

Business as (Mostly) Usual

Multiple sclerosis hasn't stopped Fox Anchor Neil Cavuto from doing what he loves.

BY LINDA CHILDERS

Whether he's covering the upcoming presidential election or reporting on the latest business story, 53-year-old broadcast journalist Neil Cavuto exudes confidence and poise.

In fact, few people know that Cavuto has multiple sclerosis (MS). Despite being diagnosed 15 years ago with this degenerative neurologic disease, he continues to maintain a thriving career, serving as senior vice president, anchor, and managing editor of business news for both Fox Business Network and Fox News Channel. He anchors two daily news shows on two different networks, including the top-rated cable news program in its timeslot.

The National Multiple Sclerosis Society (nationalmssociety.org) estimates that 2.5 million people worldwide have MS, a chronic disease that affects the central nervous system, made up of the brain, spinal cord, and optic nerves (see box, "Multiple Sclerosis: The Basics").

People with MS typically experience one of four disease types: relapsing-remitting, primary-progressive, secondary-progressive, and progressive-relapsing. Cavuto has secondary-progressive MS, in which relapses and partial recoveries occur, but the disability doesn't fade away between cycles. (See box, "Types of Multiple Sclerosis.")

When Cavuto was diagnosed with MS in 1997, he sought out second, third, and even fourth medical opinions, hoping to find a different explanation for his sudden headaches and stumbling.

"I thought my cancer had returned," says Cavuto, who had been successfully treated for Hodgkin's lymphoma in 1987. "It was hard for me to accept that I had MS 10 years after beating cancer. The odds are approximately 2 million to 1 of developing both."

MORE THAN MONEY

Although initially discouraged, Cavuto decided to face his MS diagnosis head on by learning all he could about the disease, taking medication, modifying his lifestyle, and continuing to work. Multiple sclerosis is incurable, but doctors told Cavuto his symptoms could be improved with medication and by maintaining a healthy diet and regular exercise program.

"At first, I felt somewhat self-absorbed and wondered, 'Why me?'" Cavuto says. "Then I made the decision not to let MS define me."

The disease forced him to put his life into perspective. "Having MS has made me look at life and death more sharply," says Cavuto, who is a married father of three. "I don't take my success for granted, and I value the time I spend with my wife and children."

After his diagnosis, people began offering support and sharing their own stories of survival in the face of serious illness with him. Cavuto remembers feeling both inspired and humbled by these stories, many of which he included in his bestselling book, *More Than Money: True Stories of People Who Learned*

Life's Ultimate Lesson (HarperCollins, 2004).

Cavuto considers himself lucky to have been diagnosed with MS in the late 1990s, after researchers had introduced treatments that could slow the progression of the disease and reduce flare-ups.

"If I had been diagnosed 10 years earlier, I think my story would be drastically different," Cavuto says.

Anthony Reder, M.D., professor of neurology at the University of Chicago, member of the American Academy of Neurology (AAN), and MS expert, agrees that much progress has been



EARLY START Cavuto as editor of his high school yearbook.



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— NEIL CAVUTO

made over the past 20 years. While there is no definitive test to show that someone has MS, magnetic resonance imaging (MRI) has allowed doctors to make a confirmed diagnosis of the disease and begin treating it in the earliest stages, he says.

“Twenty years ago, before the FDA approval of the first disease-modifying therapies, doctors didn’t have any options to slow the disease from progressing,” Dr. Reder says. “While there is still no cure for MS, we have made headway in slowing its progression and reducing the severity of symptoms in many patients.”

Today, Cavuto continues to get weekly injections of interferon beta-1a (Avonex). He tries to minimize his mobility problems by working out regularly on a treadmill and stationary bicycle. Exercise can help ward off muscle weakness, a common occurrence in MS patients, according to Dr. Reder.

In addition to providing MS patients with physical benefits, exercise can also help MS patients improve their cognitive function, Dr. Reder says. The National MS Society estimates that approximately 50 percent of patients with MS will develop some type of cognitive problems, including decreased concentration or memory.

“In MS, two types of atrophy are common: muscle weakness due to the disuse of specific muscles; and brain or cerebral atrophy due to demyelination and destruction of nerve cells,” says Dr. Reder. Demyelination is the loss of the fatty insula-

tion around axons, which are the long parts of nerves. When this myelin insulation is damaged, nerves have a harder time conducting impulses, especially when the body is warmer than usual, according to Dr. Reder. “Some studies have found that aerobic exercise protects or reverses some of the cognitive slowing that is seen in these 50 percent of MS patients,” he says.

UNPREDICTABLE AS THE STOCK MARKET

Shortly after his diagnosis in 1997, unsure of what the future held in terms of his health due to the unpredictability of MS, Cavuto made the decision to tell his boss about his condition.

“I am very lucky to be working for a guy like Roger Ailes, who is president of the Fox News Channel,” Cavuto says. “When I revealed my MS diagnosis to him, he asked what the worst case scenario was. I told him I might end up in a wheelchair. His response was, ‘Then we’ll build a ramp for the set.’”

Telling others about your diagnosis is a personal decision, says Dr. Reder, and one that people often shy away from due to fear of being treated differently or unfairly.

“I tell some of my patients that it may be in their best interest to let an immediate supervisor know about their condition, especially if the work area is hot, which can cause MS-related fatigue; or the bathrooms are far away; or a lot of walking is necessary. Plus, a boss is more likely to understand if someone

“Three symptoms **often ignored** in MS are fatigue, depression, and bladder control problems.”

—ANTHONY REDER, M.D.



Multiple Sclerosis: The Basics

Symptoms

Symptoms generally first appear between the ages of 20 and 40 and can include:

- ▶ tingling
- ▶ numbness
- ▶ loss of balance
- ▶ blurred or double vision
- ▶ weakness in one or more limbs

As the disease progresses, symptoms may include:

- ▶ muscle stiffness
- ▶ pain
- ▶ difficulty controlling urination
- ▶ cognitive problems

Diagnosis

Since MS symptoms can also mimic other conditions, a physician begins by taking a patient's detailed medical history and ordering laboratory tests to rule out other conditions.

According to the National MS Society, in order to make a diagnosis of MS, a physician must:

- ▶ Find evidence of damage in at least two separate areas of the central nervous system (CNS), which includes the brain, spinal cord, and optic nerves AND
- ▶ Find evidence that the damage occurred at least one month apart AND
- ▶ Rule out all other possible diagnoses

The diagnostic tests most commonly used to determine if someone has MS include magnetic resonance imaging (MRI), lumbar puncture (also known as spinal tap), and tests to determine if nerve pathways have been affected.

Treatment

While there is no cure for MS, the disease is highly treatable. Eight drugs are approved to control the symptoms of MS and/or slow disease progression.

“We have treatments available now that can offer patients a much better prognosis than 20 years ago,” says Anthony Reder, M.D., of the University of Chicago.

needs to take off work in the event of a flare-up,” says Dr. Reder, adding that it is not legal to fire someone for having MS.

While Cavuto has been able to maintain his career despite having the disease, not all MS patients fare as well, according to neurologist Richard Ransohoff, M.D., director of the Neuroinflammation Research Center at the Cleveland Clinic in Ohio and member of the AAN. In April, at the Annual Meeting of the American Academy of Neurology, Dr. Ransohoff was named the recipient of the John Dystel Prize, which recognizes outstanding contributions to research in the understanding, treatment, or prevention of MS.

“Neil Cavuto is a great example of how someone can have MS and remain active and vibrant. But MS symptoms are highly variable in both intensity and duration. Some people experience attacks or flare-ups followed by remissions; others experience gradual worsening of symptoms,” Dr. Ransohoff says.

Researchers hope to determine why and how MS can affect people so differently. Some studies indicate that genetic vulnerability to certain environmental factors—such as smoking—could help trigger or exacerbate MS.

“Once MS is present, smoking increases attacks, progression, and brain atrophy. Obesity is probably bad too, because fat cells increase inflammation in the body” Dr. Reder says. “Conversely, adequate exposure to sunlight may mean less chance of developing MS and fewer attacks once it is present.”

TREATMENTS AND RESEARCH

During the past decade, MS research has been progressing at a rapid rate, offering promising new studies into the causes of MS as well as more treatment options to patients.

“Research is ongoing into ways to prevent, better treat, and, hopefully, someday cure this disease,” says Dr. Reder.

For example, researchers and neurologists have long believed that whether a person will develop MS may be determined by a combination of genetic predisposition and exposure to environmental or lifestyle elements that trigger the disease.

In 2011, 29 new genes that influence the risk of identifying MS were identified, with a total of 57 genes now linked to the disease.

Research has also produced new kinds of treatments. “We have identified several new molecules as potential targets for MS treatments and rationales for developing new MRI techniques to visualize brain damage in MS,” Dr. Ransohoff says.

“Until recently, only injectable drugs have been available to treat MS,” says Dr. Reder. “Now we are starting to see the introduction of pills. In addition, we’re looking at ways not just to slow down the disease process, but to also reduce disability progression and relapse rates among people with MS.”

In 2010, the Federal Drug Administration (FDA) approved fingo-



HARD WORKING

Left to Right: Cavuto's first day on air when FOX News launched, 1996; coverage of the Democratic National Convention, 2008; at the FOX News offices in New York, 2012.

limod (Gilenya), a pill used to slow the progression of the disease and reduce the frequency and severity of flare-ups. (Thirty-one reported deaths have occurred among the roughly 30,000 patients who have ever taken fingolimod—go to bit.ly/MwgfSa for more information.)

A second medication that is still in the experimental stages is a once-daily pill called teriflunomide that has also been shown to slow the progression of MS.

Dr. Reder says that headway has also been made in treating many of the everyday symptoms of MS.

“Three symptoms often ignored in MS are fatigue, depression, and bladder control problems,” says Dr. Reder. “Patients can be embarrassed by them, but their neurologist can help formulate a treatment plan. There’s no reason to suffer in silence.”

INVESTING IN YOUR HEALTH

Currently, no cure for MS exists. But people with the disease can improve their health through medication, nutrition, and exercise.

Exercise has been shown to ease some of the symptoms of MS, having a protective effect on the areas of the brain most affected by MS, as well as reducing flare-ups and keeping people mobile for longer periods of time. A study that appeared in the medical journal *Brain Research* in 2010 showed that highly fit MS patients performed significantly better on tests of cognitive function than similar less-fit patients.

“Swimming is one of the best exercises for MS,” Dr. Ransohoff says. “Pilates and many Wii games also help improve balance, core strength, and a person’s ability to walk.”

While he encourages all of his MS patients to find an activity they love and that fits into their lifestyle, Dr. Ransohoff says exercise isn’t a miracle cure.

“I have some MS patients who have a positive attitude and exercise regularly, but their MS continues to get worse,” he says. “This doesn’t mean they’re doing something wrong and should feel guilty.”

Few studies have been completed on the effects of diet on MS. Still, Dr. Ransohoff recommends a healthy low-fat diet to his patients.

“Most MS patients respond well if they follow a heart-healthy diet that is low in fat and rich in vegetables, fruits, lean protein (such as chicken, fish, and beans),” Dr. Ransohoff says. “Regular exercise, smoking cessation and stress relief can also help to ease MS symptoms.”

“Several recent studies suggest that maintaining adequate levels of vitamin D may favorably influence the course of MS, although the research is far from definitive,” says Dr. Ransohoff, who routinely checks the vitamin D levels of his MS patients and prescribes an appropriate supplemental dosage. “If some-

one with MS has low vitamin D levels, it’s prudent to get them into the high-normal range by taking 2000 IU a day.”

For the most part, Cavuto says his symptoms have been managed well with interferon beta-1a. His primary symptoms are fatigue and tingling nerves in his fingers, hands, toes, and feet. Cavuto continues to experience a few flare-ups each year, and several have landed him in the hospital where he was given steroid injections.

“There are the occasional extreme bad days when I have flare-ups and need to use a cane or walker,” Cavuto says. “Some days my vision becomes blurry, so I tend to memorize my scripts in advance.”

He also tries to avoid heat since he has found that it makes his symptoms worse.

“My advice to others who have been recently diagnosed with MS or another condition is to realize that your body has been compromised but not destroyed,” Cavuto says. “Life is full of challenges, but how we respond to those challenges can make all the difference.”

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Types of Multiple Sclerosis

Multiple sclerosis (MS) is classified into four types, characterized by the disease’s progression:

- ▶ **Relapsing-remitting MS (RRMS)** is characterized by relapse (attacks of symptom flare-ups) followed by remission (periods of recovery). Symptoms may vary from mild to severe, and relapses and remissions may last for days or months. More than 80 percent of people who have MS begin with relapsing-remitting cycles.
- ▶ **Secondary-progressive MS (SPMS)** often develops in people who have relapsing-remitting MS. In SPMS, relapses and partial recoveries occur, but the disability doesn’t fade away between cycles. Instead, it progressively worsens until a steady progression of disability replaces the cycles of attacks.
- ▶ **Primary-progressive MS (PPMS)** progresses slowly and steadily from its onset. There are no periods of remission and symptoms generally do not decrease in intensity. About 15 percent of people who have MS have PPMS.
- ▶ **Progressive-relapsing MS (PRMS)** is a relatively rare type of MS in which people experience both steadily worsening symptoms and attacks during periods of remission.

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