



The Autism Genetic Resource Exchange Hits Publication Milestone

The Autism Genetic Resource Exchange is celebrating its 10 year anniversary! Since 1997, AGRE has collected genetic and clinical information from individuals with autism and their families. AGRE now includes data from over 1600 families, and is in use by over 160 researchers from 13 countries. It has contributed significantly to the productivity of autism researchers, and AGRE reached a milestone recently when the 103rd research paper citing the AGRE database was published. The largest private collection of families with two or more children with autism, AGRE accelerates the pace of autism research by providing clinical and genetic information to qualified researchers worldwide. AGRE psychometricians, physicians, and phlebotomists travel nationwide administering standardized assessments, conducting interviews and collecting blood from families with autism. This information is then made available to researchers via the Internet System for Assessing Autistic Children (ISAAC). “There are currently 186 researchers from 13 countries approved to access the resource and now over 100 publications that have relied on the resource since the first publication in 2001” said Dr. Clara Lajonchere, Autism Speaks VP of clinical programs, who has been leading the AGRE program since 2003. “The number of publications that have relied on the AGRE resource is testimony to its impact on the scientific community.” Scientific journals which have cited the AGRE database include Science, Nature Genetics, Molecular Psychiatry and Proceedings of the National Academy of Sciences. AGRE is currently developing a series of on-line surveys for families that have participated in the program in order to gather additional information on children and families that will supplement and enhance the existing database.



Introducing Our Further Assessment Survey!

The Further Assessment Survey is a compilation of questionnaires developed by an expert team of scientists that we will be sending to AGRE families over time to gather more comprehensive data that will be helpful to researchers in the field. The descriptive (or phenotypic) information gathered from these surveys will be added to our research database for scientists to use in their investigations. Because the AGRE staff has limited time in the home, we want to provide families with opportunities to provide additional information using a secure web-based interface on such important topics as pre-natal history, environmental exposures, sleep disturbances as well as other issues relevant to our children.

Our plan is to collect this information in modules, each focusing on a particular theme. The goal of this survey is to increase the breadth of data made available to researchers in order to meet the emerging needs of science, and help researchers to provide answers to our most pressing questions.

We are the Conn family, and live just outside Sacramento in Lincoln, California. I am mom to five children, Dakota—10, Noah—7, Tristan—6, Dillon—4, Gianna—23 months. Each of our children has been diagnosed with a form of autism and all but one is on the SPECTRUM. My husband David and I are expecting the sixth in August, Layla.

Upon realizing that our first son was autistic, it was an absolute blow, although from our own research and readings, we did not need someone to “tell” us— it was quite evident from his characteristics and behaviors from a very early age. Having not known anything about autism other than the movie “Rainman”, we thought his life was over, as was ours. That time seems so long ago. You still love them as much if not more. Our children are still the brightest, cutest, greatest kids. And since we don’t know any different, all seem very normal to us—they are just simply our kids. That is not to say that there are not struggles that come with this disability, as with anything else in life. But the earlier the intervention, the better the outcome. Because of that, they have made HUGE strides, and manage to function in many environments where they used to flail.

As a teacher myself, I have come to realize that there is a great misconception about ASDs, and a huge amount of awareness about them. I have seen kids come through my classroom that have clear characteristics of the disorder, but because they tend to be higher functioning than the “stereotype”, they remain unrecognized as such, by both parents as well as professionals. Some parents are against the “label” as they fear it will stigmatize their child. In our opinion, the “label” only serves as a device for better understanding, and to obtain the best services for the child for optimal success. Because of that I run a group that supports empowerment for all parents of children with any needs. I do not consider myself the “FACE of autism”, I am just a Mom like any other, with kids who are great, but still drive me crazy at times.

We talk openly about autism in our family and to others, discussing it with our kids as well. We do not want any of them to feel a stigma attached to autism. Dakota, the oldest, is the only one who really “gets it” to some degree, but hopefully the others will eventually have some understanding as well. We have even done presentations to his class about disabilities in general, and about him being autistic. He allows the other kids to ask him questions about his behaviors, such as his frequent stimming noises and hand flapping. Having autism in our family is

as normal as having brown or blonde hair

it is just not a big deal, as we make it clear that we ALL are different in some ways.

People often ask us if we are “worried” that this upcoming baby, and/or babies in the past will have the same “issues” as our other kids. When we think about it, which we really don’t, we would be surprised if she didn’t, looking at our track record and our combined gene pool, but that has never been a consideration to us when deciding to have another child. The autism thing is/was just not a factor in the decision. No need to feel sorry for us—we are no sob story—we are lucky enough to have five, soon to be six great kids, and we wouldn’t change them if we could. Hey, anyone can have a family of “typical” kids, but how many families can say they are as eclectic as we are?! At least we are consistent. Keeping that consistency in mind, it is our strong opinion that we are one of many families that exhibit some genetic link in the disorder, and have donated our blood and our kids’ blood to CAN through AGRE. And let me tell ya, getting five disordered children with sensory issues to offer up their blood took some serious bribery. We partake in any research that we are logistically able to and encourage others to do so, as information gained from one family like ours may some day assist in providing the answers or solutions for many future generations to come. Autism is not our life, it just happens to be part of it. Our hope is to bring more awareness about autism, so those who are affected by or with it can be greater understood, and thus lead happier, more successful lives.



Christina, David, Dakota, Noah, Tristan, Dillon & Gianna

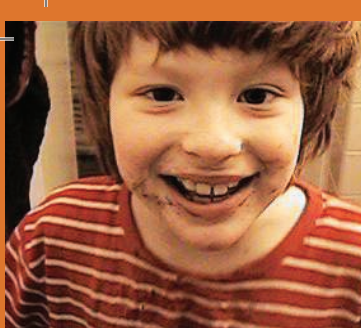


Greg, Liz, Jake, Ben & Joe Iorio

We live in San Clemente, California just a few blocks from the beach. We have 3 boys, identical twins, Jake and Ben who are 16 years old and Joe, who is 10 years old.

Ben has autism and his identical twin brother does not. We had an idea Ben was different at age 2-3. Ben got diagnosed with autism at age 7. We feel Jake, his twin brother, was Ben’s therapy and instrumental in helping him with language and always being there to model behavior and language for him. What a blessing twins are! The challenge of having twins was overwhelming, let alone one with autism. We have always treated Ben like a typical child with typical expectations. We realize his limitations but as he has grown and is still maturing, our family has learned a great deal about patience, unconditional love and forgiveness. Ben keeps alive the child inside all of us.

We decided to join AGRE because we feel the research is very important to understand the alarming increase of autism. We were very willing to participate and everyone at AGRE has been so friendly and cooperative to help us as we went through the whole evaluation process. We will continue to be challenged by autism in our family but the strength and character we have gained from having Ben in our lives has made us all a stronger “Iorio 5.”



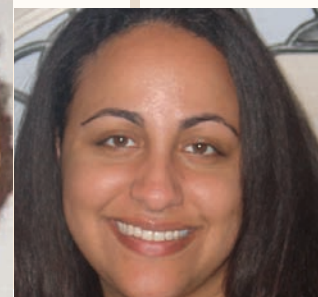
Frequently Asked Questions about



AUTISM tissue PROGRAM

AN AUTISM SPEAKS™ INITIATIVE

Jane Pickett, Ph.D.
Director of Brain Resources and Data



Denise Soto
Community Outreach Coordinator

What is the ATP?

The Autism Tissue Program coordinates brain tissue donation from families with autism and makes this tissue available to as many qualified scientists worldwide who want to understand how and why the brain is different in individuals with autism. Since its inception in 1998, more than 130 families have donated brain tissue and over 60 research projects are now underway that would not have been possible without this resource.

Why is the Autism Tissue Program so important?

There is little doubt that autism is a disorder in which the development of the brain goes awry during early development. What scientists don't yet know is how or why the brain develops differently in people who have autism. By increasing the amount of brain tissue available for autism research, we increase researchers' ability to find answers to these important questions. Only when scientists understand the biological mechanisms that underly the disorder and which specific areas and functions of the brain are affected will they be able to develop methods for biological diagnosis and to create targeted pharmacological and/or behavioral interventions to help families more effectively manage the disorder. The more we learn about the brain development of people with autism, the closer we are to finding a cure.

What does registration mean?

Unlike organ donation, which in most states is automatic at the time of death, brain tissue donation must be requested by the family. Most states do not include brain tissue donation on their organ donation registries because it is used for research and not transplantation. Therefore, registration with the ATP declares your intent to donate brain tissue and makes your wishes known to your family in a formalized way. Registration does not make tissue donation automatic at the time of death.

What do I need to do after registering with the Autism Tissue Program?

In the event of a death, a family member or healthcare worker will need to notify the ATP at 1-877-333-0999 to coordinate brain tissue donation. Before brain tissue is removed from the donor, the next-of-kin is consulted and the process is fully explained and discussed with the family in a compassionate way. This is referred to as "informed consent." You should also tell others of your wishes, including your immediate and extended family. Please encourage your friends and family to learn about the program.

Who is the next-of-kin?

Next-of-kin is, in this order: spouse; adult son or daughter; either parent; adult brother or sister; or guardian at time of death. Although guardians play an important role in medical and other legal processes, only the next of kin, in the order listed above, will have the legal right to give permission for tissue recovery of the deceased.

What happens after the ATP is called?

The ATP will coordinate the details of the donation with the Harvard Brain Tissue Resource Center or the Children's Hospital of Orange County. The specialists at these brain banks will arrange for the donation to be carried out by a pathologist in your area. The recovery of the tissue will be done in the nearest hospital equipped for the procedure and then the tissue will be sent to the brain bank.

Will I have to alter funeral arrangements?

No. Brain tissue recovery does not interfere with having an open casket or with other traditional religious funeral arrangements.

What happens to the brain tissue after it is removed?

After donation, a team of qualified experts in autism, neurobiology, neuropathology, neuroanatomy, and neuroscience reviews applications to study this tissue. This ensures that the tissue is used in the most responsible way. Each donation provides tissue for as many as 20 different studies to help understand the basic neurobiology of autism. After the donation is made, a staff member of the ATP will contact your family to collect helpful clinical and medical information about the donor. The ATP ensures that this will be done in the most sensitive manner possible.

Are there any costs?

The Autism Tissue Program will pay for procedures relating to obtaining or transporting brain tissue. Your family will incur the usual expenses of a funeral and burial. In many cases, brain tissue donation can be coordinated with other organ recovery efforts.

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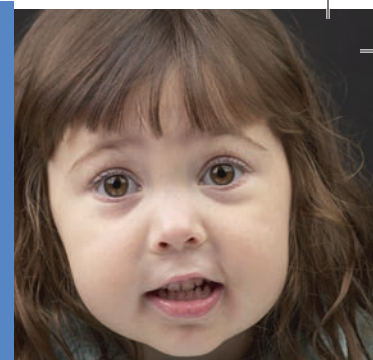
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Family Clinical Coordinator

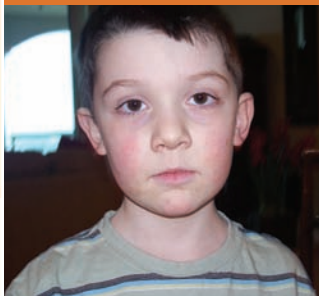
Contact the Autism Tissue program toll-free at 1-877-333-0999



**Autism
Tissue
Program
Ambassadors
Promote the
Importance of
Tissue
Donation
Locally**

The Autism Tissue Program (ATP) is expanding the national network of outreach and education through a program called "ATP Ambassadors". This program was started last year and has been enormously successful. So far, over 20 people are actively working to ensure that both the autism community and those not affected are aware of the need for this resource. These volunteers work locally to promote the awareness of brain tissue donation by working with the "WALK Now for Autism" community, presenting at local events and working through their own networks of families, clinicians, physicians and friends to spread the word about the ATP.

The ATP Ambassadors are volunteers and they have the full support of staff to coordinate activities and send materials. ATP Ambassadors talk to those interested in the program, answer questions at local events, and help fill an important gap in the research process by educating the community about the importance of organ and tissue donation for research.



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I was asked to share my family's story and my connection with the Autism Tissue Program, and I am happy to oblige. My younger son Brenden, who is now age 15 years and 8 months, was diagnosed with a chromosomal abnormality which is known today as duplication of chromosome 15q syndrome. The involved area is 15q11-15q13. My son presents with symptoms of autism, epilepsy and mental retardation. He is non-verbal except for the word 'hi' and can hum a mean

“twinkle twinkle little star”

and 'Baa Baa Black Sheep.' Despite these symptoms he is the sweetest, friendliest child and is able to communicate his basic needs via signing and pointing to objects and some pictures.

For the past 14 years he has suffered from complex partial seizures which occur while he is sleeping. These seizures are exhausting to him and occur every night. He sleeps in a Vails Bed which is padded and protects him from hurting himself as his body uncontrollably thrashes about. The miracle of all this is that despite these horrible episodes he wakes up with a smile on his face every morning and keeps on smiling throughout the day.

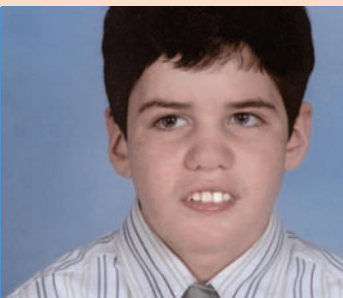
Back in 1999 my son had a left frontal lobectomy in hopes of controlling these seizures. After 3 weeks of being seizure-free they unfortunately came back. Two years ago I was interested in seeing if there was an institution where I could donate his surgical brain tissue. I consulted a well-known researcher, Dr. Carolyn Schanen, who referred me to the Autism Tissue Program. Samples of Brenden's tissue after his surgery were donated for research to study autism and mutations of chromosome 15 associated with Autism. I've always felt very quietly that I had put my son through surgery with no positive results, but God works in mysterious ways. I know now that my son had to undergo this surgery because my biggest hope is that many researchers will be interested in this disorder and will hopefully find better treatments for him and others like him. We receive support from a wonderful organization, IDEAS, and their website is www.idic15.org.

This journey of raising a special needs child has been very humbling and

*makes us realize
what is truly
important in life.*

Melanie O'Neill

mother of surgical tissue donor, Brenden





Nancy Jones, Ph.D.
Program Manager
njones@autismspeaks.org



The Autism Treatment Network (ATN) is a network of medical centers dedicated to improving medical care and treatment for individuals with autism. ATN was modeled after the Cystic Fibrosis Network which established a large network of Clinical Care Centers offering comprehensive diagnosis, treatment, care and counseling, and also a network of research centers that engage in projects to advance

understanding of the disease, develop new treatments and help find a cure. The goal of the ATN is to improve medical treatment of children and adolescents with autism by establishing evidence-based standards of clinical care. The ATN is dedicated to educating the medical community by making physicians aware of the current standards for assessing and treating children with autism, not just for behavioral issues but for medical issues as well. The ATN is further committed to improving financial reimbursements for autism treatments to increase accessibility to these treatments for the community.

The ATN sites follow a multidisciplinary, comprehensive care model using a centralized system of care that provides access to specialists who have dedicated clinic time for the care of children with autism. An ATN clinical team includes care coordinators, child psychiatrists/psychologists, pediatric neurologists, gastroenterologists, sleep specialists, and genetics/metabolic specialists. These clinics have also developed efficient arrangements with other specialists such as immunologists, pain specialists and ancillary care service providers (speech/occupational therapists, nutritionists, etc.).

The sites in the network have developed and use a common protocol for multidisciplinary assessment of children with autism. This protocol includes diagnostic, neuropsychological, medical and neurological evaluations. Families who agree to have their children participate in the ATN program will consent to have their children's data included in a patient registry. This registry makes it possible to clinically characterize a large number of children and ultimately track treatment outcomes.

The ATN began as a joint venture between the Northwest Autism Foundation in Oregon and Mass General Hospital for Children in Boston, who held a small conference to discuss the medical issues of children with autism, which were understudied and under par. A major part of the problem was the absence of any organized group devoted to defining a standard of medical care for autistic patients. The ATN was foreseen as filling this need, and the initial steps in its formation included the recruitment of a group of distinguished physicians and researchers who would define its mission and goals. Cure Autism Now recognized that this innovative network could play a valuable role in its mission to identify the means of preventing, treating and ultimately curing autism. To this end, Cure Autism Now joined forces with the Autism Treatment Network incorporating it as one of its key research programs in 2006. With the merger of Cure Autism Now and Autism Speaks, the Autism Treatment

Network has had a renewed opportunity for growth. Currently, the network includes five sites and in 2008 the network will expand to 12 sites. Many of the existing ATN sites have changed their practice for the better as a direct result of the ATN.

ATN FAQ

How can I participate in the ATN?

The ATN is a network of centers working to improve health for children and adolescents with ASD. Participating clinics currently use the ATN standard protocol for children who are receiving a new diagnosis or who are being reevaluated. Parents who participate at the ATN clinics will have their child evaluated with the full battery and will have their child's information included in a patient registry. Information on follow-up visits and treatment outcomes will also be included in the registry.

My child has already received a diagnosis.

How does the ATN help me?

The current protocol has been developed to improve standards for diagnosis and for overall medical evaluation of children with ASD. The data from the patient registry will provide information that will be helpful in a number of ways:

- It will help provide evidence for improving standards for medical and psychological evaluation.
- It will help us understand how to improve and streamline the coordination of care among the many specialists that children with ASD often see.
- The information can help inform the development of a standard treatment protocol and practice parameters for clinicians and physicians.

Where are the current sites?

- MGH/Ladders, Boston, MA
- Columbia University, New York, NY
- University of Washington, Seattle, WA
- Baylor College of Medicine, Houston, TX
- Oregon Health & Science University, Portland, OR

How can I get an ATN site in my area?

Currently, sites must apply to participate in the network and meet certain criteria as defined by the grant guidelines. Applications for 2008 were received in July and will be reviewed in Oct '07. Our goal is to fund 12 sites in 2008 and 18 sites in 2009. Application information can be found at www.autismspeaks.org/science/programs/ATN.

How can I help?

- Tell a friend about the network.
- Make a donation to the ATN.
- Raise awareness of the ATN with your local area hospitals.



AUTISM SPEAKS™
It's time to listen.



AUTISM SPEAKS ANNOUNCES NEW CLINICAL TRIALS NETWORK STUDY

Trial to Confirm Efficacy of New Formulation of Fluoxetine in Reducing Certain Core Symptoms of ASD in Children and Adolescents

NEW YORK, NY

Autism Speaks, the largest non-profit organization dedicated to increasing awareness of autism and raising money to fund autism research, announced on July 5th, 2007 that its Clinical Trials Network (CTN) is launching a new study in collaboration with specialty pharmaceutical company Neuropharm Group Plc.

The trial, known as SOFIA (Study of Fluoxetine in Autism), will include more than 100 children and adolescents with Autism Spectrum Disorders (ASD) to confirm the effectiveness of Neuropharm's custom-designed product NPL-2008, a proprietary preparation of fluoxetine, in reducing certain core symptoms of ASD. This new formulation will feature autism-specific doses in a melt-in-the-mouth formulation designed specifically for those with ASD.

Fluoxetine, one of the most widely prescribed central nervous system (CNS) drugs, is a selective serotonin reuptake inhibitor (SSRI) often prescribed to treat depression, anxiety, obsessive-compulsive disorder and other CNS disorders. Fluoxetine is designed to increase serotonin levels in the brain and may therefore address symptoms related to abnormal levels of serotonin observed in individuals with ASD.

This collaborative study, which represents the CTN's first industry-sponsored trial, will provide Neuropharm with access to Autism Speaks' CTN network of 12 specialist pediatric centers and key opinion leaders.

The SOFIA trial follows positive results from earlier Phase II and Phase III studies of fluoxetine in children and adults with autism, conducted by Professor Eric Hollander at Mount Sinai School of Medicine in New York.

"This partnership maximizes the utility of our network of CTN sites, which offers the private sector a mechanism for expediting drug trials in collaboration with clinicians and researchers who are experts in both pediatric psychopharmacology and ASD," said Dr. Clara Lajonchere, Autism Speaks' Vice President of Clinical Programs.

for media inquiries:

Rubenstein Communications, Inc.
Adam Pockriss 212.843.8286
apockriss@rubenstein.com

for information on Neuropharm:

Buchanan Communications – Neuropharm Group Plc.
Mark Court +44 20 7466 5000
markc@buchanan.uk.com

For information about this study or other CTN trials, please contact:

Nancy Jones, Ph.D., at 323.549.0500 or at njones@autismspeaks.org
or visit www.autismspeaks.org/science/ctn.

CTN SITES

Eastern Region:

Harvard University/
Cambridge Health Alliance (MA)
Long Island Jewish Hospital (NY)
Mount Sinai School of Medicine (NY)
University of Medicine
and Dentistry of New Jersey
University of North Carolina
University of Pittsburgh/
Children's Hospital (PA)
Yale University (CT)

Midwest:

Ohio State University
University of Illinois, Chicago

West/Southwest:

Seattle Children's Hospital (WA)
Southwest Autism Research
and Resource Center (AZ)
University of California, Davis

The Clinical Trials Network (CTN) was developed in 2005

to focus on translational research, the critical step necessary to transfer findings from the laboratory to clinical application. The network was initially funded by a Treatment Initiative to Eric Hollander, M.D. Chair and Professor of Psychiatry at Mt. Sinai Medical School, who served as chair of the Autism Clinical Trials Task Force.

The goal of the network will be to test the efficacies of treatment approaches as well as to rapidly screen promising new compounds that emerge from biomedical research, significantly decreasing the time and amount of money needed to develop them. The network consists of 8-12 medical centers with both experience and expertise in autism treatment and conducting clinical trials. Network activity allows these multiple sites to standardize their procedures and work as a unit on a single clinical trial. The CTN infrastructure will allow recruiting to occur at multiple sites which should significantly hasten the progress of the trials. This will help move us faster to the answers to valuable treatment questions, and hasten the path to truly viable therapies for individuals with autism.

The first trial launched on the CTN is evaluating the effects of memantine (marketed as Namenda) on motor skills and expressive language in autism. Memantine is a glutamate antagonist that is an FDA-approved pharmaceutical for treatment of memory loss in moderate to severe Alzheimer's disease. CTN will be conducting a double-blind, placebo-controlled trial of 60 children with ASD to formally examine the benefit of memantine in motor planning and expressive language. While the preliminary data strongly support the rationale for a trial, formal methodology must be used if memantine is ever to be considered effective by traditional medical standards. The trial is sponsored by research partners Sallie and Tom Bernard through a CAN Treatment Initiative grant awarded to principal investigator, Evdokia Anagnostou, M.D. of Mount Sinai School of Medicine in New York, and includes 8 of the 12 CTN sites.

The CTN is also launching its first industry sponsored trial through a collaboration with specialty pharmacy company, Neuropharm Plc. Read more about this new trial on page 10.



Frequently Asked Questions

Will the Clinical Trials Network only study pharmaceuticals?

No. The goal of the CTN is to do well-controlled scientific studies of viable treatments including pharmaceuticals, nutraceuticals (vitamins etc.), and behavioral treatments.

How can I get a trial in my area?

Sites that demonstrate a willingness to work collaboratively in a network environment, who have been involved with the clinical trials in the past, and who have clinical expertise working with children with ASD are welcome to apply. Families can interest their local medical center in potential trials by telling their doctors about the network.

How can I find out more about participating in the SOFIA study?

The study sites are not yet enrolling participants. Interested parents can email their contact information (name, phone and email) to Nancy Jones, Ph.D. at njones@autismspeaks.org. Parents will be contacted by a representative to place them on a wait-list for the site in their area. Once the site is ready to enroll children, the study coordinator at the site will contact the family. Being on the waiting list is not a guarantee that an individual can participate in the study. Families are also free to change their mind and are in no way obligated to participate in the study.

When sites are ready to enroll participants, they will also post an announcement on Autism Speaks' web-based research study list, Parents as Partners. Please check this webpage for updates on which sites are currently recruiting and to get a link to the posting.

What is fluoxetine?

Fluoxetine, one of the most widely prescribed central nervous system (CNS) drugs, is a selective serotonin reuptake inhibitor (SSRI) often prescribed to treat depression, anxiety, obsessive-compulsive disorder and other CNS disorders. Fluoxetine is designed to increase serotonin levels in the brain and may therefore address symptoms related to abnormal levels of serotonin observed in individuals with ASD.

Isn't fluoxetine another name for Prozac®?

Fluoxetine is the name of the drug compound (generic name). It has been marketed under the brand name Prozac®. The current study is using a new formulation of the drug. This formulation is a proprietary preparation of fluoxetine, featuring autism-specific dosages in a melt-in-the-mouth formulation designed specifically for children and adults with ASD.

Fluoxetine has already been in use by doctors for autistic patients.

Why is it important for us to study this drug instead of something new?

Fluoxetine is a drug that has been indicated for use in treatment of depression, anxiety, obsessive-compulsive disorder and other CNS disorders. As a result, it has a long safety history in both adult and pediatric populations. Many doctors, using their clinical judgment, prescribe the medicine to children and adolescents with autism to relieve some autistic symptoms (this is called an "off-label" use). While the existing clinical data is positive, there have been relatively few well-controlled double-blind studies (studies that include a group taking active medicine and a comparison group taking a placebo, or inactive sugar pill) of the effects of the drug in children and adolescents with autism. This new formulation features autism-specific dosages in a melt-in-the-mouth format designed specifically for children and adults with ASD. This study aims to measure the efficacy of the drug in reducing specific symptoms of autism.

Who is Neuropharm?

Neuropharm Group Plc is a specialty pharmaceutical company focused on the development of products for the treatment of disorders of the central nervous system (CNS). You can find more information about Neuropharm at www.neuropharm.co.uk.

EMPHASIS ON DATA SHARING

AGRE was founded to facilitate research in autism by creating an open source network of scientists working collaboratively to accelerate the pace of research into this disorder.

AGRE does not perform biomedical research. Rather, AGRE has taken family recruitment and data collection out of the hands of the researchers and provides these data to the broader researcher community to facilitate their research studies. AGRE has developed a standard agreement for researchers that allows them to access the biological samples (DNA) and clinical data that have been collected on families registered with the program. In return, the researcher community has agreed to share the results from their analyses with the broader community of AGRE researchers through the AGRE website. The goal of AGRE is to foster collaboration and data sharing among researchers and make data widely available. As with the clinical data, the genetic data are anonymized such that it is impossible to trace back the identity of any single AGRE subject from the data generated. The AGRE staff and steering committee have put a high premium on the sharing of data with the researcher community and we strive to make as much data available as possible without compromising the privacy of our families.

The Internet System for Assessing Autistic Children (ISAAC), a web-based data management system, was created by Cure Autism Now as a tool that would allow researchers to enter, manage and share clinical data among researchers in the community. For AGRE, once the data are collected by the psychometricians in the field, they are entered by two independent research assistants into ISAAC to ensure quality control. That data are scored using system algorithms, kept securely and anonymously in the ISAAC database, and made available to registered researchers via the internet. Only the coded IDs are associated with the participants' records, which are used to link the phenotypic (clinical) information with the genotypic information.

ISAAC has demonstrated success in managing large-scale datasets and has been adopted for use by over 400 researchers worldwide, including researchers from the Centers for Disease Control (CDC), the National Institute of Mental Health (NIMH), and universities and medical centers nationwide. ISAAC served as the model for phenotypic data collection for the National Database for Autism Research currently under development by the NIMH. ISAAC currently provides online forms and algorithms for over 200 standardized assessments essential for autism research and the demand for the use of the system is only increasing. As a result, the AGRE Data Projects Team feels a responsibility to continue to develop exciting new features with cutting edge technology and to remain a vital resource for autism research. For more information about ISAAC, go to www.autismtools.org or email Vlad Kustanovich, Ph.D. at vkustan@agre.org.



Co-Founder of CAN
Portia Iversen, getting
her blood drawn by
former AGRE
phlebotomist Ed Berry



Interactive Autism Network Overview

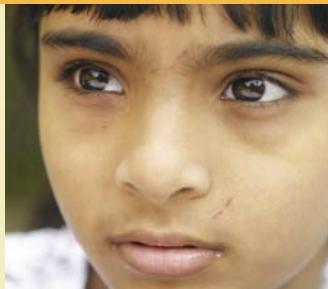
The Interactive Autism Network (IAN) is the first national online autism registry spearheaded by the Kennedy Krieger Institute and can be found at www.IANproject.org. The IAN Project links parents, the people who know the most about their child, and researchers through an online registry to find answers. IAN is designed to drive autism research forward more quickly and efficiently, and facilitates the exploration of causes, treatments and the search for a possible cure to this puzzling disorder.

The IAN Project connects parents and researchers in two important ways:

Data Collection: Parents of children with autism will be engaged online, providing valuable genealogical, environmental and treatment data without having to leave their home or office. Just two months after the official launch, IAN has become the country's largest repository of data, with more than 15,000 registered participants.

Research Recruitment: IAN will match parents of children with autism with local and national IRB-approved research studies for which they are uniquely qualified. Each year, many autism studies are not completed because scientists cannot find enough qualified participants in a timely manner. By facilitating the process of research recruitment, IAN aims to remove this stumbling block.

In addition to collecting data and recruiting participants for research, the IAN project engages the entire autism community—from parents to policy makers to the media—in an online meeting place where they can become more knowledgeable consumers of autism research. This arm of the IAN project, known as the IAN Community, provides consumer-friendly, evidence-based information about autism, explains the value of research in general, and gives updates on current and future research studies.



Cure Autism Now Hero Nancy Hart

was at a crossroads in her life when she began her association with Cure Autism Now nearly a decade ago. Her son Connor, born in January 1994, had been asked to leave three preschools because he was constantly throwing heavy objects and was unable to stand up for himself when other children picked on him. She abandoned her graduate work at the Church Divinity School of the Pacific to focus on Connor and looked for work she could do at home.

After meeting the Cure Autism Now staff at a conference in San Francisco, she realized that CAN offered her an opportunity to use her skills to help find the cure for her son and other children with autism. A self-taught techie, Nancy built the original professional websites for Cure Autism Now and for the Autism Genetic Resource Exchange (AGRE), a resource created by CAN to advance genetic research in Autism Spectrum Disorders.

In 2001, Nancy built the SARAH database—named in honor of both her daughter Sarah and Dr. Sarah Spence, the primary medical director for AGRE at that time—to efficiently maintain confidential contact information, track clinical visits and monitor biomaterial access.

She then moved on to be the Data Projects Liaison for ISAAC, the web-based data management system developed by CAN in collaboration with Dr. Paul Law. ISAAC is used by more than 400 researchers nationwide, including both the National Institutes of Health and the Centers for Disease Control and Prevention. Nancy and her ex-husband are also major donors to Autism Speaks.

Nancy's volunteer work with the Contra Costa Search and Rescue Team began more than a year ago. She explained that while shopping at REI for a camping trip,

Congratulations!

Denise Resnik, co-founder and Board Chairwoman of the Southwest Autism Research and Resource Center (SARRC), on being honored as one of the Autism Society of America's champions this year! She was presented with this award at the ASA National Conference in Phoenix this July for all the ground breaking work she has done in the autism community and especially the Phoenix area by co-founding SARRC. SAARC and AGRE have been research partners for the last 2 years, and continue to collaborate across clinical programs.

For more information about SARRC visit their website at www.autismcenter.org



Denise Resnik, SARRC co-founder and parent

she saw a display for the Contra Costa County Sheriff's Search and Rescue Team—which trained volunteers who are on call 24/7 to respond to calls for assistance. Nancy spends a lot of time in the outdoors and thought her skills could be a good fit.

She felt that she could help when children with autism were lost and frightened since she had knowledge of how children with autism may respond in these situations.

Her supervisor, Dr. Clara Lajonchere, was very supportive of Nancy's new interests with the Sheriff's Department. Clara says, "I always encourage my staff to grow as individuals. This was something that Nancy needed to do for herself and I wasn't going to be the one to stand in her way."

Nancy's son Connor is now "very, high functioning," Nancy says, scoring in the 97th percentile for language and playing the lead role in his fifth-grade school play two years ago. She attributes much of his development to early childhood interventions focused on auditory processing and visual boards work (TEACCH).

"Connor has an amazing drive to do better and he pushes himself very hard," Nancy says. "So much of that is his personality. He still has autistic features, but now he can sit down and tell you about it. He's an advocate for other special education kids -- he makes sure other kids aren't picking on them. It tears me up that my son is doing so well, but others are still struggling."

Guided by her personal motto, **"I do what I can, when I can,"** Nancy is also dedicating her seemingly inexhaustible energies to developing a Morse key device for nonverbal children.

After years of dedication to the cause of advancing scientific research about autism, Nancy has decided to leave Autism Speaks to work full-time with Contra Costa County Sheriff's Search and Rescue Team. We want to sincerely thank Nancy for her vision, hard work and support, and wish her the very best in all her future endeavors.

Quotes from staff:

"Nancy taught me everything that I know. She really helped me find my professional direction with support and trust. I am sure that she will continue to do the same for others throughout her life."

-Dušan Bošnjaković

"Nancy Hart's expertise, generosity and dedication have had an enormous impact on AGRE, and it would not be where it is today without her years of hard work."

-Jocelyn Furr

"Thank you for showing us the WAY!"

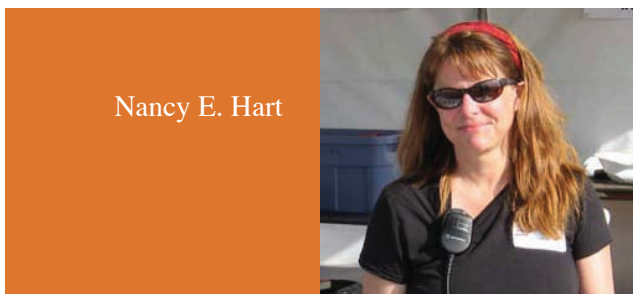
-Marianne Toedtman

"Nancy is an amazing person. The accomplishments of AGRE today could not have been realized without her dedication and assistance. She has been a wonderful friend and co-worker over the last several years."

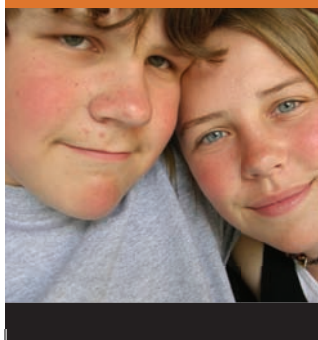
-Angie Fedele

"Nancy Hart is a true mentor and her attention and dedication to AGRE data is unsurpassed. She built our subject tracking database from the ground-up, tailoring it to the particular needs of our study while making it general enough to expand for the future. She is a real innovator and I know that she will excel in all endeavors she undertakes. We were truly blessed and fortunate to have her working with us."

-Vlad Kustanovich



Nancy E. Hart



Connor & Sarah Jones

an interview with **PAT LEVITT** continued from page 1

What can it tell us?

These genetic and biological findings begin to bring us clues regarding the importance of the MET receptor in brain development that is relevant to autism. It may be that this receptor, while not the cause of autism alone, is a point of increased risk. Since MET and other proteins involved in synapse formation may be disturbed in autism, it may be that the function of the MET receptor is one of the keys to how circuits are disturbed in autism. This can be examined in more detail as we begin to put together all of the molecules that may be the culprits in increasing risk for developing the disorder.

If someone has the mutation, which your group identified, does it mean they will get autism?

No. Like other findings in the field, we believe that MET contributes some modest increase in risk. In our original publication, we calculated a relative risk of 2.25, approaching the increased risk by having a brother or sister with autism. Autism requires other genetic mutations and possible environmental factors in order for a child to develop autism. In other words, having this mutation alone is not a diagnostic for the disorder.

Since this mutation is a susceptibility factor and not a cause of autism, what other factors do you think might combine with the mutation to lead to autism?

We think the MET receptor pathway, which acts to signal important changes to developing cells and nerve connections, is important. Thus, we and others will be looking at other molecules in this pathway to see if they, too, are changed. We already have some clues here because rare mutations in the gene encoding "PTEN", which works in the MET pathway to control its signaling, have been found in a small number of autism cases. We also believe that having certain gene mutations,

such as the one we discovered for MET, could create increased vulnerability to environmental factors that would disrupt gene expression.

How have the clinical programs of Autism Speaks helped you in your research?

AGRE has been instrumental in our work in autism research. My laboratory is recognized for research on basic mechanisms of brain development in mice and other model systems. There simply was no way for us to do any of the human genetics work without open access to the DNA samples. The same can be said of the Autism Tissue Program (ATP), which does a tremendous service by talking to families about the possibility of donating tissue when available from a loved one who has passed away. This is a very difficult and emotional decision, and having Autism Speaks working in this area is key for us. Finally, I would mention that all of our science benefits from being involved with clinical programs that can provide direction, information and assistance for families.

Why do we need to collect brain tissue if we are already collecting blood? What does each bring to the table?

While the blood collection is essential for performing the genetic studies to identify risk genes for autism, the brain tissue provides the key link to the disorder. Thus, brain tissue provides a very important opportunity to define possible changes in brain architecture and chemistry that might underlie the behavioral and communication disturbances in autism. This would provide an important focus for us in defining the most likely circuits that are disrupted. We cannot determine this in any way other than in examining the postmortem brain tissue. We also would be able to measure (directly in the brain) the gene products, like

proteins, that do the important work in brain circuits. This allows us to identify changes and develop new strategies for intervention.

What do you think are the truly interesting findings in the autism research field?

New genetic findings are continuing to emerge, so I am very hopeful that we will know a lot more risk factors a year from now. The early diagnosis efforts are really starting to come together, including the wonderful results in the baby sibling projects nationally. Early identification is key, and we are moving the timing of this earlier and earlier. That is very important.

Where do you see the research in this area heading in the next few years?

Genetics will be combined with far greater details of traits in individuals with autism. This will allow us to understand better the link between increased genetic risk provided by certain mutations, and what are the most likely features of the disorder that are associated with the mutations. This will be important for developing earlier screening strategies and developing new interventions that may be more personally designed, so that we increase the likelihood of selecting the interventions that have the greatest chance of improving the core deficits in autism. I also believe that we will be able to design new studies to more clearly determine, with genetic risk factors in hand, which environmental factors contribute to autism vulnerability. In the long run, I believe this will lead to strategies to reduce and ultimately prevent autism ■



LaSalle lab intergrates two clinical programs

continued from page 1

Approximately 85% of people with IDIC 15 show symptoms of ASD. Because genomic imprinting may be an important contributor to understanding the genetics of ASD, the LaSalle lab has dedicated itself to better describe the exact mechanism involved.

Two proteins that fall on chromosome 15, which have been demonstrated to be important to the etiology of autism are GABRB3 and the GABAA receptor. The GABA system makes sure that different brain areas are able to communicate to each other efficiently and effectively. In order to determine whether GABA dysfunction occurred in the brain and how, Dr. LaSalle and her colleagues studied brain tissue through the Autism Tissue Program. They asked whether genomic imprinting occurred in the frontal cortex of donors affected with autism compared to those not affected. She reported that samples obtained from donors affected with autism exhibited what is called "monoallelic" expression, meaning that the person affected with autism failed to properly inherit both copies from both parents. These chromosomal abnormalities most likely occurred during the formation of the sperm and eggs of the parents of the affected person.

In order to better understand the role of genetic imprinting, and of genetic mutations which produce autism spectrum disorders, the ATP has partnered with the advocacy group "IDEAS" which works with families affected by IDIC15. In addition to studying brain tissue, *researchers need genetic material, such as blood, from family members for this type of research. For that reason, we encourage families and family members to both register with the ATP and participate in AGRE* ■





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It's time to listen.

Marianne Toedtman
Assistant Director of
Outreach and Resources
Family Services



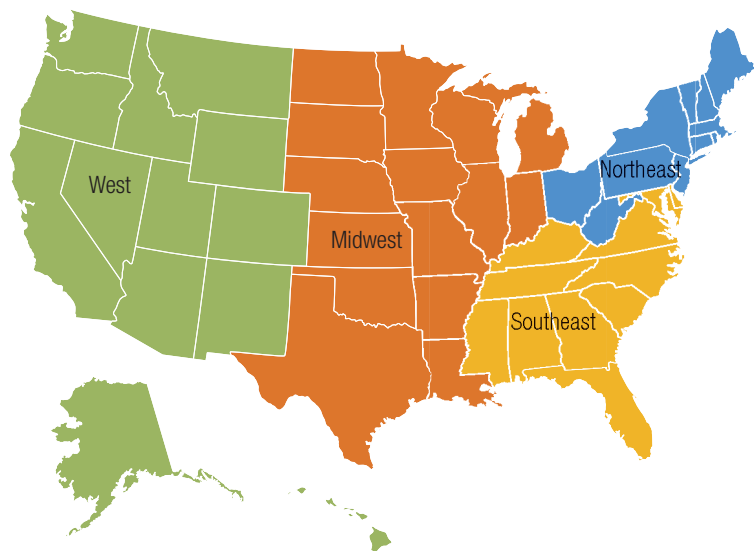
Lisa Goring
Director of
Family Services



FAMILY SERVICES CONTACT US

Autism Response Team (ART) Coordinators

ART coordinators respond to family inquiries/requests by phone and email in four regions: West, Midwest, Northeast and Southeast Regions. To reach an ART coordinator by phone call **888-288-4762**



West Region - ARTwest@autismspeaks.org

Midwest Region - ARTmidwest@autismspeaks.org

Northeast - ARTnortheast@autismspeaks.org

Southeast - ARTsoutheast@autismspeaks.org

RESOURCES

Family Services Resource Guide

Provides individuals and families with national and local resources that service a variety of needs from early intervention through adult care.

Resource Library

A library for those who want to learn more about autism, including the latest books, magazine articles, educational manuals, DVDs/CDs, software, educational toys, catalogs, and much more.

100 Day Kit-Available October 2007!

A tool kit to assist families in getting the critical information they need in the first 100 days after an autism diagnosis.

OUTREACH

Upcoming Family Conferences

Autism Speaks will have a booth at the following national/local family conferences:

Defeat Autism Now! (DAN!) Fall Conference – Oct 11-15, Garden Grove, CA

Organization for Autism Research (OAR) – Oct 26 - 27, Arlington, VA

11th Annual ICDL Interdisciplinary Council on Developmental and Learning Disorders (ICDL) Conference – Nov 9 -11, Tysons Corner, VA

Adult Services Conferences - Nov 29 - 30, Long Island, NY

National Autism Conference – Nov 8 - 11, Atlanta, GA

Autism Speaks Family Services

Community Grants - Available late 2007!

Starting in late 2007, community grants will be awarded to service providers and agencies to increase their capacity to provide services to those affected by autism.

Family Participation in Research

Family Services will host a Research Studies/Clinical Trial Web listing, a combination of Parents as Partners and CAN's Family Participate in Research listing. The listing will provide up-to-date information on research studies/clinical trials currently enrolling participants in the U.S.



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