

We are the only PARKINSON'S FOUNDATION CENTER OF EXCELLENCE in the region with comprehensive care including doctors specialized in the diagnostics, treatment, research, and education of Parkinson's disease. We have a large multi-disciplinary team including healthcare professionals specialized in Parkinson's disease in the areas of psychology, speech, physical therapy, occupational therapy, dietetics, social work, pharmacy, neuropsychology, and neurosurgery, including a large deep brain stimulation program.

We are excited to welcome Dr. Kelvin Au to the University of Kansas Medical Center's Parkinson's Disease & Movement Disorder Team!

Dr. Au is a native of Manitoba, Winnipeg, Canada and graduated from the University of Manitoba Faculty of Medicine. He completed his neurology residency at the University of Calgary in Calgary, Alberta, Canada and his movement disorders fellowship at the University of Florida. An active researcher, Dr. Au is interested in clinical trials for various movement disorders as well as studying deep brain stimulation (DBS), dystonia and multidisciplinary care in Parkinson's disease. He has published articles related to DBS, tremor, and other movement disorders. Dr. Au is married to Lizzie, a nurse from Calgary, Alberta, Canada. His hobbies include tennis, rock climbing and hiking.



**RAJESH PAHWA, MD**

Laverne and Joyce Rider  
Professor of Neurology  
Director, Parkinson's  
Disease and Movement  
Disorder Center



**KELLY LYONS, PhD**

Research Professor  
of Neurology  
Director, Research and  
Education, Parkinson's Disease  
and Movement Disorder Center

## TREMOR CORNER

KU and the International Essential Tremor Foundation conducted a survey in 2864 persons with ET. The results highlighted the importance of seeing a movement disorder specialist as 45% of persons saw multiple physicians before being diagnosed and 28% had never seen a physician for ET, although nearly all indicated disability due to ET. The survey also highlighted the need for new treatments as 33% were not taking medication, 33% discontinued at least one medication due to no benefit and 35% discontinued at least one medication due to side effects. KU will be conducting studies of new medications for ET, if you are interested in participating in a research study, please email [pdetcenter@kumc.edu](mailto:pdetcenter@kumc.edu) or call 913-588-7159.

## CLINICAL STUDIES RECRUITING

We have multiple ongoing and upcoming studies for Parkinson's disease and essential tremor. There is no cost to participate in studies.

We are currently enrolling patients in studies of the following areas:

1. Newly diagnosed PD patients
  - a. NLY01 – PD patients diagnosed within the last 5 years and not taking any PD medications
  - b. K0706 – PD patients diagnosed within the last 3 years and not taking any PD medications
  - c. CVL-751 – PD patients diagnosed for < 3 years and taking no PD medications except for an MAO-B inhibitor
2. Stable PD patients
  - a. PADOVA – PD patients taking only an MAO-B inhibitor OR levodopa diagnosed within the last 3 years
3. PD patients experiencing OFF time (poor control of symptoms) during waking hours
  - a. ND0612 – PD patients with at least 2.5 hours of OFF time per day
  - b. Earstim-PD – PD patients with at least 2 hours of OFF time per day
  - c. CVL-751 – PD patients with at least 2.5 hours of OFF time per day
4. PD patients experiencing at least 2 hours of dyskinesia (wiggling movements from levodopa)
  - a. ADX-301 – PD patients with at least 1 hour of dyskinesia between 9 a.m. and 4 p.m. daily and not currently taking amantadine or willing to discontinue
  - b. BK-JM-201 – PD patients with at least 1.5 hours of troublesome dyskinesia daily and not taking or willing to stop amantadine
5. PD Generation Mapping the Future of Parkinson's Disease – Testing for 7 genes associated with Parkinson's disease. Anyone diagnosed with Parkinson's disease in our region can participate.

If you are interested or have patients who are interested in learning more about any of these research studies, please contact [PDETCenter@kumc.edu](mailto:PDETCenter@kumc.edu).

## RESEARCH FOCUS

### New Dopamine Agonist Clinical Trial

Dopamine agonists are used in both early and advanced PD. The available dopamine agonists ropinirole, pramipexole, and rotigotine have been shown to be effective as an initial treatment in early disease and when used in more advanced disease with carbidopa/ levodopa to reduce OFF time. However, the current agonists can cause side effects such as sleepiness, leg/ankle swelling, hallucinations and impulsive behaviors. A new dopamine agonist, tavapadon, is currently being studied in early and advanced disease to determine if it can be an alternative option to the available dopamine agonists. If you are not taking PD medications and have been diagnosed for < 3 years or if you are taking carbidopa/ levodopa and have at least 2.5 hours of daily OFF time and are interested in more information about this study, please call 913-588-7159 or email [pdetcenter@kumc.edu](mailto:pdetcenter@kumc.edu).

## KU PARKINSON'S DISEASE ANNUAL SYMPOSIUM

View Now At:

<https://www.youtube.com/watch?v=rsWwmG2D4uU>

We welcome any feedback, questions, or comments at [PDETcenter@kumc.edu](mailto:PDETcenter@kumc.edu).

Visit our website: [KUMC.EDU/PARKINSON](http://KUMC.EDU/PARKINSON)