

Speaker 1 ([00:00](#)):

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Kevin Gregory ([00:52](#)):

Hello and welcome back to the HD Insights Podcast. I'm Kevin Gregory, director of education communications and outreach at the Huntington Study Group. And I know it's been a bit of time since our last episode, but we took some time off for the holiday break and the new year, but we are excited to begin 2020 with some great guests lined up for you on the podcast series. Today's podcast features a conversation with the chair of the Huntington's Study Group, Dr. Andrew Feigin. In addition to being chair of the Huntington's Study Group, Dr Feigin is a professor of neurology at New York University's Langone Health and he's a co-director of the Marlene and Paulo Fresco Institute for Parkinson's and Movement Disorders. He's been involved in HD research since his participation in the Venezuela collaborative research group, which isolated the Huntington's disease gene 25 years ago and additionally Dr. Feigin serves as the principal investigator the signal trial with the Huntington Study Group and Vaccinex.

Kevin Gregory ([01:53](#)):

I was excited to sit down and talk with Dr Feigin for this episode and we really covered a lot of ground. We spent a good deal of time talking about his experience in Venezuela from the culture to the excitement of having the announcement come out that the HD gene had been isolated and then moving on to his early career in which he worked at North shore and set up the first Huntington's disease clinic. Two his time currently is the chair of the Huntington's Study Group and the many different initiatives going on with the organization. Well, Dr Feigin, I appreciate you joining us for the HD insights podcast. Our first one to kick off the year 2020. Welcome.

Dr. Andrew Feigin ([02:40](#)):

Well, thank you very much. It's my pleasure to join you.

Kevin Gregory ([02:44](#)):

Dr Feigin, I want to start out, first of all with your background, I know a lot of people that have worked with you obviously know the extensive background and your history, but for the audience members that don't know you as well, just start out tell us a little bit about your background and how you got into Huntington's disease specifically.

Dr. Andrew Feigin ([03:06](#)):

Well, I went to the University of Rochester to do my neurology residency and when I was finishing my final year of residency in Rochester, I really didn't know what I was going to do after residency. I was thinking about pretty much every option, either private practice or general private practice fellowships in various fields. And I was approached by our Rochelle Center at that time about doing a fellowship in movement disorders and staying at the University of Rochester. And it seemed like a good idea. I decided to stay and do my fellowship in movement disorders. That was in 1992. And the fellowship that I did in movement disorders was a clinical fellowship where I learned how to take care of patients and

families with movement disorders specifically Parkinson disease, Huntington disease, Tourette syndrome, and other movement disorders. But it was also what was called an experimental therapeutics fellowship.

Dr. Andrew Feigin ([04:04](#)):

I also learned about with formal training and how to conceive of organize and conduct clinical trials for patients with movement disorders. That was part of my formal training as fellowship. I had had some exposure to Huntington's disease as a resident and Ira Shelton had built a sizable Huntington's clinic in Rochester at that time. During my fellowship, I was exposed much more to patients with and families with Huntington's disease. And in addition to that, I was involved in the Venezuela Huntington's disease project at that time. And in the first year of my fellowship, the fall of 1992, I went to Venezuela for the first time for two weeks. And that was an amazing and interesting experience that really got me hooked on Huntington disease.

Kevin Gregory ([05:00](#)):

The Venezuela project certainly is one of the cornerstones of where treatments and research for treatments has kind of spun off from. That must've been a really interesting time. Can you talk to the audience a little bit about that experience in particular, what it was like to go there, what the people in that village that you were working with were like, what the overall experience, what were the most memorable things you took from that?

Dr. Andrew Feigin ([05:31](#)):

Well, first I guess I would say it was an amazing experience culturally just to see the level of the towns that we went to there, most of the towns and most of the families and patients that we visited there were in profound poverty. And just seeing that part of it made it a very strong impression on me. Of course, many of these people were not just struggling with poverty, they were struggling with this devastating degenerative neurologic disease as well. And that double challenge really made a strong impression on me and there was that aspect. I've seen huge numbers of Huntington's patients and family members on a daily basis for two weeks incredible experience. But there was the other side of it of meeting colleagues and meeting senior researchers from really from all over the world as part of that project was kind of opened up my eyes to what it could mean to be an academic neurologist. I think there were a lot of things that I got out of that experience that really shaped the rest of my career.

Kevin Gregory ([06:50](#)):

How did the people of Venezuela react to you? Had they been exposed to researchers before coming in? Was it as much of a culture shock for them or what was your impression of the reaction from the locals?

Dr. Andrew Feigin ([07:09](#)):

Well, I think many of them at that point, they'd probably had been going on for quite a long time, this was far from the first year when this project was happening. I think many of the people there, they had been through this before. They had annual visits from Nancy Wexler and her group of researchers for many years. But it was something I got the sense that they looked forward to people came out and came down to the local clinic to be greeted and seen by doctors that they had seen in previous years. Yeah, it was kind of a happening and when we would go to these various small towns and that was interesting thing to see. I don't think it was much of a new experience for them at that point because

many of them hadn't had this experience for many years at that point. But I think it was something they anticipated and looked forward to and came out for with enthusiasm.

Kevin Gregory ([08:10](#)):

You talked about the experience and being hit first of all with the overwhelming poverty situation, in terms of working with the colleagues that you met and that being your first experience broadening what you thought that that type of research could turn into. Who are some of the people that you felt you bonded with most closely or people that you look to that you felt really served in a strong mentoring role for you on that experience?

Dr. Andrew Feigin ([08:49](#)):

Well, certainly first and foremost, I would say Ira Shelton, who had been my mentor in Rochester and was in Venezuela when I was there that first year as well. I would say he set a great example, well for an academic neurologist with clinical research interests who had really spent his career working in that field and setting a great example for a junior person who was thinking about having a career like that as well. The other people that I would say of course that come to mind are a Nancy Wexler, and by the way, many of these people I'm talking about, I still to this day have working relationships with speak to on a regular basis. It's been a career long relationship.

Dr. Andrew Feigin ([09:38](#)):

Nancy Wexler of course who ran the Venezuela project, I became close friends with her as well and remain close with her to this day. I would say the other people, senior people that were involved that I developed relationships with and again, continue to have contact with our Anne Young. And I had a good relationship at the time with her husband at the time, Jack Penney, sadly passed away. And I'm trying to think of other, and there were quite a few others, Juan Sanchez-Ramos who I still see at the Huntington Study Group meetings every year and still have a related relationship with there are many others. Yeah, those connections really have had a lot of meaning for me in my career.

Kevin Gregory ([10:33](#)):

Yeah. I'm curious too, having been there on the ground and, the fact that everybody looks back to that watershed Mark in the history of Huntington's disease research, what was it like for you and for the team when the news broke or once the group realized they had found it, they had isolated the gene. What was the sense? What was the feeling among you and your colleagues?

Dr. Andrew Feigin ([11:06](#)):

Yeah. If my memory is correct, I was actually in Venezuela in '93 when it was announced that the gene mutation had been identified and as you would imagine, there was a lot of excitement. Everybody was very interested and excited to hear about it and a lot of discussion about it. And I think there was a lot of excitement, a lot of hope that this would quickly lead to effective therapy. And I think yeah, I would just say, I don't know if it really came as a surprise. I mean, I think people expected the gene to be identified, but when it was actually announced, I think it didn't come as a surprise. And people were very happy and very excited about it with a lot of hope for the future.

Kevin Gregory ([11:58](#)):

Coming out of Venezuela, that being not long after you really got into the field. What happened next? I know currently you're at NYU. What was your career progression following Venezuela?

Dr. Andrew Feigin ([12:18](#)):

I did two years of fellowship in '92 to '94, stayed on as junior faculty, a senior instructor for one year at the University of Rochester and then was recruited to a North Shore University Hospital in '95 to help build a movement disorders group there and to help build a clinical trials group as well and because of my interest in Huntington's, also to build a Huntington's disease clinic there a Huntington Disease Center there. I moved to North Shore Hospital in '95 and proceeded to do those things. And I started doing clinical trials and started right from the beginning, I can't remember the exact details of how this happened, but there was a lot of local interest. This was on Long Island and having a Huntington's disease expert there and there was a lot of excitement that somebody with experience with Huntington's disease is coming.

Dr. Andrew Feigin ([13:13](#)):

There's a Huntington's Disease Society of America, HDSA chapter on Long Island. That was very active and very interested in and excited about a Huntington's disease specialists coming there. I remember them reaching out to me and me reaching out to them, speaking at support groups and I'm making an effort to really build up the Huntington's Disease Center there. And we were able to do that fairly quickly and be ultimately treat exactly what were designated as an HDSA center of excellence. And I took it upon myself to try to build a multi-disciplinary center there with a psychiatrist and a social worker and good relationship with the medical genetics office and genetic counselors. And with the development of the Huntington's Disease Center there, we also started doing clinical trials for Huntington's disease.

Dr. Andrew Feigin ([14:16](#)):

And then the other opportunity that there was for me and North Shore was that I joined David Eidelberg who had started the movement disorders group there. I was the first person who recruited there. He was and he is an internationally known expert in imaging and applications of imaging to study patients with movement disorders. And it seemed a natural fit for me as a junior faculty member there to get involved in that. And he mentored on a K Award in which I learned about how to do imaging research and began working on imaging projects both for actually for Parkinson's, Huntington's disease, and to some extent Tourette syndrome and other movement disorders as well. And yeah, that's how my career got going. I think it was a good choice for me to go there. It gave me an opportunity to combine my interest in clinical trials and Huntington's disease and other movement disorders with imaging as a potential outcome measure for clinical trials. And so yeah, I was there for 22 years, from '95 in until 2017 when I was recruited to NYU, which is where I am now.

Kevin Gregory ([15:43](#)):

You mentioned in starting the clinic at North Shore that you worked to put together a multidisciplinary care team. That's one of the themes I think throughout the evolution of this podcast series that we've talked to a lot of folks that have been in clinics or have input on treatments for patients that the multidisciplinary approach to care is really critical and it often can be overlooked. Can you talk a little bit about that experience? What were some of the challenges that that you encountered potentially starting that up? And talk a little bit more about how multidisciplinary care can really benefit a patient with Huntington's.

Dr. Andrew Feigin ([16:35](#)):

Yeah. And I think people with degenerative neurologic diseases for which we are lacking disease modifying therapies or therapists to treatment many of the symptoms even of these diseases can have many problems obviously that require many different levels of expertise to treat. Of course people with Huntington's disease can have a movement disorder which can be treated sometimes with medications and sometimes not. Things like physical therapy and exercise can be of value. And they can also have a behavioral disorder, psychiatric disorder, which sometimes can be beyond the scope of for example, a neurologist. It could be critical to have expertise from a psychiatrist or a psychologist or a social worker. And I think it's even more important maybe or even better to have people with those disciplines who know about Huntington's disease and know about the specific disease.

Dr. Andrew Feigin ([17:44](#)):

And the way that happens is by getting them involved and at the beginning may not know so much, but they'll quickly learn if they see a lot of patients. And it's kind of a self reinforcing thing, you go someplace and you're interested in Huntington's disease and you say, well, I'm going to see patients with Huntington's disease, part of that is you end up referring people to psychiatrists or you end up referring people to social workers or end up referring people to physical therapists or to genetic counselors. And those people initially may have not seen a patient with Huntington disease or may have only seen a couple of patients with Huntington's disease. Initially they do their best, but as time goes on, they will have developed expertise. And then at that point you start to say, oh, this person is interested, this person is now knowledgeable, I'm going to start to send all my patients.

Dr. Andrew Feigin ([18:33](#)):

And then eventually you start to say, well, maybe there's some way I can bring these people into my clinic and start to have these services available to patients as they come in. Of course not every Huntington's patient is going to need all of the services, but I do think that having them available can be a great value to people to treat this multifaceted disorder. This is not a disorder that clearly fits into one discipline there. There are a lot of things going on and a lot of expertise is needed. And I think for conditions like that, it's very valuable to have a multidisciplinary environment. Put it that way.

Kevin Gregory ([19:21](#)):

Again, we're here with Dr. Andrew Feigin on the HD Insights Podcast and Dr. Feigin, you mentioned in talking about your experience getting into clinical trials the use of imaging. And I know you have a distinct interest in imaging and biomarkers associated with imaging. Can you tell the audience a little bit about the importance of imaging? I think people may think of Huntington's disease as just a movement disorder or people with career who have trouble with balance, but the role of imaging especially in clinical trials and tracking progression of the disease is extremely important, correct?

Dr. Andrew Feigin ([20:10](#)):

Yeah, that's right. As you mentioned, people have symptoms of Huntington's disease. In general, the symptoms get worse over time, but there are some fluctuations and how the symptoms express themselves. People can go through periods of time where, for example, their career is bad because they are under a lot of stress or on a lot of pressure or not getting enough sleep or some other reason and other periods of time where their career may be less severe. It is true though, over the long haul. If you follow motor features of the disease for example, they do get worse over time, but there can be some fluctuations and we saw that as well. We would see, especially early on in the course of the disease,

you'd see people, excuse me, who it very easy to see the amount of the motor manifestations of the disease one year and then the next year that you'd come back and it was not so obvious, put it that way.

Dr. Andrew Feigin ([21:07](#)):

You can do clinical trials and use clinical outcome measures and people have done that and you can be very effective in doing that again, for disease modifying therapies. But you're going to need a lot of patients and you're going to need to follow them for a long period of time. The idea is that we know that there are certain changes in the brain that happened in Huntington's disease over time. And I think the expectation is that those changes are less likely to have a lot of variation around them at given points over time. If you did an MRI and measured the volume of the cingulate, for example, at one time point, there would be an expectation that a year from now that volume would be reduced and you could measure that change over that period of time.

Dr. Andrew Feigin ([21:55](#)):

And that would be valuable in terms of assessing whether a therapy is slowing the progression of the disease. That's just one example. That's the idea of imaging is a biomarker. I think it's the idea of many biomarkers is to give a more objective, less variable measure of disease severity and how it's changing over time, as a way of providing a kind of additional information about whether you're affecting the progression of disease in a clinical trial. MRI volume metrics is something that's really become a leading outcome measure in disease modifying therapies for Huntington's disease. I mentioned cingulate, but of course, other structures are being measured as well and are important in Huntington's disease.

Dr. Andrew Feigin ([22:42](#)):

And then I also had an interest in using a measure of regional brain metabolism called fluorodeoxyglucose with positron emission tomography or PET, FDG PET and that was an area that I worked in for many years and I'm still working on and to try to develop that as an outcome measure as of how the different regions in the brain interact with each other over time in patients with Huntington disease. And we are using that as an outcome measure in the signal trial, which I'm involved in now.

Kevin Gregory ([23:15](#)):

In your experience, you kind of go into this type of research and working with these biomarkers, like you said, expecting certain results, have there been things that have really surprised you or caught you off guard in the course of doing clinical trials or research of this kind?

Dr. Andrew Feigin ([23:37](#)):

No. I guess the answer is that there have been, it's a little hard to think off the cuff with some of those things. But one thing I will say that I remember has made a strong impression on me is in Huntington's trials but in other trials as well. But it's something I haven't seen in Huntington's trials. People who participating in trials showing pragmatic improvement in the trial. Some cases, so much improvement that you think, well, this person must be on the study drug. And the study drug must be working only to find out that the person was on the placebo. That observation I'm having seen that happen on more than one occasion has made me just more careful about interpreting whether or not a drug is working in an ongoing blinded clinical trial. That is something that has surprised me, the degrees of a placebo response in some trials.

Kevin Gregory ([24:41](#)):

Right. The term placebo effect is a real tangible thing. What from your perspective, do you think causes that? Why such a dramatic turnaround if they're not actually on the specific trial drug?

Dr. Andrew Feigin ([25:02](#)):

Well, I think when we talk about the placebo response, there's a lot of things that go into determining the placebo response. I think one of the big things that we don't talk about very much is just the inherent variability of the symptoms of Huntington's disease, but as the other neurodegenerative diseases? As I mentioned, people can have good days and bad days, good weeks and bad weeks, and you could see somebody who looks like that, even not in a clinical trial, who has profound symptoms or at least more profound symptoms on one occasion and see them a month or two or three months later and they'd look less impaired. There's just the variability of how people can present clinically and feel clinically is substantial.

Dr. Andrew Feigin ([25:49](#)):

And I think if you think about it as it's kind of variable presentation, somebody could present at end of that variable presentation at one time and the other end of that variable of that presentation another time and still be within what you would consider normal for that disease. And I think you see some of that with a placebo response. People are given the drug, they don't know whether it's the drug or the placebo and because they're psychologically motivated to feel better maybe they end up in that kind of more, within that range, but in the milder side of that range or just some degree, there could be just randomness to it. People just come back and they're doing great. And again, within the range of what would be what you could see, even if nothing was being given for treatment. I think there's an element of just the variability in the clinical, not so much the clinical measures, but how the people actually are doing with their disease. And we see that in Huntington's disease in Parkinson's and other degenerative diseases as well.

Speaker 1 ([27:05](#)):

We'll return to the interview on the HD Insights Podcast in a moment. We hope that you're enjoying this episode as a nonprofit organization, the Huntington Study Group relies on the generous support from the community and listeners like you to continue bringing you in depth content on HD, like this podcast series. If you like what you're hearing and are interested in supporting HD Insights through a grant or donation, please contact us through our email address, info@hsglimited.org or by calling toll free at 1 800-487-7671. We greatly appreciate your support. And now back to our episode.

Kevin Gregory ([27:59](#)):

Dr Feigin, I want to shift gears now a little bit and talk about your role and experience as the chair of the Huntington Study Group. You've been a long time member of the organization and are about two years into your current term. Talk a little bit about your experience with the HSG and some of the benefits that you've seen, some of the growth that you've seen over the years and the type of effect that it's had on your role as a researcher.

Dr. Andrew Feigin ([28:40](#)):

Yeah. Well, I've been involved with the Huntington study group really from its inception, more than 25 years ago when I was a fellow at that time. And I've had many roles with the Huntington Study Group over the years. I've been an investigator on many Huntington's Study Group trials. And I was involved as a chair of the program committee for the clinical research symposium for many years and many roles,

aside from being an investigator in clinical trials, I've been a medical monitor and data safety monitoring board. I've had a lot of opportunities through the Huntington Study Group. And that's meant a lot to my career. I actually think the Huntington's Study Group is an amazing collaborative group among amazing really dedicated and motivated individuals, investigators, coordinators and nurses psychologists of all kinds of other care providers.

Dr. Andrew Feigin ([29:41](#)):

And they all come together as part of this organization that is dedicated to developing better therapies for Huntington disease. It's quite an amazing organization. I think it's an amazing organization that is dedicated to helping patients and families with Huntington's disease. But I think actually from an academic perspective, from the perspective of someone who has experienced benefits of being part of the HSG for my academic development, I see it through that perspective as well. There've been a lot of opportunity when you participate in a multicenter clinical trial, you get to know other people in your field from around the country and sometimes from around the world. When you go to these meetings, you meet people, they get to know you and you can get involved in these projects. And I think it's a great opportunity for junior people to kind of again, get their careers going and get known in their field and get connected within the academic world of Huntington's disease and movement disorders.

Dr. Andrew Feigin ([30:44](#)):

And there's lots of opportunities for people to get involved in committees or in other projects, organizing educational meetings, organizing I think organized and run clinical trials. As I mentioned from the perspective of being a medical monitor or being on the data safety monitoring committee or being on a steering committee for a clinical trial, lots of opportunities for people to get involved in. From an academic neurologist's perspective, I think there's a lot to be gained from being involved with a group like the Huntington study group. And I think we see that as people come to our meeting every year, more and more people are getting interested, and more and more people coming every year. It's really been gratifying to see that.

Kevin Gregory ([31:35](#)):

You mentioned your role on the signal trial is one initiative, we can talk about that in a moment, but what are some of the other initiatives that you're helping spearhead with the HSG currently and what are some of your goals as chair for the organization as it moves on, into the future?

Dr. Andrew Feigin ([31:58](#)):

Yeah, I guess I would break it down into several categories. I mean, one of the areas that we've become over the years, the HSG has realized that we have to be involved in, is in education and not just education of our membership, although that's a key thing, but also education for patients and families. We have separate education committees for different populations. We have education committee for patients and families that developed educational programs for patients and families. We have an educational committee for our membership that helps people learn about how to do clinical trials and what's required and trains people on the conduct of clinical trials. And we have an education committee for caregivers, people who are physicians and other caregivers out in the community who are trying to learn about Huntington's disease and do the best to take care of patients with Huntington's disease.

Dr. Andrew Feigin ([33:04](#)):

Developing these education programs is one big priority and we've made a lot of progress on that over the years. And hope to make additional progress and to continue to develop those programs. I think other areas that we're interested in, of course were the main priority of the HSG is to develop better therapies for Huntington's disease. A major part of what we do is to be involved in new clinical trials. And we have our two ongoing clinical trials at the moment, the signal trial and the connect trial. But we're working with other sponsors to develop new clinical trials that we're hoping will have a significant impact for the better for patients with Huntington's disease in the future. And then I guess as part of that, we're also interested in developing more outreach to patients and families in the sense that we want to get people engaged more in clinical trials.

Dr. Andrew Feigin ([34:08](#)):

And so we have projects that we're working on. There's one, we announced it at our last annual meeting called My HD Story in which we're going to have an online platform for people to come on and tell us how Huntington's disease is impacting them patients, families, caregivers. And we're hoping to learn from this about what is important to people who are dealing with Huntington's disease. And that we can focus our efforts better and can address whether therapies that are being developed are addressing what matters to people basically. That's another major initiative that we're taking on. I'm sure there are other things I'm forgetting off hand, but those are some of our major initiatives.

Kevin Gregory ([34:55](#)):

That's a pretty extensive list. And I'll share with the audience information on how they can learn more when we wrap up the podcast at the end. But I do want to touch on a couple of points you brought up with the connect HD a study and we know that's just getting underway in terms of site startup activation and recruitment. But I'd be remiss if I didn't ask you about the signal trial, which you're the principal investigator on. That trial, it's starting to wind down, correct? As we've heard, it sounds like by the end of this year we anticipate top line data. Do you want to talk a little bit about that trial and your role there?

Dr. Andrew Feigin ([35:42](#)):

Yeah. This trial has been going on since, I think we started in 2015, there had been a two cohorts in the trial cohort A and cohort B, and cohort A we did an interim analysis and use that data to help determine the size and duration of the trial for cohort B and cohort B finished enrollment at the end of 2018. The last subjects will be leaving the trial at the end of June, and then there'll be a period of time where the data will be cleaned and make sure that it's in good shape. Yeah, then we're expecting, in the probably third or fourth quarter of this year to have the final results of the signal trials. We're excited about that.

Kevin Gregory ([36:38](#)):

That's excellent. It'll be a combination of a lot of work over the past four or five years, like you said. Dr Feigin, I just want to wrap up and circle back on a personal note, I know we talked about how you got involved in Huntington's disease, but the one thing I forgot to mention or ask you about at the very beginning is I've seen in your biography that your father was also a doctor and an inspiration, tell me a little about that growing up, what was his focus on and what about the work that he was doing and got you really excited to get into the medical field?

Dr. Andrew Feigin ([37:25](#)):

Yeah. My dad was a psychiatrist and in some ways it kind of an old fashioned psychiatrist really did mostly I think psychotherapy. Of course he did prescribe, it was an MD prescribed medications. But I think in those days, maybe more than today, I don't want to make any claims of knowing, but he was mostly focused on psychotherapy. I think he set really good example for being a good doctor and being really caring about his patients and really being a dedicated physician and just a kind and gentle person and very thoughtful, very smart, very somebody that as obviously as a son could be admired but I think could be admired by anybody. And yeah, I felt like I had been influenced by him and his attitude towards his patients, his attitude towards his career to quite a large degree, I have been influenced by that, I would say. Yeah.

Kevin Gregory ([38:27](#)):

Right. Well, Dr. Feigin I can't thank you enough for taking time out of your schedule to chat with us and talk about your experiences, from Venezuela from starting the clinic at North Shore to your work now currently with the Huntington study group. Again, appreciate it on behalf of our audience and thank you so much.

Dr. Andrew Feigin ([38:49](#)):

Oh, it's been a pleasure. And chatting with you and I'd be happy to do it again sometime. Thank you.

Kevin Gregory ([38:56](#)):

Well that concludes our first episode of the HD Insights Podcast for 2020, we look forward to bringing you many more as the year progresses and we have an exciting lineup of guests planned. Please check back, make sure you download and subscribe to the podcast and please, if you have suggestions for topics or guests you'd like to hear from, feel free to leave comments and let us know.

Speaker 1 ([39:27](#)):

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