

# **The Tinnitus Community:** Working Together to Find a Cure



**Researchers**



**Patients**



**Providers**



**ANNUAL REPORT** JULY 1, 2012 – JUNE 30, 2013



# From the Executive Director



This summer, I was honored to become the new Executive Director of the American Tinnitus Association. It is truly a privilege to lead an organization with such a noble mission, long history, and dedicated membership.

I started this job at a time of larger flux within our organization. For nearly a decade ATA has focused a preponderance of our resources on scientific research, funding hundreds of studies in search of a cure for tinnitus. These investments have paid huge dividends: we have a better understanding of the root causes of tinnitus, as well as new, scientifically-validated tools for managing the condition. I encourage you to read the research update on the next page to see how advanced the science has become. We are truly on the cusp of major breakthroughs!

At the same time, a single-minded focus on scientific research has meant that other programmatic areas have received less attention. And, to be frank, our support services have not always kept pace with the growing, changing needs of the tinnitus community. I know that you, like all tinnitus patients, want a definitive tinnitus cure (so do I!), but until we reach that goal, ATA can play an important role in helping patients manage their tinnitus and live happy, fulfilling lives. One of my biggest challenges as Executive Director is to find this new balance for the organization—continuing our advanced research, while simultaneously providing information and support services for the millions of Americans with tinnitus.

Another major challenge is to adjust our spending to ensure a strong financial base for our organization. Over the last few years, ATA has been affected by an uncertain economy and decreased

federal spending. (ATA receives no direct government funding, but when Washington tightens the purse strings, everyone else follows suit.) As a result we have to responsibly prioritize where we allocate our resources and determine how we can make the most significant impact for tinnitus patients. The ATA Board of Directors and I take this charge very seriously. I pledge that we will be responsible stewards of the resources you have so generously entrusted to us.

Fortunately, ATA is blessed in many ways. We have a great Board of Directors, Scientific Advisory Committee and staff, all of whom are dedicated to ATA's mission. We have a core of volunteers who do fantastic work. Most importantly, we have amazing members (like you!) who make everything we do possible. I am so inspired by your ongoing courage, hopefulness, and generosity. Thank you for your support.

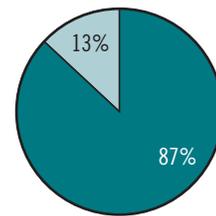
The road ahead is a challenging one, but also one full of opportunity and hope. I look forward to a bright future for ATA and to working with our members to create the organization you want... and that you deserve.

Once again, thank you for your participation in—and support of—ATA.

**Cara James**  
*Executive Director*

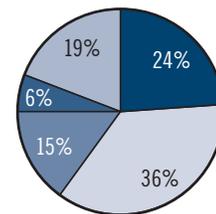
## The Financials

### REVENUE AND SUPPORT



87% Contributions  
13% Other

### EXPENSES



24% Advocacy  
36% Research  
15% Support  
6% Management  
19% Fundraising

### Statement of Activities

Revenue and Support	\$ 948,855
Total Program Services	\$ 832,204
Total Supporting Services	\$ 265,713
Beginning Year Net Assets	\$ 564,476
Change in Net Assets	(\$ 149,062)
End of Year Net Assets	\$ 415,414

The American Tinnitus Association has 501(c)(3) status as a nonprofit organization; all contributions are tax-deductible as allowed by law.

## From the Chair

This fiscal year, ATA continued its mission to solve the puzzle of tinnitus. We have made important contributions to developing new, effective treatments for tinnitus and to its eventual cure. Some of ATA's accomplishments include:

- Funding for 5 advanced-stage human clinical trials, to test new diagnostics and treatments for tinnitus.
- \$100,000 in major research gifts obtained from our generous major donors Walter and Lucille Rubin for cutting-edge research.
- A dramatic and informative hearing for H.R. 1443, "The Tinnitus Research and Treatment Act of 2013," by the Subcommittee on Health of the U.S. House Veterans Affairs Committee. Susan E. Shore, Ph.D., Chair of ATA's Scientific Advisory Committee, testified and was an outstanding advocate for increased research and treatment for veterans. H.R. 1443 has a good chance of being enacted into law and we applaud the leadership of the bill's sponsor, Congressman Michael Michaud.
- A refocus in our strategic direction to work more with tinnitus patients and professionals alike. This will benefit the entire tinnitus community and will supplement our focus on advancing research toward better understanding tinnitus and helping to develop novel treatments for it.

During my time as Chair of ATA, I have taken a particular interest in improving ATA's advocacy efforts. Some successes from this past year included meetings with top federal officials including House Speaker John Boehner and key staffers in the White House.



As a patient-focused organization, ATA has made great strides in the fight to silence tinnitus. Working alongside our esteemed Scientific Advisory Committee and directly funding research, we are helping to develop ways forward to alleviate tinnitus suffering for the millions with this condition. This is something the entire ATA community can, and should, be proud of.

This has been made possible by your generous contributions. Because ATA is completely funded by the donations of individuals we could not do this important work without your enthusiasm for our mission and your incredible support.

ATA leadership now passes to my able colleagues: Thomas Lobl, Ph.D., as Chair and Melanie West as Vice Chair. My experience with the ATA Board has affirmed that its members take their leadership roles seriously and are constantly striving to improve the effectiveness of the organization. We will continue to make progress.

It has been an honor to serve as Chair over the last two years.

Thank you for all your support.

### **Mark K. Johnson, J.D.**

*Chair, ATA Board of Directors  
FY 2012-2013*

### **FY 2012-2013 Board of Directors**

#### **Mark K. Johnson, J.D.**

Chair, Anchorage, Alaska

#### **Thomas J. Lobl, Ph.D.**

Vice-Chair, Valencia, Calif.

#### **James Chinnis, Jr., Ph.D.**

Secretary, Warrenton, Va.

#### **Marsha Johnson, Au.D.**

Treasurer, Portland, Ore.

#### **Carol A. Bauer, M.D.**

FACS, Springfield, Ill.

#### **Jeff De Cagna, FRSA FASAE**

Reston, Va.

#### **William "Van" Harrison**

Tempe, Ariz.

#### **Cathy Henderson Jones, Au.D.**

Warrenville, Ill.

#### **Scott C. Mitchell, J.D.**

Houston, Texas

#### **Norma Mraz, Au.D.**

Alpharetta, Ga.

#### **Susan E. Shore, Ph.D.**

Ann Arbor, Mich.

#### **Joseph Trevisani, M.I.A.**

New York, N.Y.

#### **Bradley S. Vite**

Elkhart, Ind.

#### **Melanie F. West**

Cave Creek, Ariz.

# ATA Advances Tinnitus Research

In recent years, ATA has received an increasing number of quality research grant proposals. With a finite amount of member-provided research funding, ATA's Scientific Advisory Committee (SAC) has the difficult—but highly rewarding—task of selecting grantees from a large pool of excellent applicants.

This year, the ATA Board of Directors approved 6 grants, for a total of \$219,659. All grants complied with ATA's *Roadmap to a Cure*, a guideline document, developed by the SAC, which outlines four critical pathways for tinnitus research.

We look forward to seeing the results of our funded grants. We also hope that, in the coming years, our campaigns will raise more money to fund additional important research. We will continue to advance the field forward in our quest to provide relief to all those who suffer from tinnitus.

## FY 2012-2013 ATA Scientific Advisory Committee

**Susan E. Shore, Ph.D.**  
Chair, Ann Arbor, Mich.

**Robert F. Burkard, Ph.D.**  
Buffalo, N.Y.

**Donald Caspary, Ph.D.**  
Springfield, Ill.

**Kejian Chen, Ph.D.**  
San Diego, Calif.

**Dirk De Ridder, M.D., Ph.D.**  
Otago, New Zealand

**James (Jay) W. Hall, Ph.D., FAHA**  
Gainesville, Fla.

**James Henry, Ph.D.**  
Portland, Ore.

**Fatima T. Husain, Ph.D.**  
Urbana-Champaign, Ill.

**Marlies Knipper, Ph.D.**  
Tübingen, Germany

**Jennifer Melcher, Ph.D.**  
Boston, Mass.

**Mark S. Mennemeier, Ph.D.**  
Little Rock, Ark.

**Jay Piccirillo, M.D., FACS**  
St. Louis, Mo.

**Larry E. Roberts, Ph.D.**  
Hamilton, Ontario

**Hinrich Staecker, M.D., Ph.D.**  
Kansas City, Kan.

**Athanasios Tzounopoulos, Ph.D.**  
Pittsburgh, Pa.

**Pim Van Dijk, Ph.D.**  
Groningen, The Netherlands

**Fan-Gang Zeng, Ph.D.**  
Irvine, Calif.

**Jinsheng Zhang, Ph.D.**  
Detroit, Mich.

## Investigator Grants

**Berthold Langguth, M.D., Ph.D.,**  
University of Regensburg – Germany

***rTMS for the Treatment of Chronic Tinnitus: Optimization by Stimulation of the Cortical Tinnitus Network***

*Second Year of Funding*  
*Roadmap to a Cure: Paths B, C, D – Human Trial*

This study compares multi-site Repetitive Transcranial Magnetic Stimulation (rTMS) protocols, using three stimulation sites to standard *auditory cortex* stimulation. This will examine tinnitus-related alterations of oscillatory brain activity and connectivity, as well as specific patterns of brain activity which may predict responses to rTMS.

**Why this is important:** rTMS is the use of electro-magnetic currents to stimulate activity in select parts of the brain. Previous tinnitus-related rTMS studies focused only on singular auditory pathways of the brain, with little success. However, scientists now believe that rTMS may be more effective when multiple parts of the brain are targeted simultaneously. This human trial is a comprehensive review of the multi-site technique and will illustrate whether rTMS is effective in calming neurological signals related to tinnitus.

**Martin Schecklmann, Ph.D.,**  
University of Regensburg – Germany

***Combination of TMS and EEG: The Role of Temporal and Frontal Cortical Excitability and Plasticity in Chronic Tinnitus***

*Roadmap to a Cure: Paths A, B, C, D – Human Trial*

This study will combine electroencephalography (EEG) and rTMS, using different stimulation sites to examine the role of temporal and prefrontal cortical areas in tinnitus. It will determine whether chronic tinnitus is a malfunction of cortical excitability or a matter of cortical plasticity. Moreover, it will investigate whether the specific tinnitus pathways differ in those that do, or do not, respond to treatment. These

measurements will also shed light into the functionality of rTMS as treatment option in chronic tinnitus treatment.

**Why this is important:**

Electroencephalography is the measurement of electrical activity within the brain. When coupled with electro-magnetic stimulation via TMS, EEG may be able to measure biological markers of tinnitus. In other words EEG-TMS could provide an objective, provable, way to measure tinnitus in the human body. Also, by determining whether a given case of tinnitus is caused by cortical excitability (the brain's electrical activity) or cortical plasticity (the brain's ability to develop and adapt,) this study may help develop customized treatments, optimized for each patient.

**Lucien Thompson, Ph.D.,**  
University of Texas at Dallas

***Developing and Treating Tinnitus by Modulating Neuroplasticity in the Hippocampus and Amygdala***

*Roadmap to a Cure: Paths A, B, C – Animal Study*

This study will investigate neural plasticity in limbic regions of the brain. The first year identified a rapid onset and persistent abnormal hippocampal plasticity following prolonged noise exposure in an animal model. Since D-cycloserine was found to reduce hippocampal activity, in the second year they will determine the dose and schedule needed to reduce or eliminate neurophysiological and psychophysical signs of tinnitus.

**Why this is important:** Scientists have found that the antibiotic, D-cycloserine, is effective in calming activity in the hippocampus, a part of the brain often associated with tinnitus. This study is testing how much of the drug is necessary to reduce and/or eliminate tinnitus in animal subjects. This paves the way for future human drug trials and could result in a new pharmacological treatment for tinnitus.

**Pim Van Dijk, Ph.D.,**  
**University Medical Center Groningen,**  
**The Netherlands**

***Tinnitus and Tonotopic Remapping of the Auditory Cortex***

*Roadmap to a Cure: Paths A, B, C, - Human Trial*

This study tests whether tonotopic reorganization in the human brain may contribute to tinnitus. If tinnitus is found to be related to tonotopic reorganization, it will suggest the development of therapies that aim to restore normal tonotopic representation.

**Why this is important:** Tonotopy is the mapping of where different sounds are processed in the brain. This study explores whether tinnitus is caused by tonotopic reorganization—the brain changing where it physically processes different frequencies. If this is the case, tinnitus could theoretically be cured by restoring the normal tonotopic mapping.

**Student Grants**

Student awards are limited to one year and foster exciting new areas of research for our future scientists. Decisions to fund student projects are based not only on the research proposals, but also on the quality of mentorship that will be provided during the one year project.

**Ola Alsalkan,**  
**University of North Carolina at Greensboro**  
***A Psycho-Neural Endocrine Model of Tinnitus***  
*Roadmap to a Cure: Paths A, B – Human Trial*

This study will identify areas in the brain that exhibit autonomic and endocrinal system abnormalities in tinnitus patients. This will help determine the role of the neural and endocrine systems that cause tinnitus and its psychological impact on patients by identifying the underlying mechanisms of neural and endocrinal abnormalities.

**Why this is important:** By identifying the specific body systems involved in tinnitus abnormalities, new treatments can be developed and existing treatments can be refined to treat tinnitus in various subsets of patients.

**Jake Richard Carpenter-Thompson,**  
**University of Illinois at Urbana-Champaign**  
***The Effect of Exercise on Tinnitus Severity***  
*Roadmap to a Cure: Paths A, C – Human Trial*

This study will identify any correlation between tinnitus severity and physical activity. It will also characterize the differences between tinnitus subjects with varying physical fitness and tinnitus severity levels, using behavior and brain imaging tools.

**Why this is important:** If overall fitness is shown to have an impact on tinnitus, then patients will have a new, proven (and free!) way to manage their condition.

**Roadmap Paths**

**Path A**

**IDENTIFICATION OF TINNITUS GENERATOR(S):**

Determine sites in the ear or brain where tinnitus-producing signals arise.

**Path B**

**ELUCIDATION OF MECHANISMS OF TINNITUS GENERATION:**

Determine the nature of abnormal signals and their underlying cellular and molecular causes.

**Path C**

**DEVELOPMENT OF THERAPY:**

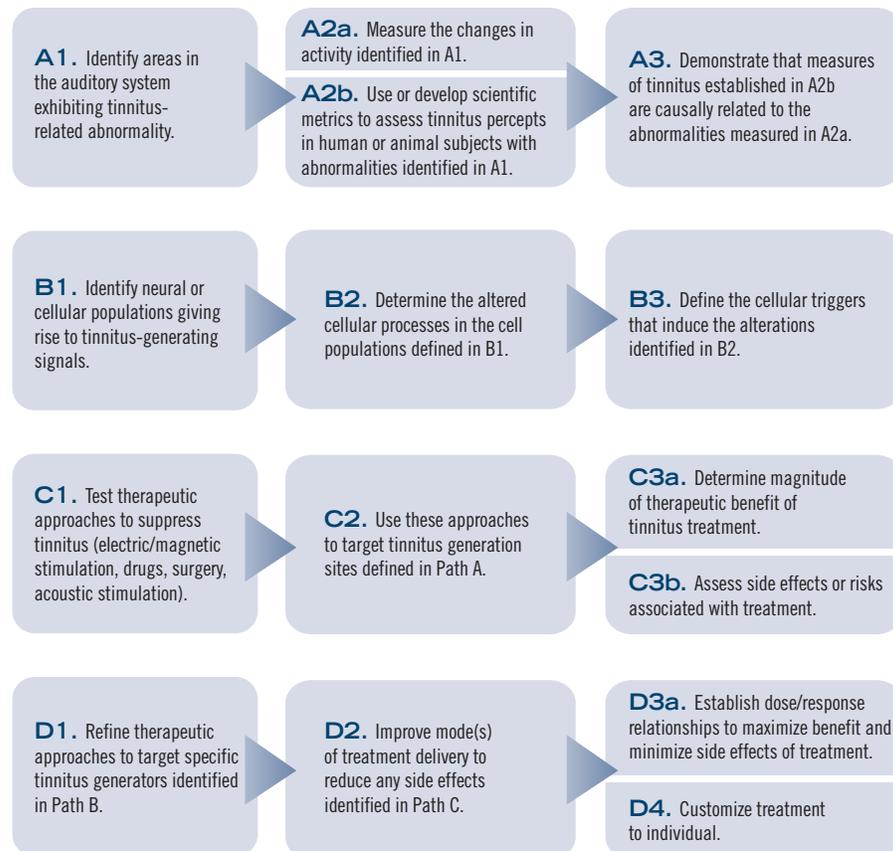
Assess the potential of intervention, manipulation, or treatment as a means of suppressing tinnitus.

**Path D**

**OPTIMIZATION OF THERAPY:**

Define parameters of treatment that optimize suppression of tinnitus and minimize side effects.

**Roadmap Path Details**



## ATA's Support Services

[ata.org/support](http://ata.org/support)

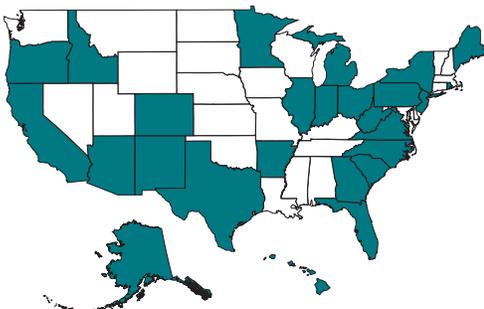
People suffering from tinnitus often benefit from discussing their experiences with others. ATA's **Support Network** gives our members a forum to connect with other tinnitus advocates.

Our Support Network consists of 60 Support Groups and 172 Help Network Volunteers in the U.S. and abroad.

Support Group leaders coordinate meetings for people with tinnitus to attend. Help Network Volunteers are individuals who provide one-on-one support through email and telephone contact with other tinnitus patients who want to talk to someone in their area.

Map represents where ATA Support Groups are in the United States.

ATA also has international support groups in Australia, Canada, England, South Africa and Germany.



In the past fiscal year, 11 new tinnitus Support Groups formed in the following areas:

- Tucson, AZ
- Augusta, ME
- Palo Alto, CA
- Topsham, ME
- Monroe, NY
- Suffolk Co., NY
- San Diego, CA
- Navarre, FL
- NW Indiana
- Toledo, OH
- Tampa/St. Pete, FL

In addition, 10 new help Network Volunteers joined ATA's Support Network. For a complete listing of support groups and help network volunteers by area, visit [ATA.org/support](http://ATA.org/support).

Thank you to all our Support Network Volunteers for providing this valuable and necessary service to tinnitus patients.

## Health Professional Listing

[ata.org/members/doctor-search](http://ata.org/members/doctor-search)

ATA's Health Professional Listing is a valuable resource that connects tinnitus patients to health practitioners who can address their unique tinnitus needs. This year, we revamped this list to include information beneficial to both the health professional and the patient. The list now includes: current license information, professional affiliations, education, tinnitus coursework, number of years treating tinnitus, type of facility and practice, any specialties, and what kind of insurance is accepted.

This year the listing consisted of 830 health professionals. In FY13-14 we will anticipate it will grow even more and will conduct targeted outreach to continually improve this service.

## ATA's Advocacy Program

[ata.org/advocacy](http://ata.org/advocacy)

On behalf of the entire tinnitus community, ATA lobbies Congress and federal agencies for additional tinnitus research and support services. We encourage enhanced collaboration by the Department of Defense (DoD), Department of Veterans Affairs (VA), National Institute on Deafness (NIDCD) and others to expand tinnitus research efforts, while increasing federal spending on the condition.

### DoD Funding

For the sixth consecutive year, tinnitus was included as a condition under the DoD's Peer Reviewed Medical Research Program. Inclusion means that tinnitus research studies are eligible for DoD funding. This is important as tinnitus is the number one service-connected disability for veterans and because it creates more funding for advanced tinnitus research.

This year, three tinnitus investigators were recommended for DoD funding, including two of ATA's esteemed Scientific Advisory Committee members: Jennifer Melcher, Ph.D., and James Henry, Ph.D.

### VA Bill

The *Tinnitus Research and Treatment Act*, was introduced by Representative Michael Michaud (D-ME). This bill, if enacted, would:

- Direct the Secretary of the VA to allocate appropriate resources for tinnitus research and treatment, highlighting several specific areas that have been identified as most promising or are gap areas of research;
- Require the VA to cooperate with the DoD Hearing Center of Excellence to carry out research that would benefit all tinnitus patients;
- Provide superior clinical care for veterans with tinnitus.



Susan E. Shore, Ph.D.

ATA was invited to testify before the Health Subcommittee of the U.S. House VA Committee regarding this legislation. Susan E. Shore, Ph.D., testified on ATA's behalf. As a result of the hearing, the bill was sent to the full House VA Committee and was approved unanimously. You can read more at [ATA.org/HR1443](http://ATA.org/HR1443).

## Awareness & Outreach

### McCuiston: Dallas-Ft. Worth PBS

In April 2013, ATA's Jennifer Born participated on the PBS show, "The McCuiston Program," where she discussed advances in neuroscience related to tinnitus and stroke. A major topic of the program was the use of Vagus Nerve Stimulation (VNS) as a possible treatment for tinnitus. Jennifer was joined by researchers Michael P. Kilgard, Ph.D. and Robert L. Rennaker, Ph.D. from the University of Texas at Dallas. View the entire program at: [youtube.com/watch?v=eULTUdMydm8](http://youtube.com/watch?v=eULTUdMydm8).

### Health Professionals and the Scientific Community

The 7th International Tinnitus Research Initiative Conference was held in Valencia, Spain in May. The title of the conference was "Tinnitus: A Treatable Disease." One of the highlights of the conference was the focus on collaboration of audiologists, otologists, neuro-otologists, neurologists, neurosurgeons, psychiatrists and psychotherapists for efficient diagnostic and therapeutic tinnitus management. ATA was represented at this conference by several of its Scientific Advisory Committee members.



In April, ATA attended the American Academy of Audiology conference held in Anaheim, California. As a result, many positive relationships were forged with tinnitus health professionals and device manufacturers alike.

## Social Media

ATA is active on the major social media sites, sharing valuable tinnitus information and providing a platform for the tinnitus community to network. Participation in our social media groups has grown significantly over the last year. Get involved by finding us on the following sites:



*Tour de Tinnitus participants celebrate their success.*

### Tinnitus Awareness Week

May 19-25, 2013 was Tinnitus Awareness Week (TAW). This year's theme was "Salute to Silence: Raising Awareness for Veterans and the Millions Affected by Tinnitus." TAW events included:

- The *Tour de Tinnitus* bike fundraiser raised \$15,490.
- The presentation of ATA's 2012 Congressional Champion Award to U.S. House Representative Michael Michaud for his leadership in sponsoring *The Tinnitus Research and Treatment Act of 2013*.
- An online contest, co-hosted by ATA and Starkey Hearing Technologies, to giveaway a set of Xinos (Starkey's sound therapy device) and a fitting session with a hearing health care professional. People entered by sharing their stories of how they or their loved one(s) have been affected by tinnitus.



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