Dear Member,

The American Fibromyalgia Syndrome Association (AFSA), a 501(c)3 nonprofit organization that funds research on fibromyalgia syndrome (FMS), is currently requesting proposals.

A brief outline of AFSA’s request for proposals is provided below and more details are offered in the grant application section of our website at [www.afsafund.org/grant.htm](http://www.afsafund.org/grant.htm). AFSA uses a peer-reviewed system involving experts in the field to grade Letters of Intent and grant applications. Our goal is to support innovative ideas proposed by researchers that can be studied further. Ideally, an AFSA award will lead to funding by institutions that are more equipped to handle larger-scaled, multi-faceted project proposals.

AFSA is an all-volunteer nonprofit organization that designates over 90% of its donations to fund research. If you have any questions regarding the preparation of your Letter of Intent, please do not hesitate to contact me. My e-mail is [kthorson@afsafund.org](mailto:kthorson@afsafund.org) and my phone number is (520) 733-1570—it is easier to reach me in the afternoon. I welcome the opportunity to work with you for the mutual benefit of helping patients with FMS!

Kindest regards,

Kristin Thorson, President and Founder of AFSA
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**AFSA’s Request for Proposals on Fibromyalgia**

Proposals submitted for review should be relevant to AFSA’s research priorities. By investigating the areas described below, AFSA believes that better diagnostic tools and treatments will be made available to patients with fibromyalgia syndrome (FMS) and its overlapping conditions.

In the past, AFSA’s focus has been on pain mechanisms and treatment. While advances have been achieved in these areas, little progress has been made toward characterizing the sleep disturbances in FMS patients. This is why AFSA is putting aside $300,000 for studies pertaining to sleep. The purpose of AFSA’s sleep research initiative is to gain a better understanding of the relationship between the neurobiology of sleep in people with FMS and the various symptoms of this condition.
In addition to sleep, AFSA strongly encourages investigators to submit proposals that address the “other important priorities” listed in the section below. AFSA currently has over $300,000 available to fund grants up to $50,000 for each proposal that addresses these other priorities. Depending upon AFSA’s fund-raising success, additional funds may be available to study these other areas of priority.

There is no deadline date for submitting a letter of intent (LOI) pertaining to the areas of sleep research or other priorities specified below. However, the review of sleep-related LOIs will begin January 2, 2008 and will continue until our goal of six $50,000 grant awards on FMS sleep is achieved. With regards to the other areas of priority, LOIs are welcome at any time (i.e., there is no deadline date). Project proposals will be graded and awarded on a first-come, first-serve basis.

Investigator qualifications, guidelines for LOIs, full grant applications (submitted after a favorable review of your LOI), and conditions of award are explained on AFSA’s website at www.afsfund.org/grant.htm. If you reside outside the United States, AFSA still welcomes your LOI as long as you are fluent in English.

**Sleep-Related Priorities:**

- Identify sleep polysomnography (PSG) characteristics (particularly EEG brain patterns and anomalies in sleep architecture) that may be specific to FMS and/or correlate with symptoms.
- Evaluate the occurrence of sleep disorders, such as upper airway resistance syndrome, obstructive sleep apnea or restless legs syndrome (the latter can be diagnosed with clinical interview; PSG not required). Tag-on proposals to ongoing epidemiologic studies involving larger patient populations or community-based samples are welcomed.
- Test effectiveness of interventions for improving sleep, either pharmacologic agents or therapies designed to enhance airflow, to determine if they lead to improvements in pain, fatigue, dyscognition, function, or other measures.
- Correlate sleep PSG characteristics (including brain wave patterns and sleep architecture) with neuro-endocrine-immune abnormalities or specific physiologic measures in FMS patients.

*(All sleep proposals must be of a clinical nature and involve FMS patients who meet the 1990 American College of Rheumatology (ACR) criteria. Budget-conscious proposals exceeding $50,000 may be considered on a case-by-case basis. Include in your LOI a budget outline with justification.)*

**Other Important Priorities:**

- Test therapeutic interventions for FMS pain, particularly medications that are effective with minimal side effects. In particular, evaluate medications approved for other indications or those currently being tested in Phase III clinical trials for other conditions.
- Compare the prevalence of active and latent myofascial trigger points (MTrPs) in people with FMS versus healthy pain-free controls. For this project, investigators must be skilled at identifying MTrPs, use clearly defined diagnostic criteria, and implement safeguards to generate reliable results (e.g., use two independent examiners). Documenting the prevalence of MTrPs in FMS is an essential prerequisite for developing effective MTrP treatments in this patient group.
- Identify the chronic pain mechanisms in FMS. This includes brain imaging studies that build upon the recent findings of gray matter loss (or altered gray matter densities), as well as therapeutic manipulations that may elucidate the cause of the findings.
- Investigate the role of neuro-endocrine-immune modulators and their receptors in the...
central nervous system and the peripheral systems. Proposals to test medications to alter or correct documented abnormalities in the above neuro-endocrine-immune modulators would be of interest to AFSA.

- Identify/develop potential lab markers, genetic indicators, or other test measures for use as diagnostic and clinical evaluation purposes.
- Explore the physiologic mechanisms responsible for the symptom of fatigue and test pharmacological treatments to alleviate this symptom.
- Evaluate neurocognitive deficits (or dyscognition) in people with FMS by correlating it to neuro-endocrine-immune abnormalities, brain imaging findings, or PSG. This symptom is often the most disabling and deserves special attention.

**NOTE:** If the mechanisms of fatigue or the role of dyscognition will be evaluated in relationship to improvements in sleep architecture or sleep therapies, such a study proposal would fall into our sleep research initiative. Again, all proposals must be of a clinical nature and involve FMS patients who meet the 1990 American College of Rheumatology (ACR) criteria.