Recovery is a key issue in every survivor’s mind. Every person who has suffered a cerebrovascular accident wants to know how to enhance the rehabilitation process. Many become frustrated by the slow pace of recovery and by the fact that they have not recovered full function.

It is difficult not to become very self-conscious during the rehabilitation process. Thoughts of “I used to be able to do this better” and “I’m not the person I used to be” come up repeatedly. It is nearly impossible for a survivor not to think of what used to be. Preoccupations like these lead directly to depression, anxiety, frustration, and anger — all obstacles to the rehabilitation process.

Try as the survivors might, they cannot easily overcome these thoughts. Attempts to ignore them usually end at the next point of frustration or failure. Reasoning away disturbing thoughts can help, but they return again in the next stressful situation. Thinking positively helps, but often isn’t enough to overcome the thoughts that arise when something that used to be easy is impossible to do. Comparisons to “who I used to be” come up every time impairments are obvious.

I believe that an elegant solution to the problem of self-absorption (with resulting depression) during the rehabilitation process is to spend a great deal of time trying to help others. Serving others cleanses the mind of “I’m not who I used to be” and other self-criticisms that may arise. It is nearly impossible to dwell on self-pity when you are spending time thinking about how you are going to help other people. Many of the survivors I’ve treated find that performing volunteer service, taking care of plants or animals or in some way directing their attention to another person relieves them of the pain that comes from constant self-evaluation.

It isn’t difficult to understand how negative thinking gets started after an aneurysm. In the survivor’s life before aneurysm, serving others was a primary activity. Service through parenthood, work, caring for elders, and community work dominated their lives. Almost all forms of employment (service work, manufacturing, etc.) are dedicated in some way to the service of others. After impairment, service, which was the primary purpose of one’s life, becomes impossible.

After impairment interferes with service, it’s easy to start to feel that your life has no purpose. You can’t take care of your spouse, your kids, or your family. A lost sense of purpose results in feelings of depression, worthlessness, and shame. Feelings of “I’m no good to anyone” saps energy and the will to live.

The answer to this dilemma is to creatively search for ways to channel your recovery into serving others. How could you possibly do it? Your balance is poor, you have motor impairments, or you can’t speak properly. You can’t work, or make a living. How can you help anyone? I don’t believe that anyone is so impaired that they cannot reach out to others in some way. Here are a few suggestions.

As soon as your condition allows, get involved in volunteer activities that suit your abilities. If you can help others through a local aneurysm support group, try to do so. There are many organizations in every area that have opportunities for volunteers, including hospitals, libraries, and nursing homes, to name a few. There are ways to provide services to others by phone (calling a shut-in for a short conversation, reminding someone to take his/her medications), or by e-mail.

If it is impossible to get out of the house (or rehabilitation facility) and to interact with others, direct your attention to caring for a pet or a plant. Studies have shown that people residing in treatment facilities live longer, happier lives when they have something to do like take care of a plant.

A survivor is less likely to be disturbed by self-critical thoughts when busy helping other people or living things. Service to others as a primary purpose of life is a central theme in many religions, including Christianity, Buddhism, Mormonism, Judaism, and Islam, among others. Many survivors of aneurysm lack a sense of purpose when no longer able to work or take care of the family. When there is a sense of purpose, there is a reason to get intensely involved in the rehabilitation process.
The importance of the work of The Brain Aneurysm Foundation is brought to my attention on a daily basis. There is not a day that goes by that the BAF office does not receive an inquiry whether it is by phone or e-mail from someone who in some way has been affected by a brain aneurysm.

People call looking for all sorts of information, some which we can provide and some which we cannot provide, such as medical advice. People are looking for support groups in their area. Many people want information on doing a local fundraiser for the BAF. Some people, whether newly diagnosed, survivors, or caregivers, call simply to talk to someone who can hopefully understand what they are going through and offer them a glimmer of hope for the future.

Here are some statistics that the general public should be aware of:

Between 3-6 million people in the U.S. have unruptured brain aneurysms

About 30,000 people annually in the U.S. will suffer a ruptured brain aneurysm and about 12% of these people will die before getting medical attention

Brain aneurysms are more prevalent than breast and prostate cancers

The lack of recognition this cause receives in the public forum and overall medical community still amazes me.

Due to this lack of awareness, it is difficult for the BAF to attain the proper funding necessary to continue to serve its mission of research, education, support, and awareness.

However, the BAF will remain constant in its efforts to provide the necessary brain aneurysm information to the people who are seeking it. The BAF will also continue to get this same information and recognition of brain aneurysms out to the public via conferences, mailings to medical facilities, fundraisers, and hopefully more regularly through the various media outlets. The BAF realizes the importance of early detection and reducing misdiagnosis through greater awareness.

The lack of recognition this cause receives in the public forum and overall medical community still amazes me. Due to this lack of awareness, it is difficult for the BAF to attain the proper funding necessary to continue to serve its mission of research, education, support, and awareness.

Please continue to help The Brain Aneurysm Foundation serve its mission. We depend on your support to help us prosper.

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The Brain Aneurysm Foundation (BAF) does not promote, endorse, or recommend any treatment that may be contained in this publication. The BAF recommends that you discuss all medical questions with your physician. The statements and opinions in this publication are not necessarily those of the BAF. The BAF does not endorse products, services, or manufacturers, nor does it assume liability for any product or service mentioned.
Monte Carlo Casino Gala

On March 24, 2007 The Brain Aneurysm Foundation (BAF) held its first fundraiser of the year The Monte Carlo Casino Gala at The Westin Waterfront in Boston, Massachusetts.

The gala was a fun way of gathering people who are in one way or another connected by brain aneurysms. There were survivors, caregivers, medical professionals, family and friends. The guests were able to hear some insightful talks, enjoy tasty food, play casino games, bid on auction items, and, most importantly, share with one another their stories related to brain aneurysms.

A special thanks to our guest speakers, Anne Speakman and Dr. Robert Kooken, as well as the band Evolution who provided the entertainment for the evening. The BAF also thanks Dr. Kooken for presenting at a luncheon for support group organizers earlier in the day about his concept of developing a virtual support group for brain aneurysm survivors.

The proceeds of over $20,000 will aid the BAF in continuing its efforts in research funding, as well as ongoing educational and awareness initiatives. Thanks to all who participated and helped make this event a great way to kick off fundraising in 2007.

Words of Encouragement from Survivors

“This type of experience leaves you no choice but to grow from it, and hopefully that growth will lead to something positive. I am still trying to figure out what that is. I’m sure that will be a life-long process, but at the very least I know I will never take a single second for granted. Now that I have survived, I am actually glad this is a part of my history and what defines my life. Don’t get me wrong, during it I would have given anything to have not been going through it. However, it has made me a different person and I really am thankful, not only that I made it out alive, but that I learned so much by going through it. Life’s greatest lessons are unfortunately often learned in the most difficult classroom. To quote Tim McGraw, ‘And I loved deeper, and I spoke sweeter, and I gave forgiveness I’d been denying, and he said someday I hope you get the chance to live like you were dying. Like tomorrow was a gift and you’ve got eternity to think about what you’d do with it. What would you do with it? What would you do with it?’ Every morning I thank God that I’ve been given the chance to figure that out!”

- Tiffany Fry, Ohio

“I feel that I needed to write my story down and share with others because it does have a happy ending. Before my surgery when I was trying to reach out and gather info I didn’t find very many stories that were positive and had good endings. I think most people that have had these just don’t take the time to write them but I know that this has the potential to help at least one person feel a little better about a similar ordeal they may be facing.

Just remember to stay positive and know that if you have been given the gift of discovery prior to a rupture you have been given the power to take control of your own destiny!”

- Angela Davis, North Carolina

“The secret to surviving is being thankful for what you have, instead of thinking about what you lost or what you don’t have, or what you will never have, and be grateful everyday for what you do have. It will make space for more and better things.”

- Rhonda Roy, New Brunswick, Canada
DONATE

Every donation matters - every dollar counts. Your donations are needed to support the mission and vision of the BAF.

General Donations
Send a general donation to support the ongoing efforts of the Brain Aneurysm Foundation.

In Memoriam Donations
Make a donation in memory of someone close to you who has been affected by this illness.

Charitable Remainder Trusts
A charitable remainder trust (CRT) is an irrevocable trust whose beneficiary is a charitable organization. Throughout his or her lifetime, the donor receives regular payments (fixed or variable) from the trust. When the donor dies, the charity receives the remaining principal.

Charitable Lead Trusts
A charitable lead trust (CLT) is almost the opposite of a CRT. With a CLT, the charity receives regular income generated by the trust throughout the donor’s lifetime. When the donor dies, his or her heirs receive the assets in the trust.

Pooled Income Funds
A pooled income fund is an irrevocable trust to which several donors may contribute. Funds are administered by a charitable organization and pay donors regular income for life. When a donor dies, his or her contribution to the fund becomes the property of the charity. With this type of fund, donors are not subject to capital gains taxes and can reduce their current taxable income and estate.

Charitable donations can take many forms, including cash, securities, life insurance, or even your free time. For further information please visit our website at www.bafound.org.

Brain Aneurysm Support Groups

Visit www.bafound.org for information on these support groups in your area:

Massachusetts:
- Boston Massachusetts Group
- Western Massachusetts Support Group
- Merrimack Valley Massachusetts Brain Aneurysm Support Group
- The South Shore Support Group
- RHCI-SSSG Support Group

Northeast:
- Long Road Back Support Group (Missouri)
- New York Group
- Philadelphia Support Group

Mid-West:
- Indianapolis Neurosurgical Group
- Madison Area Cerebral Aneurysm Support Group
- Tri-State Brain Aneurysm Support Group, Inc.

Southeast:
- Annie’s Angels Support Group, Selma Alabama
- Nashville Tennessee Group
- Atlanta Support Group
- Florida Brain Aneurysm Support Group

Southwest:
- Littleton & Englewood Colorado Brain Aneurysm Foundation Support Group
- Dallas TX Support Group
- Houston TX Support Group
- Beaumont TX Brain Aneurysm Support Group

West Coast:
- Los Angeles CA Support Group
- San Francisco CA Support Group
- Sacramento CA Support Group

Canada:
- Canadian Brain Aneurysm Support Group
- Nova Scotia Support Group

The Arterial Challenge - Miami Springs, Florida

It has long been the desire of the BAF to have The Arterial Challenge Road Race and Walk take place in more than one location on the same day. The BAF is very thankful to Mari Redondo of Miami Springs, Florida who took on the challenge of creating a local race this year in her area to honor her mother who passed away of a brain aneurysm in 2004.

Mari took this task on with only about a month to prepare. Being a gym owner did give her an athletic audience to target for support. Despite the short amount of time until the event, Mari had wonderful results and was able to raise over $3,000 to help support the mission of the BAF. Two twelve-year-olds, Lance Rutkin and Micky Webb, were the youngest runners and 70-year-old Betty Bray was the oldest participant.

The BAF hopes others will learn from Mari, take on the challenge, and bring the Arterial Challenge Road Race and Walk for brain aneurysm research and awareness to their area on Memorial Day Sunday 2008.

Mari says, “Best wishes to all that participated and next year it will be bigger and better!!!”
Congratulations on a job well done.

Registration
Boston Scientific Announces Enrollment of First Patient in MAPSTM Clinical Trial

In April 2007, Boston Scientific Corporation announced that enrollment has begun in its MAPSTM clinical trial. The MAPS trial (Matrix And Platinum Science) is designed to identify and investigate clinically relevant endpoints for evaluating the efficacy and durability of endovascular treatment of brain aneurysms. Patients will be randomized to receive either Matrix2® Detachable Coils or GDC® Detachable Coils. Boston Scientific manufactures GDC coils, the first bare-platinum detachable coil cleared for aneurysm treatment, as well as Matrix2 coils, which are covered with a polyglycolic-polylactic acid (PGLA) bio-polymer shown to improve treatment durability in preclinical studies.

The trial’s primary endpoint is target aneurysm recurrence (TAR), which is a composite endpoint comprised of target aneurysm re-intervention, target aneurysm rupture or re-rupture or death. The first patient was enrolled and treated on March 29 at the Heath East Neurovascular Institute, St. Joseph’s Hospital in St. Paul, MN by Michael Madison, M.D., and James Goddard M.D., who will be joined in the trial by partners Jeff Lassig, M.D., and Mark Myers, M.D. The MAPS trial is a prospective, multi-center study that is designed to randomize approximately 630 patients at 50 global centers for treatment of brain aneurysms.

"It is gratifying to achieve this milestone of first patient enrollment," said Cameron McDougall, M.D., Chief, Endovascular Neurosurgery, Barrow Neurological Institute, and Co-Principal Investigator of the MAPS Trial. "Not only is this trial important in its own right, but it further demonstrates that multidisciplinary aneurysm trials can and will help define the future of aneurysm treatment."

For more information, please visit www.bostonscientific.com.

Study Suggests Other Causes for Childhood Brain Aneurysms

A recent University of Cincinnati (UC) study questions the commonly held scientific belief that childhood brain aneurysms are caused by trauma, infection or underlying vascular malformations.

In a retrospective review of 53 Ohio children with intracranial (brain) arterial aneurysms, Todd Abruzzo, MD, found that the most common type of aneurysm among all age groups appeared to occur spontaneously—with no related trauma or infection, recognizable clinical warnings signs or underlying medical causes, such as vascular malformations.

Researchers say this data suggests unknown genetic factors, environmental exposures or an interaction of the two may predispose certain children to aneurysm development.

In addition, Abruzzo reports that 75 percent of the patients whose aneurysms developed spontaneously had no risk factors for vascular disease, which in adults include smoking and high blood pressure.

“This is very significant because it provides insight into the mechanisms of aneurysm formation,” says Abruzzo, an assistant professor of radiology, neurosurgery and biomedical engineering at UC and interventional neuroradiologist at University Hospital and Cincinnati Children's Hospital Medical Center. “Most cerebrovascular specialists believe that aneurysms arise from ‘mechanical fatigue’ of the arterial wall—resulting from wear and tear caused by a lifetime of excessive blood pressure and flow on thin-walled cerebral arteries.

“But our study suggests that—unlike the adult disease—childhood aneurysms may be driven by unique predisposing factors that we have not yet identified. It could have much less to do with underlying conditions commonly thought to contribute to their development,” he explains.

For the study, the neuroradiology team reviewed epidemiological, anatomical, pathological and clinical characteristics of the 53 patients—all under age 19—at Cincinnati’s University Hospital, Cincinnati Children’s Hospital and Columbus Children’s Hospital from January 1993 to November 2006. Most of these patients had developed intracranial hemorrhage, which occurs when intracranial aneurysm ruptures.

“It turns out the aneurysms not only occurred in different places in children compared to adults, but there also appeared to be a difference in the way the disease develops,” says Abruzzo. “These differences merit further investigation to give neuroradiologists the knowledge they need to develop ongoing treatment and strategies for monitoring this at-risk population.”

For more information, please visit the University of Cincinnati Academic Health Center’s site at www.healthnews.uc.edu.

For more information on clinical trials in your area, please visit www.clinicaltrials.gov

Don’t forget . . . Send us your story at www.bafound.org!
May 27, 2007 was a beautiful, sunny, day in Marshfield and Humarock Massachusetts, which helped set the tone for the sixth successful Arterial Challenge. There were over 340 walkers and runners accompanied by volunteers, family, friends, and curious on-lookers.

The Arterial Challenge has become one of the most popular events for the BAF attracting participants from distant locations. People came from Michigan, Rhode Island, Illinois, Ohio, New York, Maine, Georgia, New Hampshire, and New Brunswick, Canada as first time participants. Due to the high number of out-of-state participants, we once again had a meet and greet the night before the race so people could more easily identify with one another during the hectic race day. These first time attendees traveled far and wide to meet and talk to people who have been through a similar experience. They feel a sense of camaraderie when they are united with each other for the same cause and at last have the chance to speak at ease about their experience to an understanding ear. For many, it is the first time meeting other brain aneurysm survivors and caregivers. This event is a continual reminder of the importance of the work of the BAF and the need to have support available nationwide.

Congratulations to our first place runners:

First Place Female: Sherry Spiz from Ithaca, NY  
Winning Time: 19:17 from Age group 20-29

First Place Male: Paul Fratini from Ludlow, MA  
Winning Time: 15:54 from Age group 40-49

Thanks again to all who participated. Due to your hard work the BAF was able to raise $35,000 to support brain aneurysm research, education, and awareness.
UPCOMING EVENTS

Second Annual BAF Golf Tournament
Date: Tuesday, August 21, 2007
Tee Time: 1:15 p.m.
Where: Lake of Isles award-winning golf course,
Foxwoods Resort and Casino, Ledyard, Connecticut
Visit www.bafound.org for more information

Second Annual Siam Lotus Fashion Fest
to benefit the Brain Aneurysm Foundation
Date: Saturday, September 8, 2007
Where: Siam Lotus Restaurant, Philadelphia, PA
Contact Kristie at: events@kbconsulting.com

Brain Aneurysm Awareness Week
Dates: September 10 - 14, 2007
Contact the BAF at 617-269-3870 or at office@bafound.org if you are interested in having a display at your local medical facility

Research Grant Awards Dinner
Date: Thursday, September 27, 2007
Where: Omni Parker House Hotel, Boston, MA
Guest Speakers:
Robert Rosenwasser, M.D., FACS
Thomas Jefferson University Hospital
Christopher Putman, M.D.
Inova Fairfax Hospital
Y. Pierre Gobin, M.D.
Weill Cornell Medical College
Brian L. Hoh, M.D.
University of Florida College of Medicine

Tickets Will Be Sold
Visit www.bafound.org for more information
**Support The Brain Aneurysm Foundation with: “Shop For A Cause”**

**Sponsored by Macy’s**

Shop Saturday, October 13, 2007 at your local Macy’s and receive 20% off most merchandise all day, 10% off furniture, mattresses, and rugs.

9:00 a.m. to 10:00 p.m.

Call the BAF office at 617-269-3870 or e-mail office@bafound.org to purchase your shopping passes for $5 each. The $5 will benefit The Brain Aneurysm Foundation.

The shopping pass also allows you to enter a raffle for a $500 gift card at your store.

This is a fun way to support The Brain Aneurysm Foundation and shop at a discount!

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**Newsletter Name Change**

The new name for The Brain Aneurysm Foundation newsletter will be BRAINSTORM! This new name and a new design will be incorporated for the first edition of 2008. Thank you to everyone who offered his or her suggestions.

BRAINSTORM conveys the sharing of ideas, facts, and stories from many sources. This will also affirm that the BAF is always evolving and working hard to keep those affected in some way by brain aneurysms connected and properly informed about brain aneurysms.

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**MISSION:**

To provide support and educational materials to the medical community, the newly diagnosed, survivors, family members, friends, and the general public regarding the facts, treatment options, and recovery process for brain aneurysms. With the help of the medical community, remain steadfast and earnest in the pursuit of brain aneurysm research that can directly benefit those affected.

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