

**The Alberta Multiple Sclerosis Initiative**

**DRAFT Summary Results**

**Dec 31 2012**

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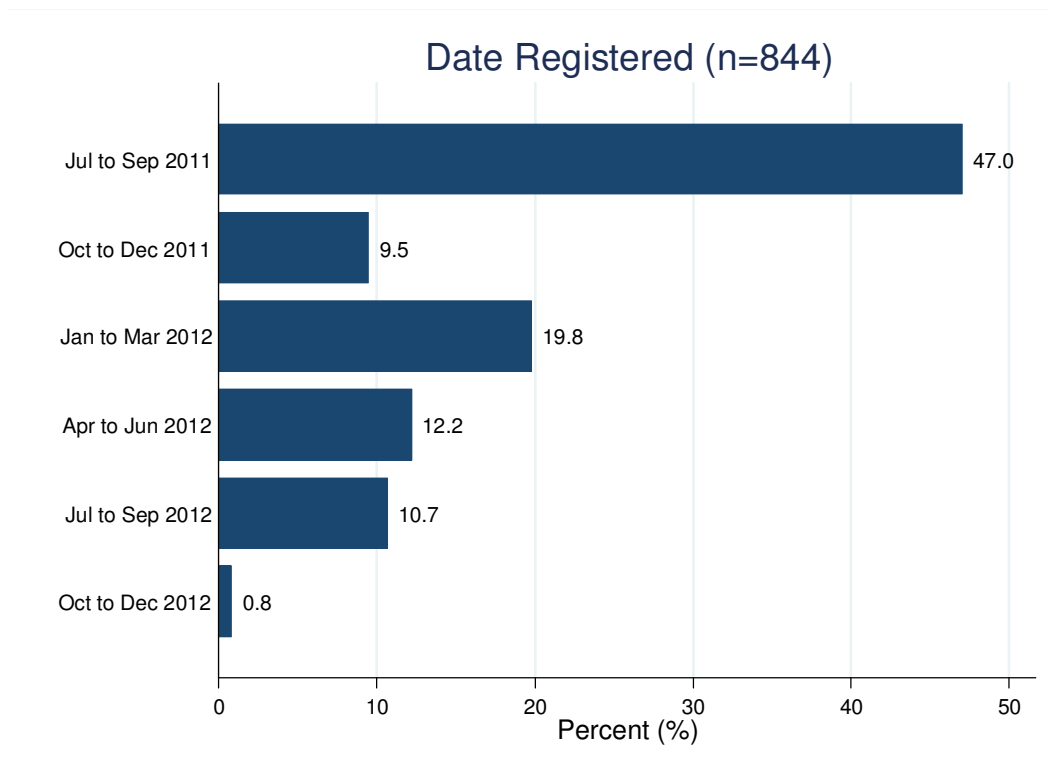
The data presented here describe the socio-demographic characteristics of the participants enrolled in The Alberta Multiple Sclerosis Initiative (TAMSI). This information will be important in guiding interpretation of the study results. Recruitment is ongoing so exact numbers will change as more participants enroll.

This only represents a very small part of the data collected. Other data is being analyzed and will undergo peer review before it can be presented. Some data cannot be presented until after the study has been completed.

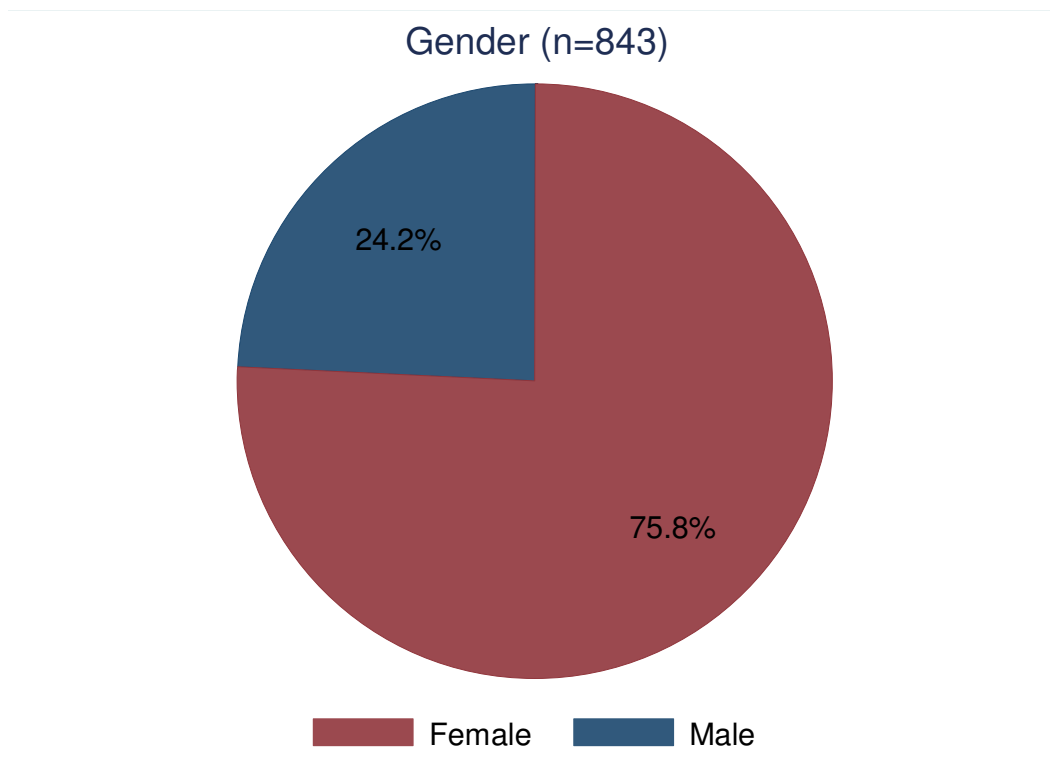
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### Participant Information:

Participant information including gender, age, location of residence, and history of CCSVI treatment were collected from all participants to determine their eligibility for TAMSI. As of December 2012, 844 participants registered for TAMSI.

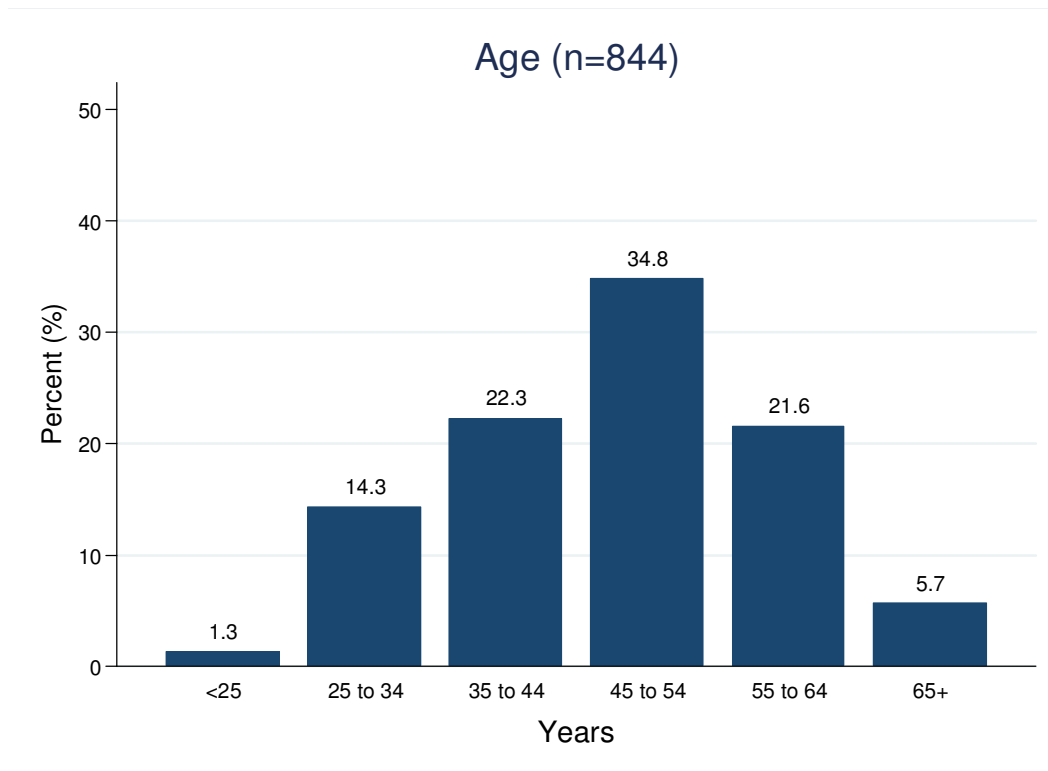


**Figure 1.** More of the data presented were collected from participants who registered for TAMSI between July and December 2011 (56.5%) compared to either those who registered between January and August 2012 (32.0%) or between July and December 2012 (11.5%).



**Figure 2:** Seventy-six percent of participants are female.

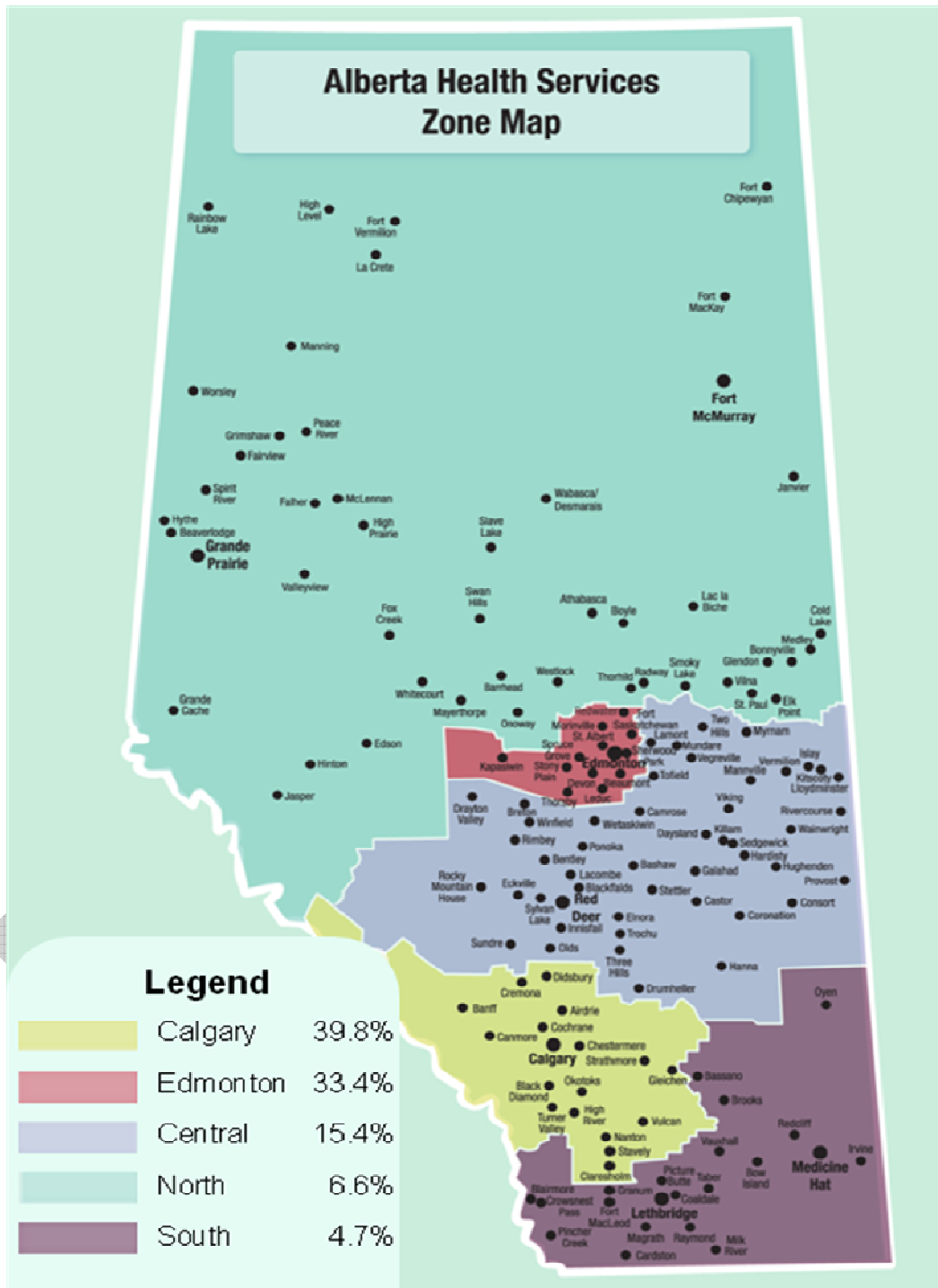
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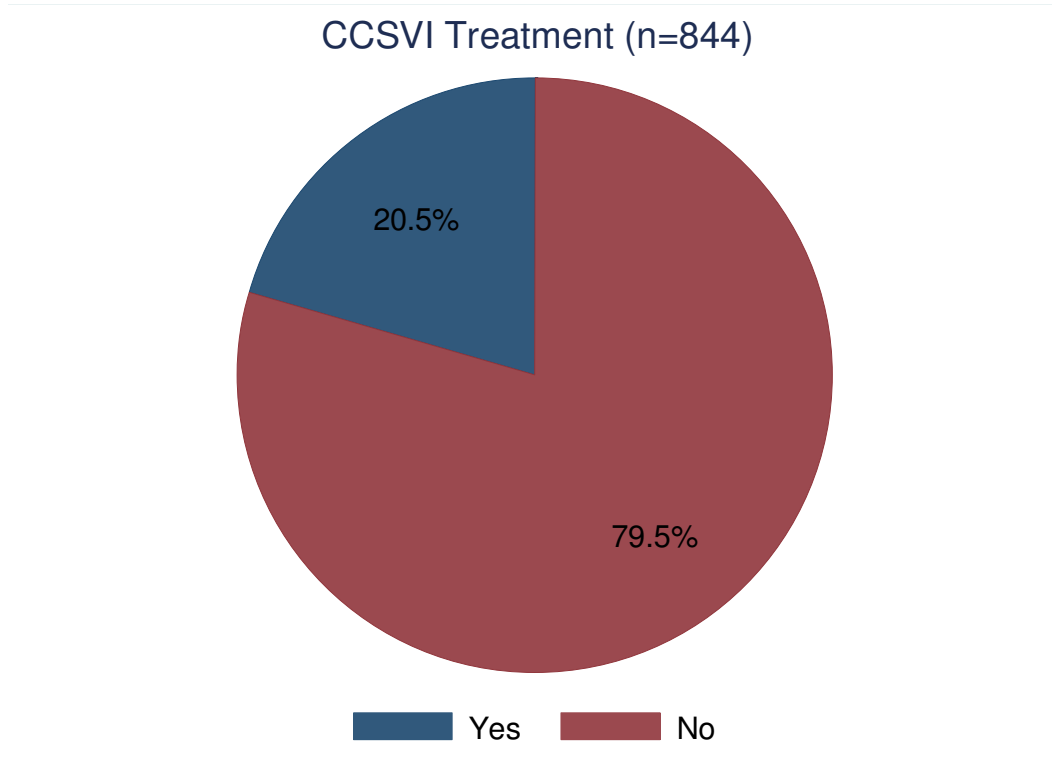
**Figure 3:** Most participants are between the ages of 35 and 64 years at the time when they registered for TAMSI (78.7%). Participants are most likely to be between the ages of 45 and 54 years (34.8%). Few participants are older than 65 years (5.7%) or younger than 25 years (1.3%).

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Location of Residence (n=844)

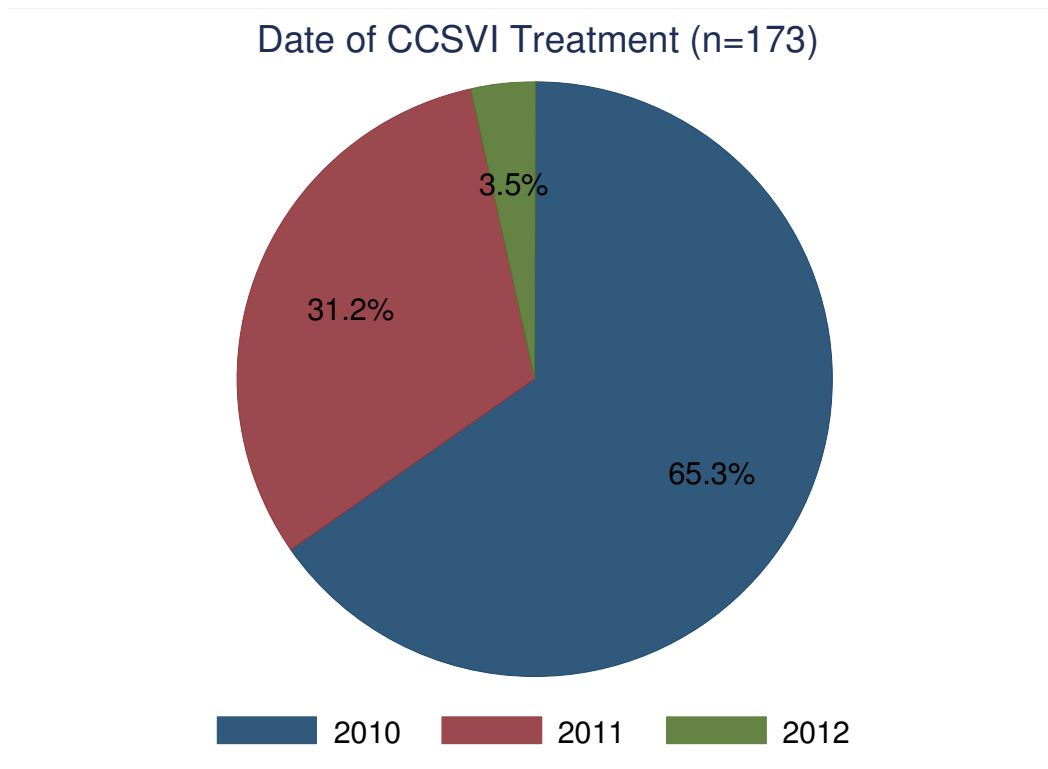


**Figure 4:** Alberta Health Services delivers care in five zones which reflect differences in population and geography. The majority of participants reside in the Calgary (39.8%) and Edmonton (33.4%) zones. Participants are less likely to reside in the Central (15.4%), North (6.6%), or South (4.7%) zones.



**Figure 5:** Twenty-one percent of participants report having had CCSVI treatment at the time when they register for TAMSI.

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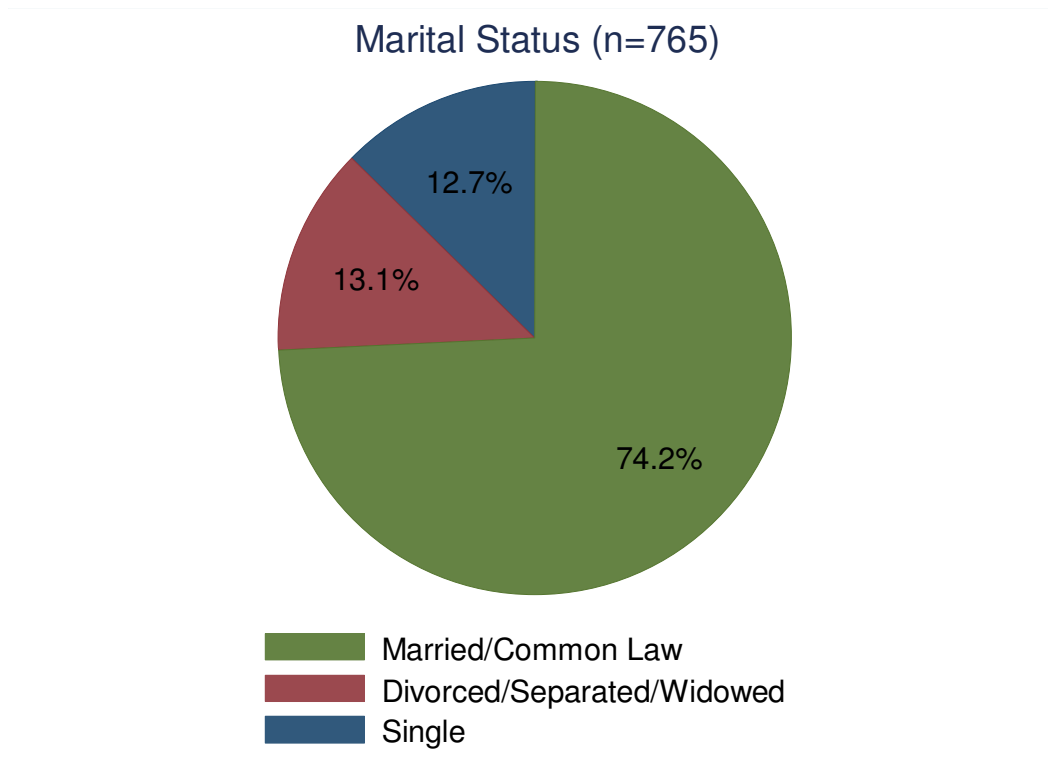
**Figure 6:** Among participants who had CCSVI treatment, 65.3% had treatment in 2010, compared to 31.2 in 2011 and 3.5% in 2012.

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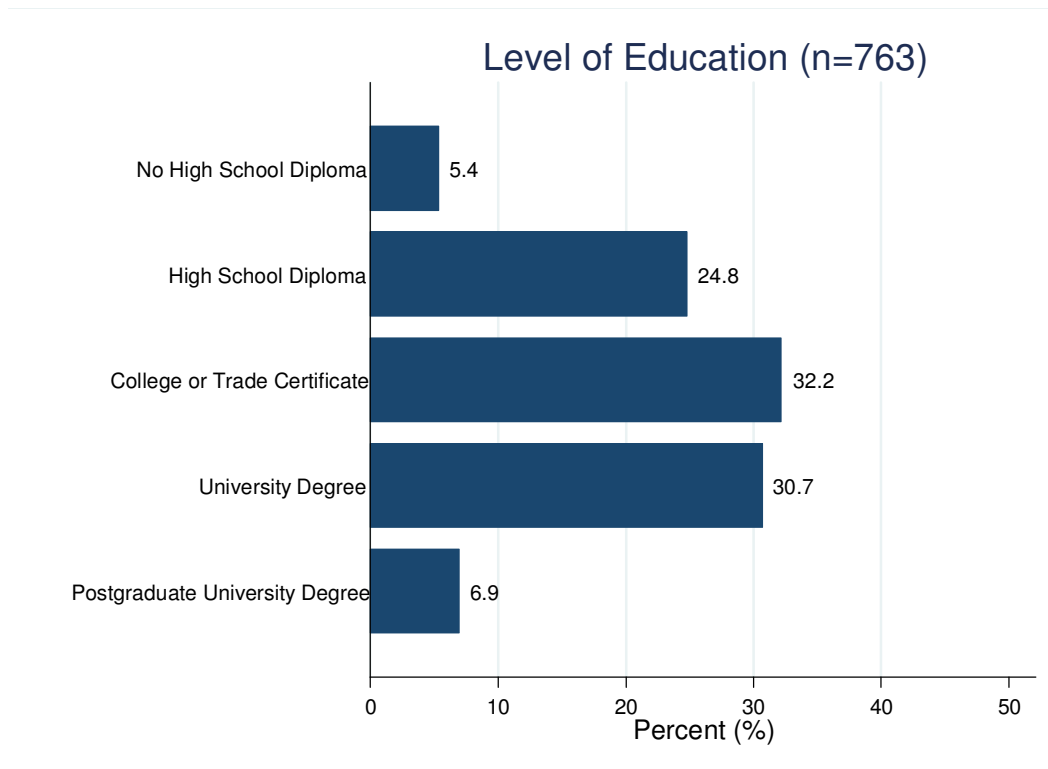


**Background:**

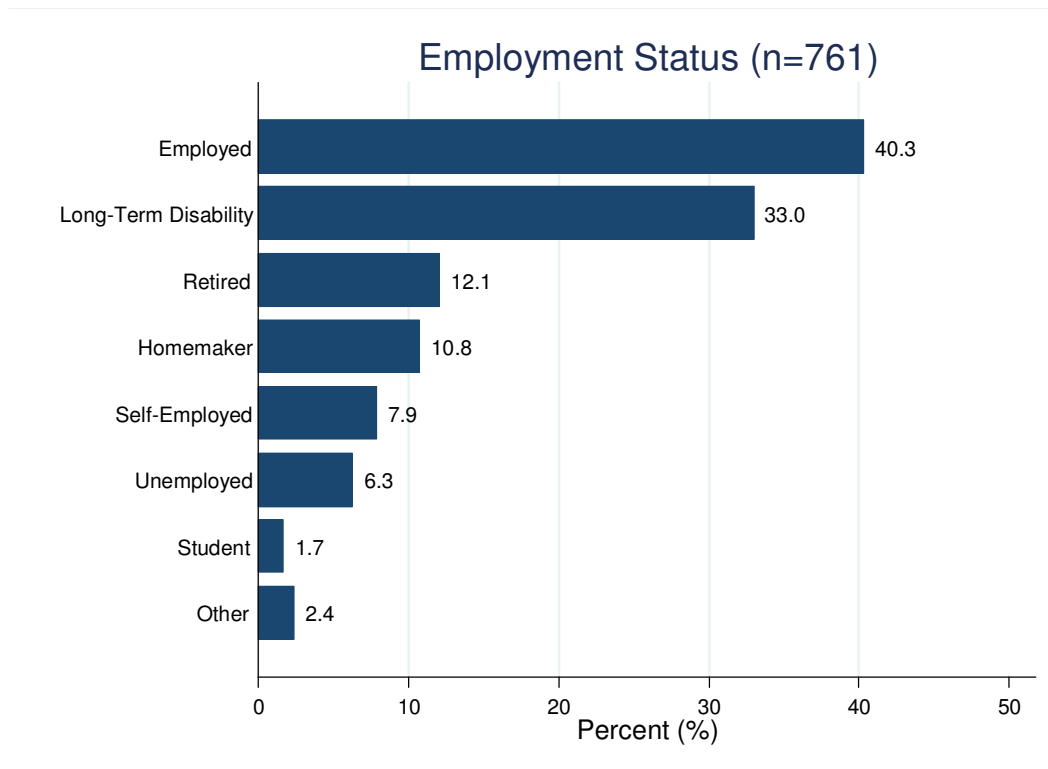
As of December 2012, 769 participants completed the Background Questionnaire to provide details about factors that affect their health, including marital status, level of education, employment status, type of housing, driving status, location of residence, population group, smoking status, and use of vitamin D.



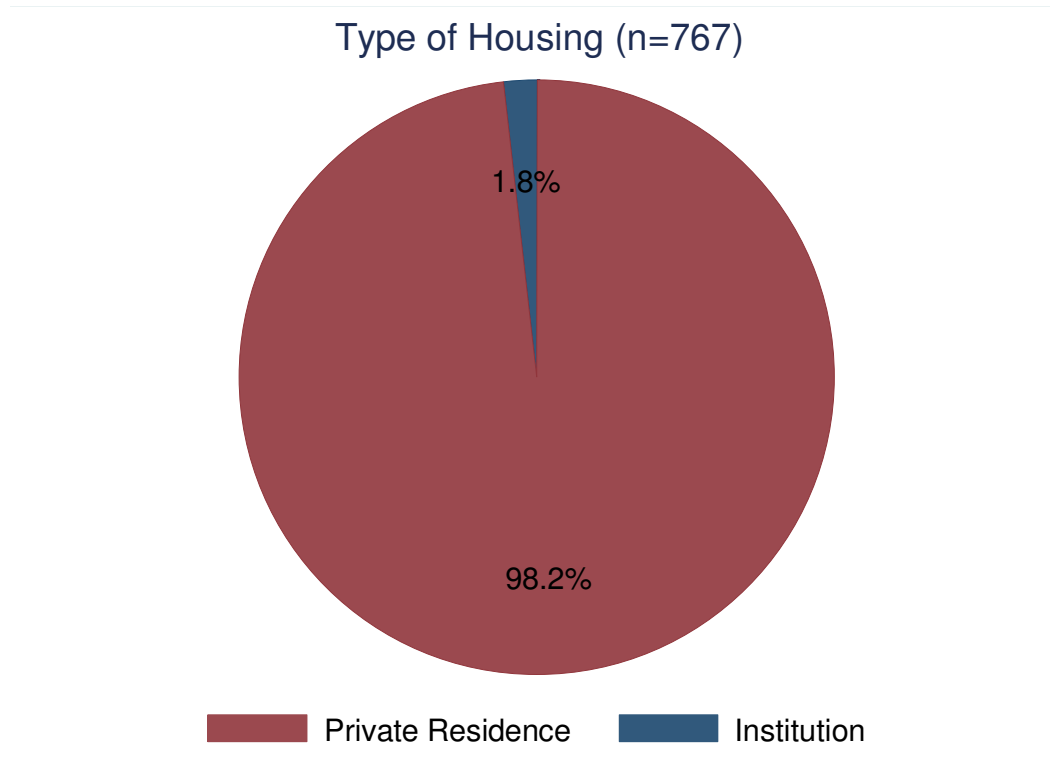
**Figure 7:** Most participants are married or living common law (74.2%). Participants are less likely to be widowed, divorced or separated (13.1%) or single (12.7%).



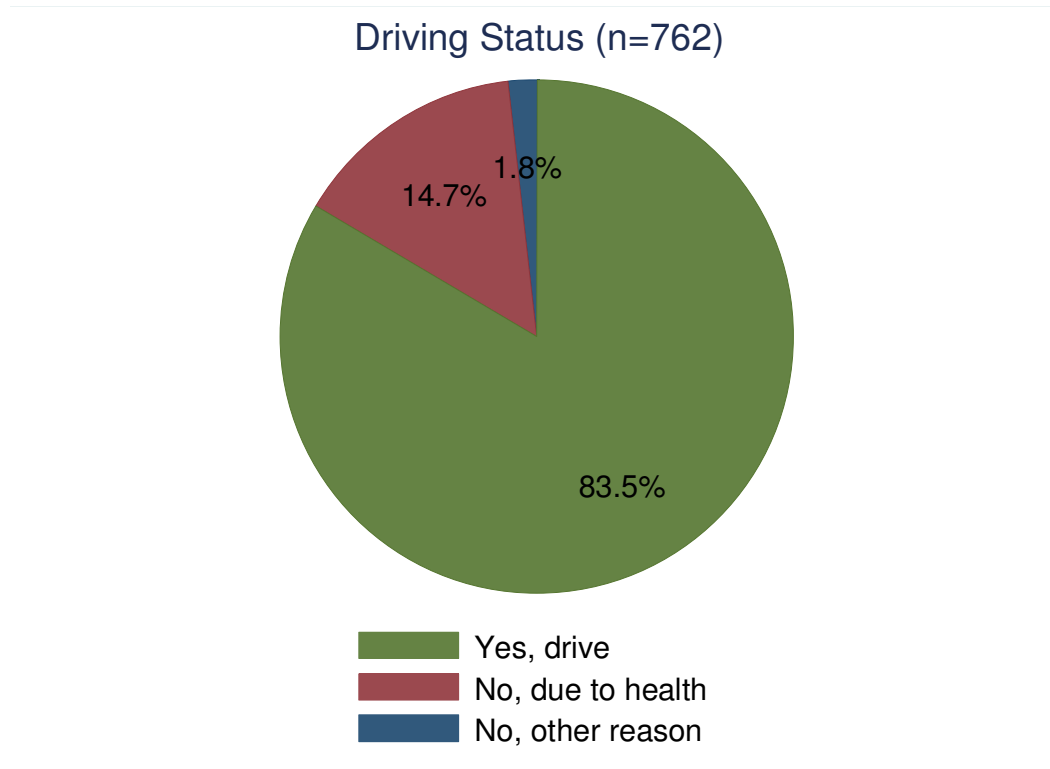
**Figure 8:** We asked participants to indicate their highest level of education completed. Almost all participants have at least a high school diploma (94.6%). Participants are likely to have a college or trade certificate (32.2%) or a university degree (30.7%). About one-quarter of participants have a high school diploma (24.8%). Fewer participants have a postgraduate university degree such as a Master’s, Doctorate or professional degree (6.9%). The participants are overall highly educated.



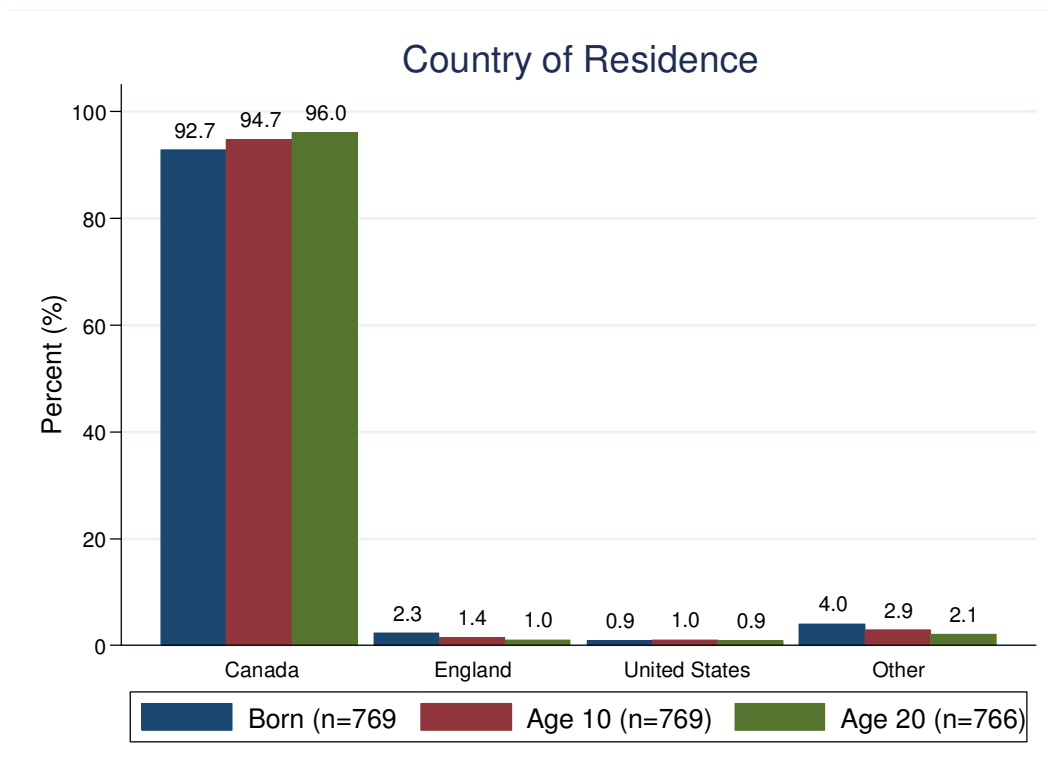
**Figure 9:** When asked about their current employment status, participants were able to select all responses that apply to them. The percentages reported do not add to 100% since participants may indicate one or more type of employment status. Almost one-half of participants are employed (40.3%) or self-employed (7.9%). One-third of participants receive long-term disability income (33.0%). Participants are less likely to be retired (12.1%), a homemaker (10.8%), unemployed (6.3%), or a student (1.7%).



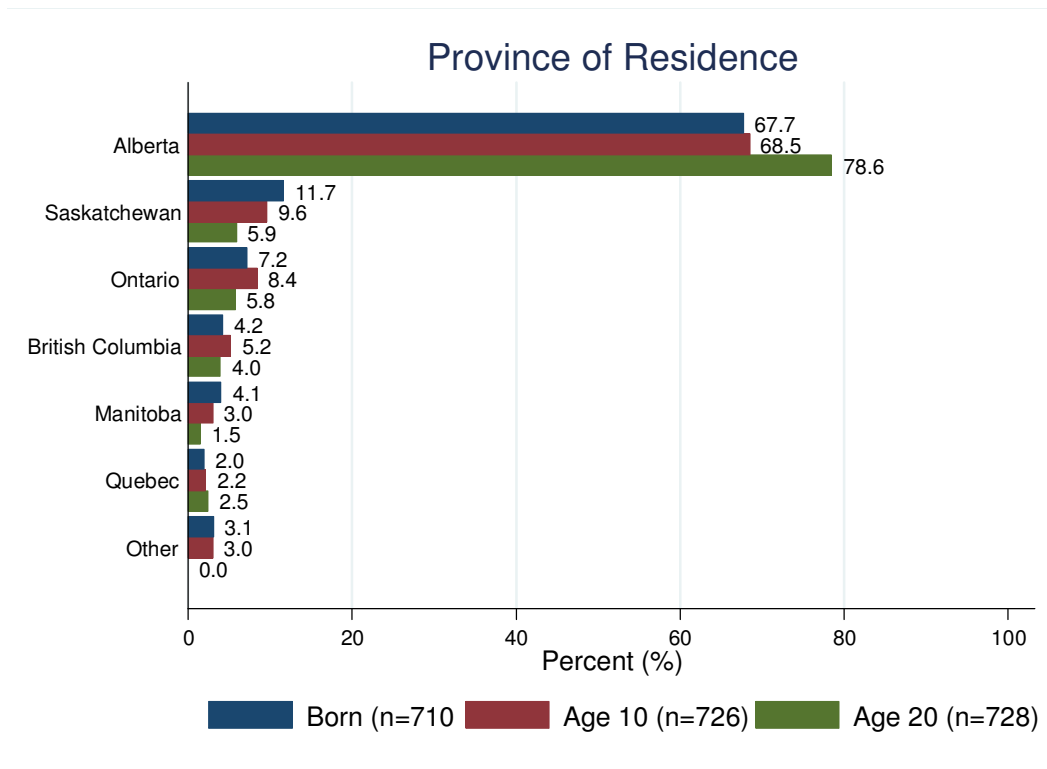
**Figure 10:** Almost all participants live in a private residence such as a house, apartment, or mobile home (98.2%), compared to 1.8% who live in an institution where personal care or nursing service is provided.



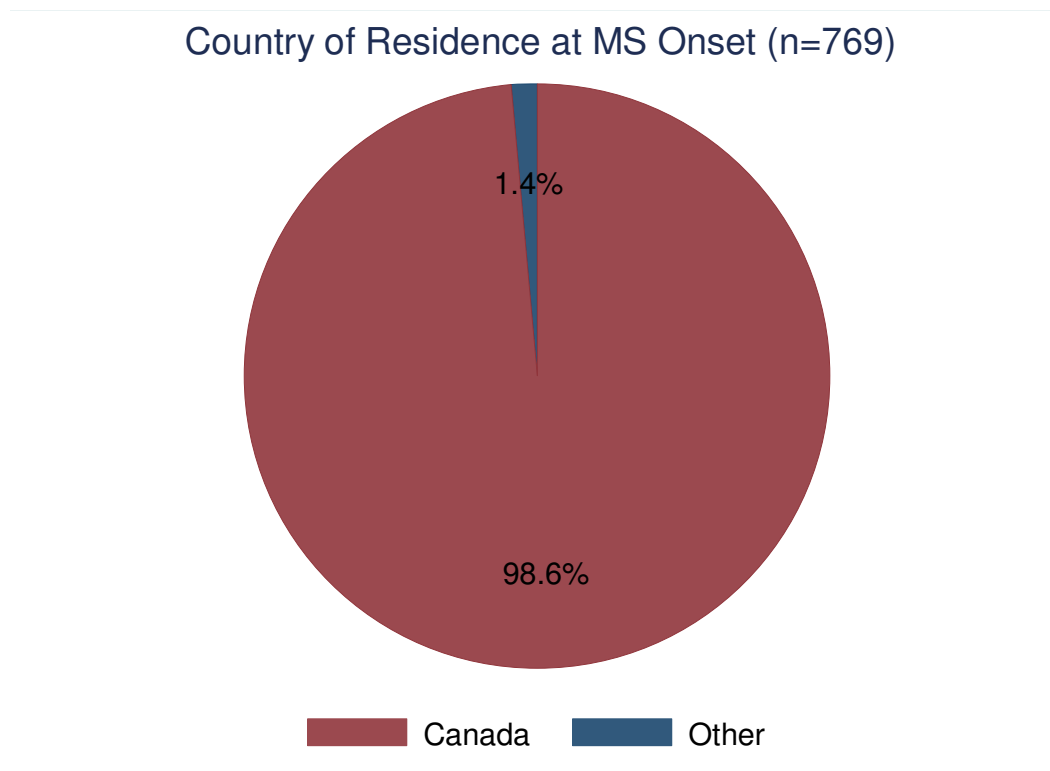
**Figure 11:** Most participants drive an automobile (83.5%). Among those who do not drive, most participants do not drive for reasons related to their health.



**Figure 12:** Most participants were born in Canada (92.7%) or lived in Canada at age 10 (94.7%) or age 20 (96.0%). England and the United States are the next most commonly reported countries of residence.



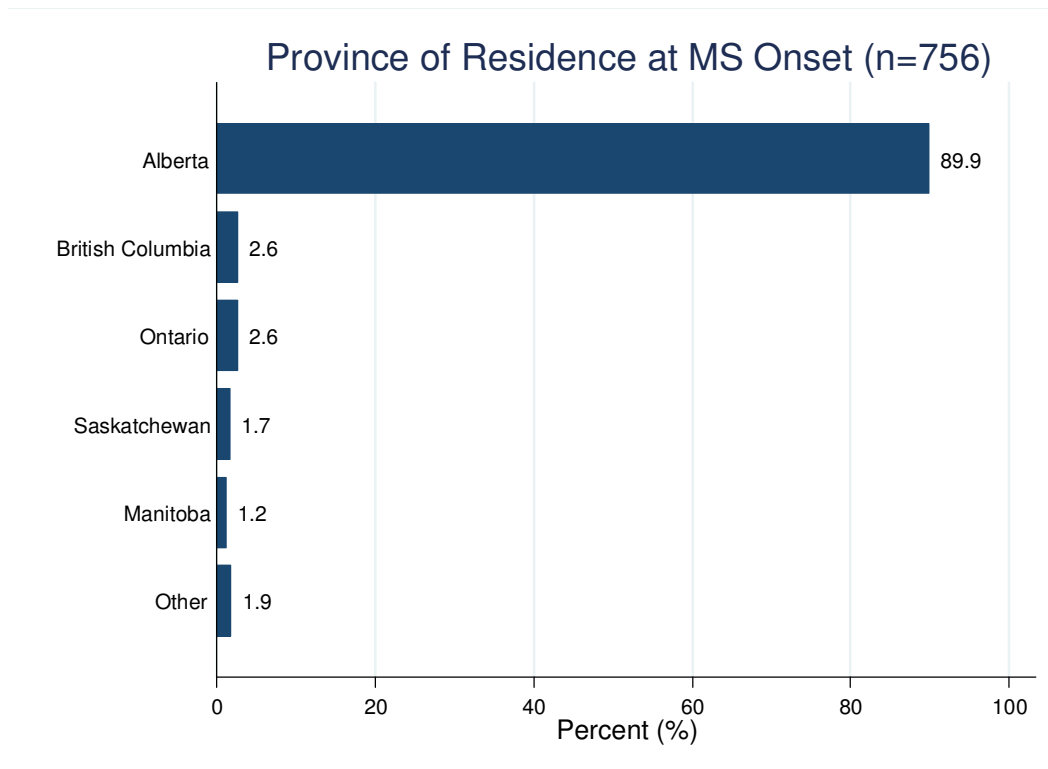
**Figure 13:** Among participants who reported living in Canada, most were born in Alberta (67.7%) or lived in Alberta at age 10 (68.5%) or age 20 (78.6%). Saskatchewan is the next most commonly reported province of residence, followed by Ontario, British Columbia, Manitoba, and Quebec.



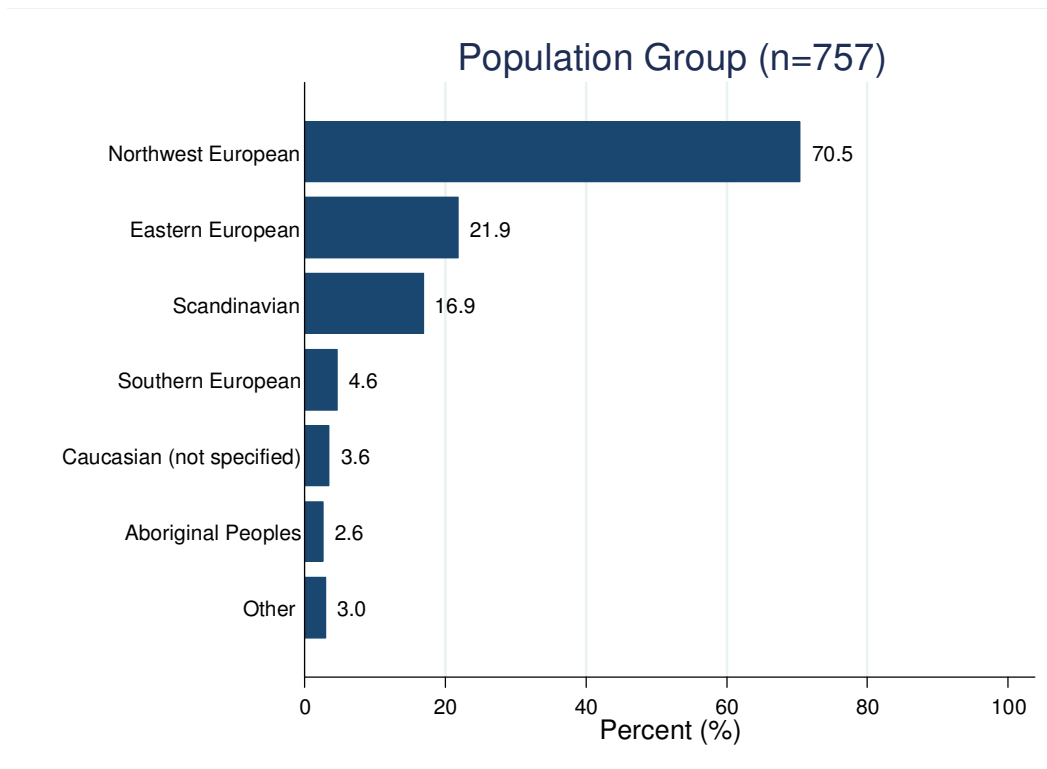
**Figure 14:** Almost all participants lived in Canada at the time when their MS condition began (98.6%).

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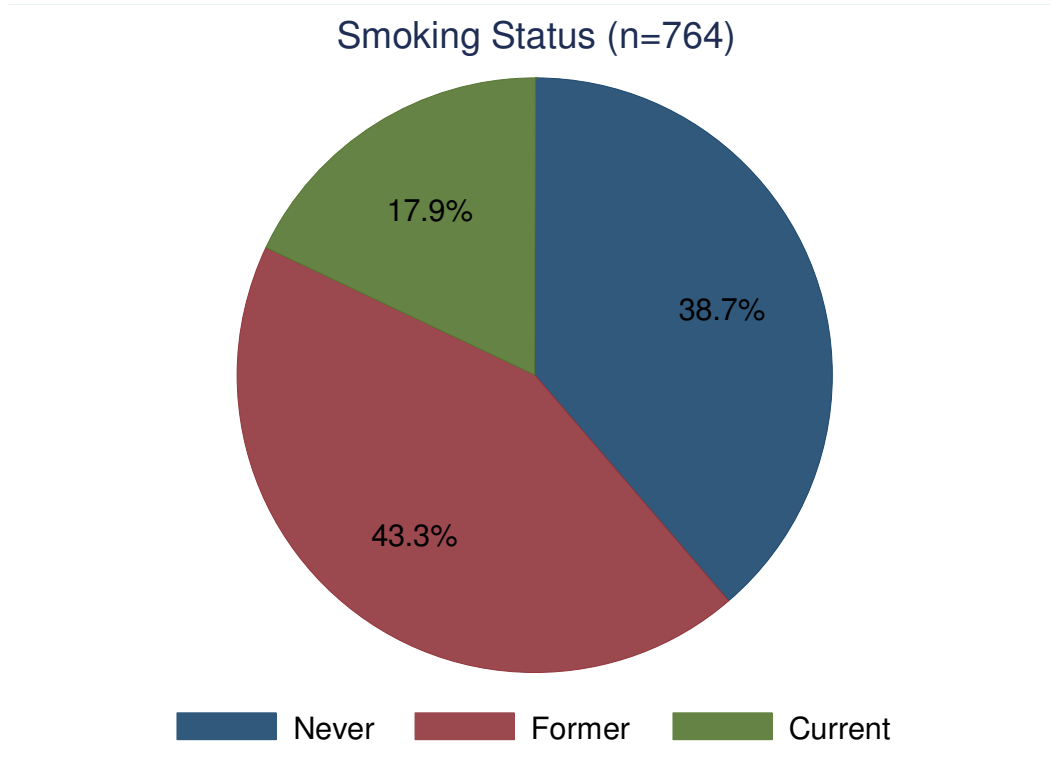




**Figure 15:** Among participants who reported living in Canada at the time when their MS condition began, most lived in Alberta (89.9%). British Columbia (2.6%), Ontario (2.6%), Saskatchewan (1.7%), and Manitoba (1.2%) are the next most commonly reported provinces of residence at MS onset.

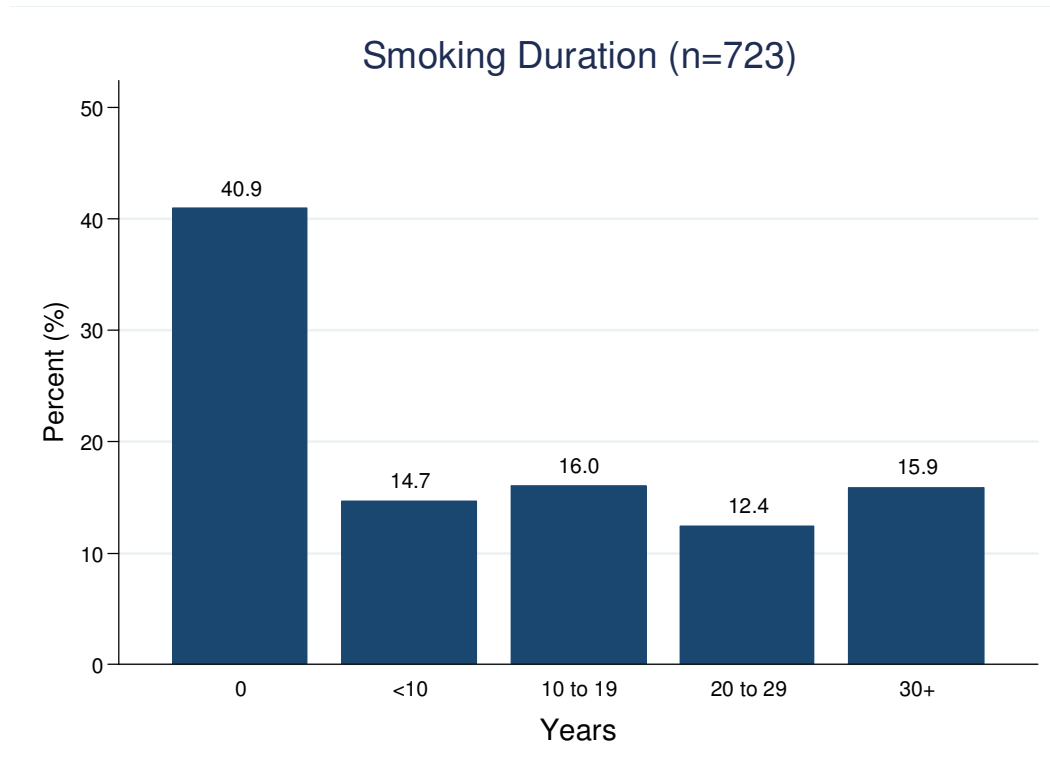


**Figure 16:** When asked which population groups most represent them, participants were able to select all responses that apply to them. The percentages reported do not add to 100% since participants may indicate one or more population group. Almost three-quarters of participants come from Northwest Europe (70.5%). Less than one-quarter come from Eastern Europe (21.9%) or Scandinavia (16.9%). Participants are less likely to descend from Southern Europe (4.6%) or Aboriginal Peoples (2.6%).

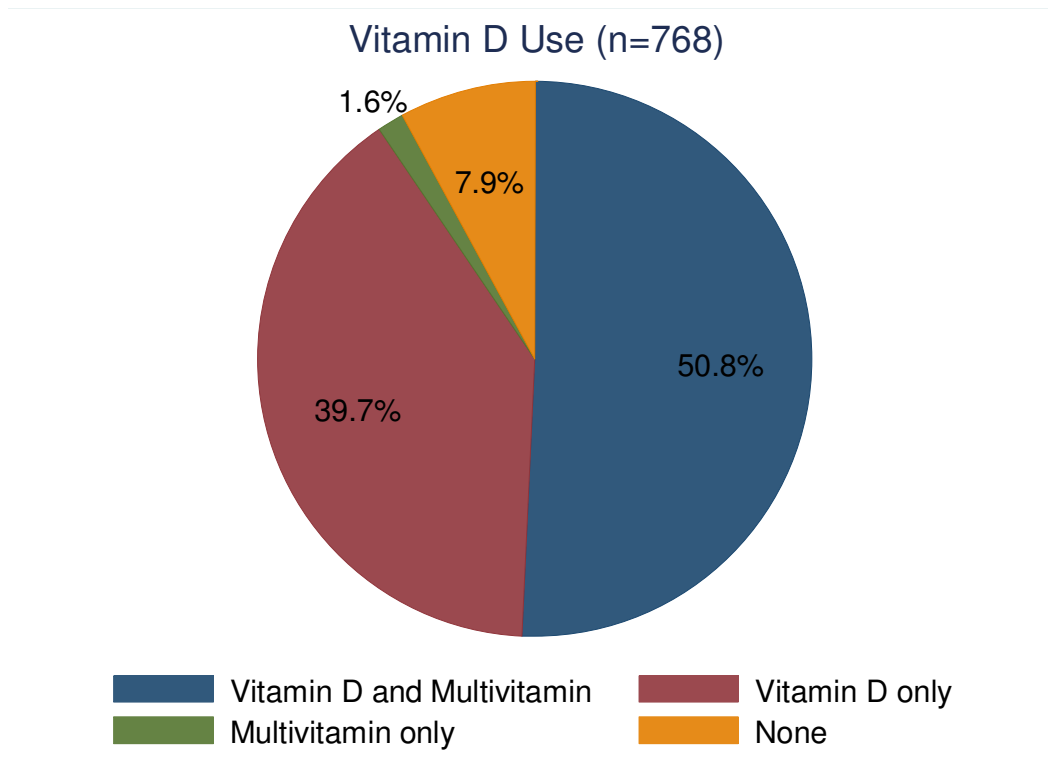


**Figure 17:** More than one-half of participants have smoked cigarettes at some time in their life (61.2%), and 17.9% of participants currently smoke.

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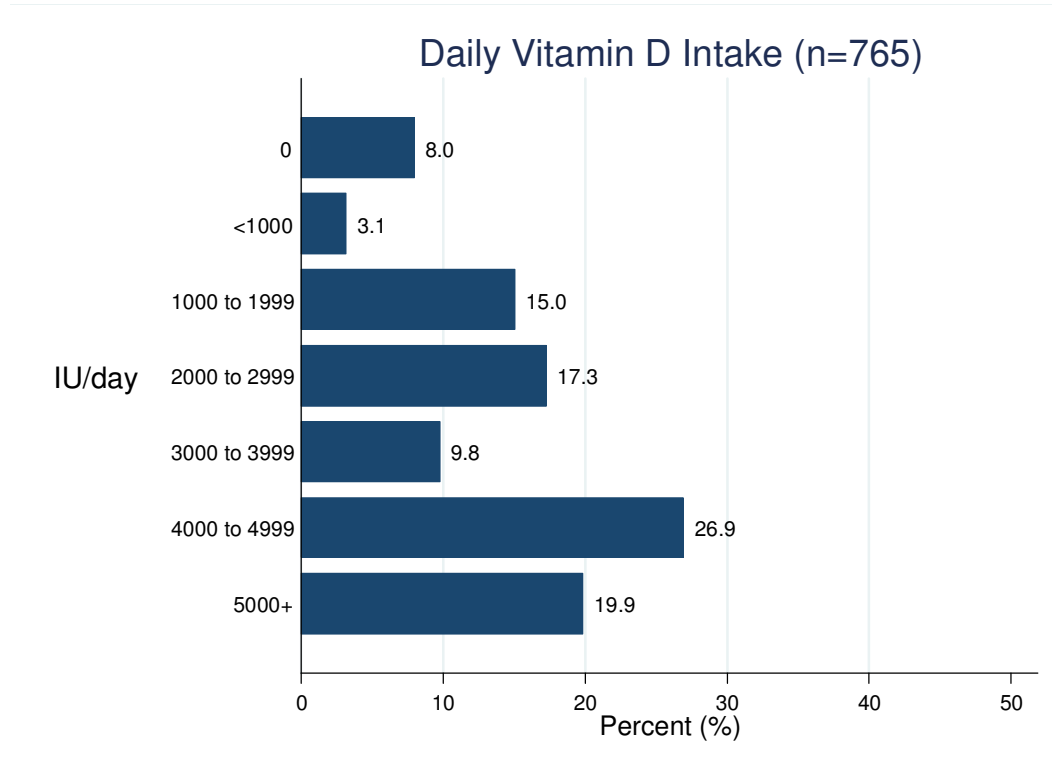


**Figure 18:** Among those who ever smoked, participants are likely to have smoked between 10 and 19 years (16.0%) or for 30 or more years (15.9%).



**Figure 19:** Almost all participants take a Vitamin D supplement or a multivitamin (92.1%) with about one-half of participants taking both (50.8%). Fewer than 10% of participants do not take a Vitamin D supplement (9.5%).

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**Figure 20:** Almost one-half of participants take at least 4000 IU of vitamin D daily (46.8%).