

HOPE THROUGH RESEARCH



A LOOK TO THE FUTURE

2017 Kicks Off with Exciting New Directions in Research



The First Annual Depression Task Force Retreat Grooms a New Generation of Scientists

In January 2017, six members of the Hope for Depression Research Foundation's elite research team – the **Depression Task Force** - gathered at a facility in Glen Cove, NY along with 20 of the young post-doctoral fellows in their labs for a two-day retreat of brainstorming and bonding.

"We are here together to exchange research information, make connections and feel part of a scientific community," said **Dr. Huda Akil**, DTF Chair and Professor of Neuroscience at the University of Michigan.

All in all, the group represented five major institutions: Columbia, McGill, Michigan, Mount Sinai School of Medicine and Rockefeller; and ten countries: Canada, China, France,

Germany, Italy, Israel, Spain, Syria, Turkey and the U.S.

Dr. Akil pointed out that the building of trust across labs is a great accomplishment that will propel the science. "Young scientists are often told, 'Don't share your work – it's a competitive world out there,' but with the Task Force it's okay, you are among family."

Cortney Turner, a young researcher in Dr. Akil's lab concurred: "You don't usually find this kind of trust among top people in science. I'm so grateful to be a part of it.

I've wanted to do research in depression since I was 13."

The Task Force retreat will be an annual event, so the bonds of the HDRF research community will continue to deepen as the science advances in exciting new directions.

Task Force member **Dr. Rene Hen** of Columbia University encouraged the young scientists: "Talk, call, email to share your research," he said. "We have such varied and diverse data; we've come up with more promising targets for new treatment than any other group in the world."

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TASK FORCE ENTERS DRUG DISCOVERY STAGE WITH NOVEL MOLECULAR TARGETS

It's a pivotal time of growth for Hope for Depression Research Foundation.

The scientists of the Depression Task Force bring together a wide variety of research expertise through active collaboration and sharing data across laboratories. This



effort has allowed us to study the neurobiology of depression from multiple perspectives. It has also provided the fortitude of community in the face of enormous research challenges.

This community is one of the broad achievements of the Depression Task Force. Each day

we see creative research ideas that would not have been possible without the synergy and trust of the group. Each day we see a steady increase in knowledge. Each day we get closer to being

able to name genes at the root of depressive illness.

That's why in 2017 I am thrilled to announce that HDRF embarks on a new phase of research. As always, we will conduct the basic science that advances our fundamental knowledge of the brain's complex mood centers. However, we will

also prepare for small clinical trials of potential therapies, entering into a more mature phase of drug discovery with a handful of promising molecular targets.

I want to thank each and every one of our donors for your role in this remarkable progress. Your support has and will continue to make a world of difference.

Thank you,



Audrey Gruss
Founder & Chair

MEET AN HDRF PSYCHIATRIST

HDRF is delighted to introduce its newest Board member:
**Dr. David Kahn, Clinical Professor of Psychiatry at Columbia University
and attending psychiatrist at New York Presbyterian Hospital.**

An expert in the psychopharmacology of mood disorders, Dr. Kahn talks about his effort to create guidelines for doctors when their patients fail to respond to treatment for depression and other mood disorders:

Limited information exists on how to prescribe a sequence of medications in psychiatry, especially for treatment resistant disorders. Clinical trials rarely compare drugs head-to-head, and offer little guidance if the first medication is not effective. As a result, treatment is all too often by trial and error;

clinicians have to rely on best guesses rather than hard data, and often are unsure who to ask for sound advice.

That is why I decided to create the Expert Consensus Guidelines. Some years ago I teamed up with colleagues at Cornell and Duke University to systematically aggregate expert opinion using written surveys of dozens of top experts in depression, bipolar disorder, schizophrenia, anxiety disorders, pregnancy-related psychiatric disorders and other common diagnoses. We asked



the experts to rank their choices in a wide range of step-by-step scenarios for the initial treatment and subsequent steps for non-responders.

We then created treatment guidelines and

algorithms that provided practical advice to clinicians across a wide range of situations encountered in daily practice. The algorithms were published and found their way into widespread use, and have now been adapted for patient and family education.

HDRF DATA CENTER PROBES NEW GENETIC FINDINGS ON DEPRESSION

illuminating the genetic basis of depression

is a constant quest for the field of neuroscience.

But recent activity at the direct-to-consumer genetic testing company, *23andMe*, has presented the Depression Task Force with an exciting opportunity to hone in on promising genetic targets.

The company has analyzed data from over 450,000 customers who consented to research and completed online surveys about depression. Because of the high volume of participants, the *23andMe* researchers were able to release a list of 15 genes associated with depression in people of

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European ancestry. They also released a secondary pool of several hundred more potential genes – all statistically significant.

The Task Force knew they were in a unique position to validate the *23andMe* findings and build on them. The Data Center

holds several years' worth of carefully organized, highly complex genetic data from all of the HDRF participating labs.

"This was a good use of our Data Center," said **Dr. Huda Akil**, Task Force Chair. "We wanted to find out if any of these genes were detectable in the brain, and if any of their top hits showed up in our mice and rat models."

Dr. Akil continued: "We embarked

on an analysis of the *23andMe* data with all of our data sets housed in the Data Center. And sure enough, there were several genes that popped up with enough significance that they made our cut. We've identified five especially that are remarkable in how well-shared they are across our multiple animal models."

Over the coming year, the Depression Task Force will study these genes to better understand how they can create illness. It is a major challenge that requires tireless effort to forge ahead and solve problems.

"We use the most advanced informatics to make sure we can analyze not only within one data set, but across multiple sets," said Dr. Akil. "The Center and the data exchange it enables is one of the great accomplishments of the Depression Task Force."

DEPRESSION TASK FORCE MEMBER NAMED NIMH DIRECTOR

We are delighted to announce that a member of the Depression Task Force, **Dr. Josh Gordon**, has been named the Director of the National Institute for Mental Health (NIMH), the lead Fed-



eral agency for research into mental illness. Dr. Gordon assumed his post in September and will transition off of the Depression Task Force.

We are extremely proud of our association with Dr. Gordon, whose appointment to the nation's top scientific office underscores the stature

of all the scientists on the Depression Task Force. The official NIMH press release mentions: "Dr. Gordon has been a member of the Hope for Depression Research Foundation's Depression Task Force since 2012, where

he works collaboratively with this international group to define the neurobiology underlying depression and to identify novel treatment targets."

Dr. Gordon is an outstanding leader and scientist, and the entire neuroscience community will benefit from his oversight of the agency.

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DEPRESSION TASK FORCE

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René Hen, Ph.D.

Columbia University

Jonathan Javitch, M.D., Ph.D.

Columbia University

Helen S. Mayberg, M.D.

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Eric Nestler, M.D., Ph.D.

Mount Sinai School of Medicine

TENTH ANNUAL HOPE LUNCHEON SEMINAR NOVEMBER 15, 2016

“The Search for New Depression Medications”



Anderson Cooper, 11-year old Shane Boylan and HDRF Chair Audrey Gruss.

Our Tenth Annual HOPE event honored journalist and CNN Anchor **Anderson Cooper** for speaking openly about his struggle to grieve and move on from the tragedy of his brother's suicide in 1988.

Addressing the packed audience at the Plaza Hotel, Cooper said “As many of you know, my brother Carter, died when I was a senior in college. He jumped off a balcony in front of my mother while she was begging him not to.”

Cooper became a war reporter and traveled the world telling other people's stories before he began to heal by telling his own. He said there were moments in the “dwindling light of day when you expected to find darkness and [instead] you find light and humanity.” He concluded with saying, “Each of us will get by

the best that we can, [but] we must reach out and tentatively touch with our hands, with our eyes, and with our hearts.”

“By bravely sharing his own experience,” said HDRF Chair Audrey Gruss, “Anderson sparks millions of life-saving conversations and gives voice to the voiceless.”

Noted experts included **Dr. John Krystal**, Chair of the Yale Department of Psychiatry, and **Dr. Helen Mayberg**, a neuroscientist from Emory University and member of the HDRF Depression Task Force.

The program also included 11-year-old **Shane Boylan**, who raised \$4,000 with a bike ride he organized in memory of his father, who died by suicide. Cooper commended Boylan for his remarks and efforts to fund research, saying simply: “Thank you, Shane.”

SAVE THE DATE!

**WALK OF HOPE +5K RUN
TO DEFEAT DEPRESSION**

Saturday, August 5, 2017
Southampton, NY

**ELEVENTH ANNUAL
HOPE LUNCHEON SEMINAR**
Wednesday, November 8, 2017
The Plaza Hotel

HELP SUPPORT HDRF

100% of all donations go directly to research leading to a better diagnosis, new treatments and prevention of depression and its related mood and emotional disorders.

HDRF is a nonprofit 501(c)(3) public charitable organization. All donations are tax-deductible to the fullest extent of the law.



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