PC Project goals in each area lead to improved therapy for PC patients. Over the last year, progress in each area has been achieved. Reports of each grant will be made at the May IPCC meeting in St. Louis and new goals will be set for 2005-06.

Support—
A new brochure is available for Medical Professionals & Researchers and a booklet has been published especially for PC Patients.

More than 30 patients will attend the 3rd Patient Support Meeting in Aug 2005 to be held in Niagara Falls.

Clinical Research—
DR. SANCY LEACHMAN;
PC Project Core Grant.
International Research Registry.
In the last 10 months, 59 patients have completed the Registry questionnaire and had a clinical consultation, 24 new blood samples have been submitted for genetic testing. The IPCRR now has 51 individuals in 26 families with identified mutations with 8 others waiting for results.

General Research—the following summaries have been provided by several grant recipients.

RUDOLPH LEUBE: Creation of Cellular Models for PC.
We have succeeded in imaging wild type K6a and mutant K6a (N171K mutation) in hepatoceullar carcinoma-derived PLC cells. The results reveal dramatic differences in keratin filament network organization and dynamics of the wild type and mutant intermediate filament cytoskeleton.

Fluorescence micrographs and movies of keratin filament network dynamics in living cells have been prepared by Stefan Wöll. Selected images and movies can be downloaded from http://www.stauff.uni-mainz.de/woelll.

1. Drug screening. A 6 kb fragment of the human K6a promoter has been used to make a luciferase reporter construct in the Promega pGL3-basic vector to enable the generation of a K6a-luciferase reporter cell line for drug screening. Clones of HaCaT cells stably expressing this construct were isolated. Unfortunately, we have so far been unable to detect significant luciferase expression in these clones using more than one assay system. Although K6 is readily detectable on Western blots derived from the parental HaCaT cell line, immunofluorescence staining showed that K6 expression is very patchy with only a small percentage of cells strongly expressing K6 and the majority of cells expressing K6 at low or undetectable levels. Therefore, this cell line, or at least the version available in our laboratory, is not particularly good for making stable clones expressing reporter genes from the K6a promoter. We have investigated expression of other transformed keratinocyte cell lines and one of these, NEB-1, shows strong, uniform K6 expression. Unfortunately, this cell line, which we obtained from another lab, was found to be contaminated with mycoplasma and so we are currently in the process of obtaining a clean culture of younger passage number. Once this is available, we will continue with making of stable clones and proceed to drug screening.

2. K6a siRNA. In parallel with these studies, we have been working on siRNA to inactivate the K6a mRNA without affecting other related K6 genes whose expression may overlap or compensate for loss of K6a, as an alternative means of therapy. In addition to K6b, another closely related K6-like gene has emerged from the human genome sequence, which Jürgen Schweizer's group refer to as the protein K6b (Rogers et al., 2005) and the UCSF genome browser labels as the gene KRT6E encoding K6e, as reported previously by Pierre Coulombe's group (Takahashi et al., 1995). The expression pattern of K6e/h is not yet known but is presumably more limited than K6a or K6b since there are very few expressed sequence tags corresponding to this mRNA in the genome database. We have made PCR primers specific for the K6e/h mRNA and intend to characterise its expression pattern and to make a full-length cDNA clone. The other K6-like proteins including K6f and K6ir1-4 are significantly different from K6a at the mRNA sequence level and should not be targeted by si/shRNAs against K6a.

We have already made full-length cDNA clones for K6a and K6b that include all the 5' and 3'UTR sequences. These are required for testing si/shRNA against K6a since the most specific target sites are found in the 3'UTR of K6a. We have made 4 siRNA duplexes against the K6a 3'UTR and are testing these currently. In order to assay the effect of these siRNAs, we have made a dual-expression construct using the pBUD-C4.1 plasmid which allows expression of both full-length K6a and K6b cDNAs. By RT-PCR, this gives roughly equal expression levels of each mRNA in HeLa cells, which do not express endogenous K6. Since the currently available K6 antibodies cannot distinguish K6a and K6b, we have made another version of this dual-expression construct in which a flag-tag has been added to the K6a C-terminus and a myc-tag has been added to the K6b C-terminus without disturbing the 3'UTR sequences. These epitope tags will allow us to distinguish K6a and K6b at the protein level in HeLa or other cell lines. Thus, we now have a series of reagents
required to assay si/shRNAs designed to deplete K6a without affecting K6b. Similarly, tagged K6e/h will be made for further specificity testing.

As soon as we have specific siRNA or shRNAs that work efficiently against K6a in cell culture, we will collaborate with Roger Kaspar and Dennis Roop to test these *in vivo* using mouse model systems.


**LEONARD MILSTONE WITH MICHAEL SEIDMAN SUBGRANT):** Inactivation of keratin 6a by sequence-specific Gene Targeting

1. Testing of K6a-mutant luciferase reporter. We now have tested both clones of CHO cells containing a single copy of the K6a-mLuc reporter. After the addition of a single-stranded donor oligo, we see good correction of the mutant Fluc, i.e., significant increase in luciferase activity. There seems to be a preference for an antisense vs a sense donor. Disappointingly, addition of TFO simultaneous with the oligo donor — either using standard bases of the 7 deazaguanine — has shown no evidence of improving the frequency of correction achieved by donor alone. We still await pyrimidine TFO oligos from Michael Seidman. These can only be tested in the "sense" oriented clones, since otherwise the pyrimidine TFO might have an antisense or RNAi effect on the mLuc transcript. We are quite encourged to achieve any correction, even without the TFO. We have several new ideas about improving the efficiency of the "donor alone" and have not given up on following through on the pyrimidine TFO from Seidman.

2. K6aGFP - This aim requires two preliminary steps: (a) construction of the K6aYFP chimera and cloning it into a FRT plasmid; (b) insertion of a single FRT site into a suitable readout cell the PLC cells. Rudolph Leube tells me part one is completed. We (finally) have clones of FRT-transfected PLC cells and are testing them for single-site insertion into an active locus.

The TFO on the sense strand with respect to the mLuc (e.g., mLuc38), the other clones have the poly-purine strand of the TFO site on the anti-sense strand with respect to the mLuc (e.g., mLuc37). Both clones have very low background fluorescence and both show substantial signals (i.e., correction of the stop codon mutation in the mLuc) after the addition of a single-stranded donor oligo.

In these model systems we are now testing the hypothesis that triplex binding can increase the frequency of mutation correction. We are testing two purine oligos, one with standard bases and phosphorothioate-protected termini; the other has several of the Gs replaced with 7 deazaguanine to potentially increase binding. (2) We are ready to transfet the K6aGFP into test cells as soon as received.

**DENNIS ROOP & JIANG CHEN:** Generating an inducible mouse model for *Pachyonychia Congenita*. The partially humanized targeting vector was nearly completed. The replacement of wildtype mouse K6a with humanized N171K mutant sequence, insertion of neo cassette in intron 1, and most exons and introns were confirmed by direct DNA sequencing. However, a region between intron 2 and intron 4 (about 640 bp) could not be confirmed by sequencing. Since this region contains important coding regions (exon 3 and 4), further cloning is needed to replace it with wildtype sequence generated by PCR. Currently, I am working with other restriction enzymes to correct the sequence. Work on the complete humanization of MK6a has started. This problem also justifies the alternative strategy in generating mice that carry the complete human K6a gene.

**Delivery—**
**ROGER KASPAR: TRANS-DERM, INC.** is up and running as an industry partner to facilitate development of PC therapeutics and focus efforts in this cause. See [www.transderm.org](http://www.transderm.org). Our main efforts at present are to develop methods for efficient delivery of nucleic acids to skin cells. To this end, we are collaborating with Chris Contag's lab at Stanford University to monitor reporter gene expression in keratinocytes in a mouse footpad model, using their state of the art imaging facilities and transgenic mice that express eGFP in skin keratinocytes. We also continue to work closely with Sonometrics and benefit from their program to develop specific gene inhibitors for psoriasis. We will present progress on nucleic acid delivery to skin at the IPCC meeting in St. Louis in May and hope to interact with all of you there.
MEETING REPORT: IPCC 2nd Annual Scientific Meeting

The IPCC held their 2nd annual scientific meeting in conjunction with the 66th Annual Meeting of the Society of Investigative Dermatology in St. Louis, MO on May 3-4, 2005.

The meeting began with a dinner on board the Mark Twain Riverboat. After dinner, an update on the research registry was given. A Young Investigator Award was made to Qian Wang (Chris Contag’s lab) for outstanding work for PC during 2004-2005.

In addition, Frances Smith was presented with the PC Project Career Development Award. This $150,000/yr award is given to support Frances Smith in focusing on PC-specific research efforts over the next three years and is intended to launch a continuing career in translational research. The Medical and Scientific Advisory Board (MSAB) members were also recognized and new IPCC members were welcomed.

Each attendee was presented with a CD containing nearly 500 articles related to PC, including nearly 100 translations of foreign articles. This material is also available in a searchable format at www.pachyonychia.org. If you were not able to attend the meeting please request your CD bibliography from PC Project.

On the following day, our scientific conference was well attended, both by our IPCC members and other members of the dermatologic community. The conference consisted of updates and declarations of progress by our 2004-2005 grant recipients.

Overall, the updates were very informative and significant progress had been made by every investigator. Sancy Leachman noted over 210 patients have been identified, and 71 enrolled in the registry, providing clinical scientists with a potential pool of PC candidates for future clinical trials. Maurice van Steensel discussed a promising new retinoid, RAMBA, that is currently under investigation in his program and which may be tried in the future for PC. Frances Smith with Haihui Liao reported on the genotyping work completed. Irwin McLean with Yiwei Zhao reported development of several essential molecular tools that will be extremely useful to the consortium members and also reported progress toward investigation of small molecules that may have an effect on keratin expression. Leonard Milstone presented the technical challenges and successes that he has experienced with respect to developing a gene correction model. Finally, the mouse model under development by Jiang Chen (Dennis Roop’s lab) is progressing. Excellent discussion regarding use of other mouse models ensued.

In addition, Roger Kaspar announced the development of a new company focused on delivery of candidate agents for the treatment of PC and promising preliminary results were illustrated.

We also heard from several new members of our group regarding promising PC-related basic scientific and clinical research. This included presentations by Pierre Coulombe, Exploiting Redundancy as a Therapeutic Strategy, Edel O’Toole, Development of an in Vitro Model of PC and information on some homeopathic treatments, Carl Swartling Treatment of PC with planter Injections of Botulinum toxin,
Todd Ridky (Paul Khavari’s Lab), Keratin Mutations and Squamous Cell Carcinoma Invasion and Caroline Fitchett (Edel O’Toole’s Lab), Functional effects of PC Type I mutations on keratinocyte migration and proliferation.

The collegiality was exceptional and the ideas powerful. One distinguished guest, Robin Eady, expressed his congratulations to the group on “the open discussion and generous offers of collaboration” which took place in the discussion periods. Each participant was asked to provide comments and recommendations and that input has impacted the selection of PC Project goals for 2005-2006.

We thank all attendees for their useful contributions.

We note that several abstracts which focused on PC were selected for the SID sessions and a number of talks were presented by IPCC members. We commend the IPCC members for an exceptional scientific meeting.

Patient Support Meeting
Niagara Falls
Aug 25 - Aug 27, 2005

More than 30 PC patients will be at this meeting with their families. All IPCC members are invited. Please contact Mary Schwartz at 877-628-7300 or email Mary.Schwartz@pachyonychia.org asap if you are interested in attending. Small travel grants of $500 are available.

CORT Grant Application

We will submit a NIH/CORT grant application to seek funding to continue our successful research projects over the next five years. The proposed grant includes the following. We may include other projects which show promise of success and fit the CORT protocol. Contact Sancy Leachman if you have suggestions to aid this grant.

Administrative Core - Support & Education
PC PROJECT
Clinical Research
SANCY LEACHMAN
Small Molecule Drug Screening for PC
W. H. IRWIN MCLEAN
Development and Delivery of PC-Specific Inhibitors
FRANCES SMITH
ROGER KASPAR
Sequence-Specific Gene Targeting
LEONARD MILSTONE
An Inducible PC Mouse Model
DENNIS ROOP
JIANG CHEN

Members IPCC - May 2005

The IPCC was founded in Feb 2004 by research scientists and clinicians who have agreed to collaborate to develop and deliver effective therapy to PC patients.

*Sherri J. Bale PhD, Gaithersburg, MD, USA
*Ralph Bradley MD, Salt Lake City, UT, USA
*Mario R. Capecchi PhD, Salt Lake City, UT, USA
Julie T. Celebi MD, New York, NY, USA
Bernard Cohen MD, Baltimore, MD, USA
Christopher Contag PhD, Stanford, CA, USA
Pierre Coulombe PhD, Baltimore, MD, USA
John J. DiGiovanna MD, Providence, RI, USA
Jon A. Dyer MD, Columbia, MO, USA
Ervin H. Epstein MD, San Francisco, CA, USA
*Philip Fleckman MD, Seattle, WA, USA
Jennifer Hand MD, Rochester, MO, USA
*C. David Hansen MD, Salt Lake City, UT, USA
Alan Irvine MD, MRCP, Dublin, Ireland
Robyn Hickerson PhD, Santa Cruz, CA, USA
Brian Johnston PhD, Santa Cruz, CA, USA
*Olga Igoucheva PhD, Philadelphia, PA, USA
Aleksel Kansky MD, Ljubljana, Slovenia
*Roger L. Kaspar PhD, Santa Cruz, CA, USA
Paul A. Khavari PhD, Stanford, CA, USA
*Gerald G. Krueger MD, Salt Lake City, UT, USA
*Markus Landthaler PhD, New York, NY, USA

E. Birgitte Lane PhD, FRSE, Dundee, UK
*Sancy Leachman MD, PhD, Salt Lake City, UT, USA
Rudolph Leube MD, PhD, Mainz, Germany
*Alfred S. Lewin PhD, Gainesville, FL, USA
Susan Bayliss Mallory MD, St Louis, MO, USA
*W. H. Irwin McLean DSc, FRSE, Dundee, UK
Jenima E. Mellerio MD, London, UK
*Leonard M. Milstone MD, New Haven, CT, USA
Colin S. Munro MD, PhD, Glasgow, UK
Edel A. O'Toole MD, London, UK
Amy Pallier MD, Chicago, IL, USA
Phoebe Rich MD, Portland, OR, USA
Todd Ridky PhD, Stanford, CA, USA
Faye A. Rogers PhD, New Haven, CT, USA
*Denis R. Roop PhD, Houston, TX, USA
Michael Seidman PhD, Bethesda, MD, USA
*Frances J. D. Smith PhD, Dundee, UK
Carl Swartling MD, Uppsala, Sweden
*Bhaskar Thayagarajan PhD, Stanford, CA, USA
*Maurice A. M. van Steensel MD, PhD, Maastricht, Netherlands
Qian Wang PhD, Stanford, CA, USA
*Pauline Wong PhD, Baltimore, MD, USA
*Kyongeun Yoon PhD, Philadelphia, PA, USA
Yiwei Zhao MD, Dundee, UK
*Founding Member IPCC
#Chair, IPCC
Member, Medical & Scientific Advisory Board for PC Project
PATIENT SUPPORT MEETING

Nearly 100 people from 7 countries gathered at Niagara Falls, Ontario for our PC Patient Support Meeting.

There were 37 PC patients (24 adults & 13 children) and 12 physicians/scientists at the meeting.

"It changed my life," said one PCer. Another said, "I'll never be the same again."

An exceptional learning activity for both patients and doctors was the 'Mutation Maze' in which PCers first grouped themselves with others who shared similar phenotypes (i.e. fingernail type). Then they grouped by actual mutations. There were noticeable phenotypic differences among PCers even when the genotypic was the same or similar.

A major achievement was the IRB-approved sample collection using the following: Digital Photography - a set of standardized photographs from each PCer including fingernails, toenails, palms, feet, other areas with HKT, hair, tongue/mouth and cysts.

Confocal Photography was provided courtesy of Lucid Technology of Rochester, NY. Five patients with known mutations were selected and photographed. The results were excellent. Attendees flocked to view the images produced by this amazing technology. Skin Shards were collected from 21 patients and these have been processed for DNA.

Tape Strip samples were gathered from 31 patients from five sites and are being processed for DNA by DermTech of San Diego, CA.

Hair samples were also collected from attendees and will be processed.

The goal of sample collection is to assist in creation of biological end point measures to assess efficacy of PC treatments which are being developed. Next PSM is in Dundee 2006.

IPCC 2006 Scientific Meeting
May 1-2, 2006 (prior to SID) Philadelphia, PA

The Specific Aims of this meeting are:
1) Bring together thought leaders from outside the IPCC who can share their experience on initiating clinical trials for a rare disease.
2) Provide a forum for IPCC researchers to update one another on their research, sharing results and obtaining feedback from the IPCC and thought leaders on their work.
3) Collectively devise the most productive future direction for the implementation of clinical trials.

We welcome abstracts for presentations. This will be an exceptional IPCC meeting for 2006.
BRIEF NEWS NOTES

Irwin McLean at University of Utah
We are excited to bring Irwin W.H. McLean to the University of Utah as a Guest Lecturer on Oct 28 for the Department of Dermatology.

ASHG in Salt Lake City
The 2005 ASHG meeting will be held in Salt Lake City on October 24-28. If you are attending the ASHG meeting, please contact PC Project about a special dinner we are hosting on Thursday, Oct 27. Also, see PC Project at booth #724.

CORT grant preparations are moving forward. This is an important effort which will definitely help us with funding and bring PC research to clinical trials more quickly.

JID PC Symposium Proceedings issue is expected in October 2005. We'll make certain all IPCC members receive a copy!

Members IPCC - September 2005 (including the Int'l PC Physicians Network)
The IPCC was founded in Feb 2004 by research scientists and clinicians who have agreed to collaborate to develop and deliver effective therapy to PC Patients.

Carol Adib MD, Drogheda, Louth, Ireland
*Sherry J. Baile PhD, Gaithersburg, MD, USA
*Ralph Bradley MD, Salt Lake City, UT, USA
*Mario R. Capecchi PhD, Salt Lake City, UT, USA
Julide T. Celebi MD, New York, NY, USA
Jiang Chen MD Houston, TX, USA
Bernard Cohen MD, Baltimore, MD, USA
Christopher Contag PhD, Stanford, CA, USA
Pierre Coulombe PhD, Baltimore, MD, USA
Loretta S. Davis, MD, Augusta, GA, USA
John J. DiGiovanna MD, Providence, RI, USA
Jon A. Dyer MD, Columbia, MO, USA
Robin Eady MD, London, UK
Ervin H. Epstein MD, San Francisco, CA, USA
Caroline Fitchett PhD, London, UK
*Philip Fleckman MD, Seattle, WA, USA
Jennifer Hand MD, Rochester, MO, USA
*C. David Hansen MD, Salt Lake City, UT, USA
Robyn Hickson MD, Santa Cruz, CA, USA
*Olga Igoucheva PhD, Philadelphia, PA, USA
Alan Irvine MD, MRCP, Dublin, Ireland
Brian Johnston PhD, Santa Cruz, CA, USA
Aleksand Kansky MD, Ljubljana, Slovenia
*Roger L. Kaspar PhD, Santa Cruz, CA, USA
Paul A. Khavari MD, PhD, Stanford, CA, USA
*Gerald G. Krueger MD, Salt Lake City, UT, USA
*Markus Landthaler PhD, New York, NY, USA
E. Birgitte Lane PhD, FRSE, Dundee, UK
*Sancy Leachman MD, PhD, Salt Lake City, UT, USA
Rudolph Leube MD, PhD, Mainz, Germany
*Alfred S. Lewin PhD, Gainesville, FL, USA
Colette D. Lieber, MD, Mahway, NJ, USA
Susan Bayliss Mallory MD, St Louis, MO, USA
*W. H. Irwin McLean DSc, FRSE, Dundee, UK
Ross McLeod, MD, Calgary, Alberta, Canada
Jemima E. Mellerio MD, London, UK
*Leonard M. Milstone MD, New Haven, CT, USA
Cella Moss, MD, Birmingham, UK
Colin S. Munro MD, PhD, Glasgow, UK
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Phoebe Rich MD, Portland, OR, USA
Todd Ridky PhD, Stanford, CA, USA
Faye A. Rogers PhD, New Haven, CT, USA
*Dennis R. Roop PhD, Houston, TX, USA
Michael Seidman PhD, Bethesda, MD, USA
Robert A. Silverman, MD, Fairfax, VA, USA
*Frances J. D. Smith PhD, Dundee, UK
Eli Sprecher, Haifa, Israel
Carl Swartling MD, Uppsala, Sweden
*Bhaskar Thiyagarajan PhD, Stanford, CA, USA
*Maurice A. M. van Steensel MD, PhD, Maastricht, Netherlands
Qian Wang MD, PhD, Stanford, CA, USA
*Kyonggeun Yoon PhD, Philadelphia, PA, USA
Yiwei Zhao MD, Dundee, UK
*Founding Member IPCC
*Chair, IPCC
Member, Medical & Scientific Advisory Board for PC Project
PC GRANTS
SUBMITTED TO NIH
1. R13 IPCC Scientific Meeting Grant
We have received an initial response to this grant with very promising indications for funding. We appreciate very much the support and encouragement of ORD/NIH staff at training meetings as well as the marvelous support for this grant from IPCC members. Thanks!
2. CORT Grant
Drs. Leachman, Milestone, Kaspar, McLean, and Roop submitted a multi-institutional Centers of Research Translation (CORT) grant to develop novel therapeutic agents for PC. The specific aims of the grant include siRNA inhibitors, small molecule inhibitors, triplex oligonucleotide gene correction, the development of an objective means to clinically evaluate PC response to therapy, and the development of a PC mouse. [Over 500 pages - a tremendous effort and a great proposal. Again, thanks to all who helped, responded & supported!]
3. SBIR Grant
Development of siRNA Therapeutics for the skin disorder pachyonychia congenita submitted by TransDerm (our biotech partner). The reviewers were impressed with the sound science and feasibility of accomplishing the specific aims proposed in the proposal, but had questions regarding the ability to deliver the inhibitors as well as translation to the clinic. These are issues with which many of us continue to grapple. TransDerm is addressing these issues in a resubmission that goes in this week!

PC PROJECT GRANTS - STATUS REPORTS
DENNIS ROOP & JIANG CHEN
PC MOUSE
The partially humanized targeting vector was electroporated to ES cells twice. The first time, one clone was identified with K6a probe but failed to react with the Neo probe. Therefore, targeting was repeated (Nov. 7, 2005) and this resulted in the identification of one clone that tested correct. Thus, this clone can be expanded and injected into blastocysts, i.e. the first step in generating the mouse. We will also want to inject additional independent ES cell clones (at least two) so targeting is being rescheduled.

Progress toward making the fully humanized mouse model described in the CORT grant:
1. An improved version of the MK6a targeting vector is being constructed. It is intended to include all exons and longer homologous regions in the targeting vector. To accomplish this, the 25 kb MK6a locus was cloned into a BAC vector.
2. The fully humanized targeting vector is under construction. Recently, the 36 kb MK6a locus was cloned into a BAC vector.

Currently, the N171K mutation is being generated, which is followed by the introduction of homologous regions (up and downstream) to the endogenous MK6a locus, insertion of neo-cassette and final subcloning into a TK vector.

LEONARD MILSTONE CORRECTION THERAPY
Having failed on the first try to identify a triplex site and a TFO that would stimulate gene correction by a short oligonucleotide, we have introduced improvements in our screening assays at each step along the way.

We have identified a new site in intron one of keratin 6a and produced a new TFO that gives excellent binding. We have indicator cell lines in which to test this new triplex site and, when sufficient new oligo is synthesized by Michael Seidman (who has been a wonderful collaborator), we will proceed with testing.

OTHER PC PROJECT GRANTS
We also received brief reports from Frances Smith (CDA recipient) and Irwin McLean (Drug Discovery). Excellent work continues in those areas. We appreciate every effort for PC!

PC Project at ASHG
PC Project had a booth at the ASHG Annual Meeting. Many copies of the JID Symposium Proceedings were shared with those interested in PC. Thanks to the IPCC members who helped organize the booth.

NOTE: If you need copies of the JID publication please let us know.

International PC Consortium
2006 Scientific Meeting
May 1-2, 2006 (prior to SID) Philadelphia
Philadelphia Marriott & Pennsylvania Convention Center

We welcome abstracts for presentations.
PC REGISTRY (IPCRR)
We appreciate the excellent response and participation in the IPCRR. Nearly 250 patients have registered with PC Project. Of these over one-third have completed the IRB-approved Questionnaire, physician consultation and submitted DNA for genetic testing.

We have confirmed results for 73 individuals in the Registry.

We appreciate the physicians who are working directly with PC patients to assist them in participation in the registry - this includes those in India, Ireland, Mexico, Spain and USA. Thank you!

The registry is becoming a powerful source of confirmed PC data. We ask for your continued patient referrals.

Your comments and suggestions are welcome. Thanks to all for your support.

Members IPCCC - December 2005 (including the International PC Physicians Network)
The IPCC was founded in Feb 2004 by researchers & clinicians who agreed to collaborate to develop & deliver effective therapy to PC Patients.

Carol Adib MD, Drogheada, Louth, Ireland
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Christopher Conklin, PhD, Stanford, CA
Pierre Coulombe PhD, Baltimore, MD
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Todd Ridky PhD, Stanford, CA
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Elizabeth Rugg PhD, Irvine, CA
Michael Seidman PhD, Bethesda, MD
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Eli Sprecher Haifa, Israel
Carl Swartling MD, Uppsala, Sweden
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*Maurice A. M. van Steensel MD, PhD, Maastricht, Netherlands
Qian Wang MD, PhD, Stanford, CA
*Kyongseon Yoon PhD, Philadelphia, PA
Yiwei Zhao MD, Dundee, UK
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#Chair, IPCC
Member, Medical & Scientific Advisory Board for PC Project

New Resource from PC Project
PC Project is developing an exciting new resource for PC which will be available as an easy-to-use on-line tool.

We will capture information from PC experts - patients, researchers and physicians. This includes data on (1) signs and symptoms of PC as well as (2) treatments for PC - procedures, medications or devices. We will add a clear and comprehensive scientific comment/analysis/review. Ratings, rankings and comments can be input by users.

We believe this is an innovative concept that will result in a valuable and needed PC resource.