ICM, at first a dream, came to life nearly 10 years ago. Every day, the researchers and clinicians working at the Institute dedicate their efforts and energy to understanding our nervous system and treating nervous system diseases.

This year, once again, the Brain and Spine Institute was at the forefront of important breakthroughs: on the diagnosis of Alzheimer’s Disease, consciousness, the improved understanding of brain functions including sleep and decision-making, as well as complex neural and cellular mechanisms. The work of researchers at the Institute was also highlighted through numerous prestigious awards that help increase international visibility and develop new collaborations, the basis of major discoveries to come.

ICM’s 700 researchers and clinicians are working tirelessly to understand how our brain functions and dysfunctions to accelerate the development of new treatment strategies. I would like to extend an invitation to join us in this venture. I know many of you already do, and thank you for your involvement. The challenge ahead is so immense, however, that I would like to ask for even more: your loyal support towards ICM.

I thank you for your involvement. The challenge this venture, I know many of you already do, and I would like to thank you for your support. The Hospices de Beaune Wine auction, hosted by the medical center that owns a large vineyard, is one of the most important charity events in the world and is highly anticipated by wine professionals on the 3rd Sunday in November. Each year, the auction benefits the Hospices de Beaune charity as well as one or several other organisations, represented by celebrities, through the sale of a barrel of wine called the “President’s Barrel”.

I would like to thank all the researchers and team leader at ICM, was featured and gave an overview of the Institute’s most recent breakthroughs and hopes for the future. A wonderful opportunity to put ICM in the spotlight! The show’s replay is available on www.france.tv/france-2/vivement-dimanche/1064407-professeure-alexandra-durr-de-l-institut-icm.html.

In this back-to-school season, numerous events were held to benefit ICM. In September, the following events help raise money for ICM: the 13th edition of Féerarissime, Les Echos Golf Trophy, Course de la Diversité, Circuit pour le Cerveau, Classic Festival, and more. The Institute is thankful for all these generous events involving both volunteers and donors.

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The Brain and Spine Institute is proud to be supported by the exceptional event that will take place on Sunday, November 17th. The Institute is honoured to be represented by Gérard Depardieu and Tony Parker for this edition.

This past September 11th, in memory of the 658 employees of brokerage firm BGC Partners who lost their life in the 2001 attacks, 60 celebrities teamed up for an international day for charity. Claire Chazal, Nathalie Iannetta, Paul Belmondo and Philippe Candeloro, ICM ambassadors for this year’s edition, became stock exchange brokers for a day to benefit ICM. We thank them for their ongoing support towards ICM researchers.
**FOCUS SEARCH**

**LEARN MORE ABOUT STROKES**

Strokes affect close to 150,000 individuals per year in France. Considerable progress has been made in recent years in treating the acute stage of stroke and for post-stroke care. Strokes, however, remain the leading cause of acquired physical disability in adults, the 3rd highest cause of death in France, and the leading cause of death in women. Despite an average age of onset of 73 years, 30,000 stroke patients each year are under 45. ICM is here to help you understand, prevent, and recognize stroke symptoms as well as get an overview of ongoing research in this field at the Institute.

**UNDERSTANDING STROKES**

**What is a stroke?**

- In 80% of cases, a stroke is the consequence of an obstruction of a cerebral artery by a blood clot that halts blood flow. This is called an ischemic stroke. The main cause is cholesterol build-up on the inner lining of blood vessels, leading to a decrease in the diameter of the artery and a greater risk of obstruction. This shrinking is called atherosclerosis and can be located inside the brain, but a fragment of cholesterol build-up can also be present outside of the brain and migrate towards a brain artery with blood flow.

- In 20% of cases, a stroke is said to be hemorrhagic, meaning that it is caused by a ruptured brain vessel and leads to bleeding within the brain. A ruptured blood vessel can be due to weakness caused by high blood pressure (leading cause), vascular abnormalities, or certain medications. In the case of ischemic stroke, affected brain cells are in a state of hypoxia and no longer receive enough the necessary oxygen and sugar generally obtained through blood flow. If this situation persists, cells die, leading to the loss of brain function associated with the affected areas of the brain.

At first, cellular death takes place only in a small area close the obstructed artery. Around this perimeter is a penumbra where damage is reversible is blood flow is restored quickly, fewer than 6 hours after the first symptoms of the stroke appear. Halted blood flow in an cerebral artery entails the death of 1.9 million neurons per minute (a human has on average 100 billion neurons). Ischemic stroke in the right hemisphere of the brain can leads to paralysis on the left side of the body (left hemiplegia), vision disorders and a deficit in spatial orientation. Patients can present a disorder named “hemineglect”, where they are no longer conscious of the left side of their body and act as if it no longer existed. If the stroke is located in the left hemisphere of the brain, patients tend to exhibit right hemiplegia and speech disorders.

**PREVENTING STROKES**

The following are risk factors associated with strokes

- **High blood pressure** is the main risk factor associated with strokes. Monitoring blood pressure on a regular basis is recommended and you should seek medical advice for systolic pressure over 140 and diastolic pressure over 90 at resting state on several occasions. Blood pressure is the force exerted by blood on blood vessels as it flows. High blood pressure means that this force is too strong and could harm the blood vessels.

- **Cholesterol levels**, especially LDL-Cholesterol. LDL and HDL are two molecules in charge of transporting cholesterol. LDL transfer cholesterol to cells and HDL recover the cholesterol and transfer it to the liver. If the LDL transports more cholesterol than is needed by the body’s cells, unused LDL will accumulate on the inner walls of blood vessels, creating plaques that reduce the diameter of blood vessels and increase the risk of a stroke. HDL, on the contrary, “clean up” blood vessels. To reduce the risk of stroke, monitoring these levels every 5 years is recommended.

- **Tobacco use** multiplies the risk of an ischemic stroke two-fold.

- **Diabetes**

**WHAT ARE THE SIGNS OF A STROKE?**

A stroke is a neurological condition with brutal onset of symptoms. An array of symptoms is possible: motor deficit, deviation of the mouth to one side, difficulty raising an arm, falls, trouble expressing oneself, visual deficit, or numbness in a limb. Symptoms are often lateralised, meaning that they appear on one side of the body. It is essential that everyone knows how to react quickly faced with these symptoms. When talking about strokes, we often hear that “time is brain”. Early diagnosis and care help reduce the mortality rate by 30% and help limit the severity of lesions. If a person experiences sudden onset of symptoms, they or a loved one must immediately call emergency services. An emergency team will take the patient to a specialised facility called a Neurovascular Unit.

**STROKE ISCHEMIC**

![Obstruction of an artery](image1)

**STROKE HEMORRHAGIC**

![Rupture of an artery](image2)

**Face**

Mouth is slanted, a sign of facial paralysis. The person cannot smile.

**Arm**

An arm or leg can no longer be moved. The person cannot raise both arms.

**Speech**

Speech is muddled. The person cannot repeat a simple sentence.

**Time**

The person cannot execute 1 of these 3 categories. CALL EMERGENCY SERVICES IMMEDIATELY!
WHAT IS STANDARD CARE FOR A STROKE?

In the first 6 hours following a stroke, two types of treatment help reduce the subsequent level of disability:

- Thrombolysis using medication delivered through an IV drip;
- Thrombectomy, where a catheter is inserted in the femoral artery up to the cerebral arteries to capture the blood clot.

A stroke is an emergency, and patient care in the acute stage of a stroke must be as efficient as possible. As soon as the patient or their relative calls emergency services, the fire department or SAMU (medical emergency teams) pick them up at their home. They are taken to the nearest hospital with the technical equipment necessary to care for stroke patients. The patient is taken to the neuroradiology unit and is joined by the neurovascular team. The patient undergoes an MRI scan and doctors decide on a treatment.

In the following days, the most important is preventing another stroke: the risk is highest in the 7 days after the first stroke and declines in the following days.

Next is the post-stroke rehabilitation phase, where various practitioners care for the patient depending on the remaining deficits and symptoms. In the case of a motor deficit, for example, the patient will spend time with physical and occupational therapists. Motivation is an important factor in ensuring proper recovery. New strategies including therapy games or “serious games” as well as robots can be paired with rehabilitation to improve recovery.

RESEARCH AT ICM

ICRIN (ICM Clinical Research Infrastructure) is dedicated to strokes and aims at developing clinical research between units at Pitié-Salpêtrière Hospital and ICM. Stroke research is divided into three fields:

Clinical trials on acute phase treatment and secondary prevention for relapsing strokes

The doctors in the neurovascular and neuroradiology units are taking part in several international studies. One of these is dedicated to thrombectomy in strokes with few symptoms in the acute stage. The aim of this study is to assess the benefit of this type of invasive treatment on patient recovery.

ICRIN is also part of a French nation-wide register implemented by Foch Hospital in Paris that tracks all thrombectomies to assess the benefit of the surgery in real-life clinical conditions. This database will be shared and will help carry out nation-wide stroke studies.

Understanding the key areas of the brain to determine stroke prognosis

A study coordinated by Charlotte Rosso on data acquired by a national consortium highlights several specific brain areas that are associated with poorer patient recovery when they are affected by a stroke. Identifying these zones has shown how important it is to preserve them during acute phase care by medical teams. Study findings show that when these areas are affected by a stroke, surgery beyond the recommended 6 hours may also lead to better patient recovery.

Raphaël Le Bouc, a member of the team led by Mathias Pessiglione, is carrying out a study on brain correlates of motivation and apathy post-stroke (supported by France AVC). The aim of the study is to map out which areas of the brain are more highly correlated to severe apathy following a stroke. Apathy is a frequent symptom after a stroke and is a major challenge in patient rehabilitation as well as leading a normal daily life.

ATTACK-AVC is a project coordinated by Charlotte Rosso [team Vidailhet/Lehéricy] and Fabrizio De Vico Fallani [team Colliot/Durtletman] with support from the Circle of Friends of ICM donors in 2018.

It aims at creating patient recovery profiles post-stroke using parameters including magnetic resonance imaging (MRI) and electroencephalography (EEG). The goal is to identify predictive biomarkers for individual recovery potential and develop tailored rehabilitation strategies.

Developing innovative therapy

SPAST is a study coordinated by Jean-Charles Lamy and Charlotte Rosso in collaboration with start-up company Pathmaker, aimed at treating deficits in walking due to hypertonia (involuntary muscle contractions) of leg muscles. It is based on the idea that pairing non-invasive spinal cord stimulation with muscular stimulation could improve walking.

GAIN is a project created from a partnership between ICM and Mindmaze, a start-up incubated at the Institute. It is focused on developing and assessing the effects of virtual reality physical therapy for post-stroke recovery. Physical therapy resources in France are currently lacking, making it impossible to deliver the right level of rehabilitation for stroke patients. The level of rehabilitation is essential in recovery: the more rehabilitation patients undergo, the better the recovery. The goal of the study is to find out if physical therapy done in individual sessions using virtual reality has good recovery results.

The PAS-AVC study ended at the end of 2018 and was focused on transcranial magnetic stimulation of the cerebellum to improve hand grip. Results are undergoing analysis.

A trial coordinated by Laurent Cohen and Charlotte Rosso is testing the effects of mepivacaine, a local anaesthetic, on various stroke symptoms: motor, language, and visual deficits. The medication has displayed very encouraging effects on visual disorders in a stroke patient. This project is supported by ICM’s Neurocatalyst project and aims at studying the effect of this anaesthetic on a larger patient cohort.

A collaboration between a clinical team in the physical medicine and rehabilitation unit at Pitié-Salpêtrière Hospital and ICM LivingLab has led to the development of new and innovative post-stroke rehabilitation instruments including the BRO robot that can assist patients in their daily cognitive rehabilitation program.

To listen to the Open Brain Bar podcast dedicated to post-stroke rehabilitation with 6 ICM and APHP experts, go to the ICM channel on soundcloud.com
WITH YOU

EARLY SPINAL CORD DAMAGE IN INDIVIDUALS AT-RISK FOR FTD/ALS

Fronto-temporal lobar degeneration (FTD) and amyotrophic lateral sclerosis (ALS) are two neurodegenerative illnesses that in some cases share a genetic cause, most frequently a mutation in gene c9orf72. PREVDEMALS is a study coordinated by Dr. Isabelle Le Ber at Pitié-Salpêtrière Hospital with a cohort of 80 asymptomatic individuals, all carriers of the c9orf72 mutation and therefore at risk of developing FTD or ALS in the coming years. The study aims at detecting anomalies preceding symptom onset in these diseases. A collaborative study coordinated by Doctors Giorgia Quérin and Pierre-François Pradat from the Biomedical Imaging Laboratory at Sorbonne University, Pitié-Salpêtrière Hospital and ICM highlighted selective white matter atrophy from 40 years onwards in the corticospinal tract in the cervical spinal cord, the part of the spinal cord located in the cervical vertebrae, in these asymptomatic carriers of the mutation. 18 months after the first set of measurements, researchers also found diffusion anomalies in the same area, a consequence of deformed or mutated proteins, does not function properly in the disease, which may in turn lead to Ataxin-3 aggregation. Autophagy, the process enabling the degradation and recycling of deformed or mutated proteins, does not function properly in the disease, which may in turn lead to Ataxin-3 aggregation. Researchers found that reinstating normal CYP46A1 levels helps restore autophagy, thereby decreasing toxic Ataxin-3 aggregates and alleviating disease symptoms. Interestingly, researchers also found that Ataxin-2 aggregates are more efficiently degraded and recycled with enzyme overexpression: this provides hope for future treatments as one single product may do so, they administered a gene therapy vector with gene CYP46A1 and observed a decrease in neural degeneration specifically in Purkinje neurons in the cerebellum, improvements regarding motor deficits, and a decrease in Ataxin-3 aggregates. Autojagy, the process enabling the degradation and recycling of deformed or mutated proteins, does not function properly in the disease, which may in turn lead to Ataxin-3 aggregation. Researchers found that reinstating normal CYP46A1 levels helps restore autophagy, thereby decreasing toxic Ataxin-3 aggregates and alleviating disease symptoms. Interestingly, researchers also found that Ataxin-2 aggregates are more efficiently degraded and recycled with enzyme overexpression: this provides hope for future treatments as one single product may have an effect on several rare and severe diseases. A European program (Erare) is currently in place and coordinated by Institut at ICM (N. Cartier, A. Durr) to confirm these results in other models of ataxia and to assess feasibility and tolerance of a potential medical application in patients affected by these illnesses.

A NEW TREATMENT TARGET TO TREAT SPINOCERECELLAR ATAXIA?

Spino cerebellar ataxia is a genetic and neurodegenerative disease of the cerebellum and brain stem that leads to large-scale motor deficits. The most common form of the disease is SCA3, also called Machado-Joseph disease. The disease affects 1 to 2 out of every 100,000 individuals; a protein named Ataxin-3 mutates and aggregates in neurons, leading to neural death and subsequent motor deficits. The team led by Nathalie Cartier-Lacave at ICM found a metabolic imbalance of cholesterol and decrease in enzyme CYP46A1 in mice with SCA3. These preliminary results led researchers to test whether restoring enzyme expression could have beneficial effects. To do so, they administered a gene therapy vector with gene CYP46A1 and observed a decrease in neural degeneration specifically in Purkinje neurons in the cerebellum, improvements regarding motor deficits, and a decrease in Ataxin-3 aggregates. Autojagy, the process enabling the degradation and recycling of deformed or mutated proteins, does not function properly in the disease, which may in turn lead to Ataxin-3 aggregation. Researchers found that reinstating normal CYP46A1 levels helps restore autophagy, thereby decreasing toxic Ataxin-3 aggregates and alleviating disease symptoms. Interestingly, researchers also found that Ataxin-2 aggregates are more efficiently degraded and recycled with enzyme overexpression: this provides hope for future treatments as one single product may have an effect on several rare and severe diseases. A European program (Erare) is currently in place and coordinated by Institut at ICM (N. Cartier, A. Durr) to confirm these results in other models of ataxia and to assess feasibility and tolerance of a potential medical application in patients affected by these illnesses.

PRECLINICAL DIAGNOSIS OF ALZHEIMER’S DISEASE USING ELECTROENCEPHALOGRAPHY

Diagnosing Alzheimer’s Disease as easily as possible is crucial in offering early treatment options; however, there currently is no simple diagnostic tool for Alzheimer’s disease before symptom onset. In a study coordinated by Sinead Gaubert, Federico Raimondo and Stéphane Epelbaum at ICM and Pitié-Salpêtrière Hospital, researchers compared electroencephalography recordings (EEG) from 318 subjects with a memory complaint but normal cognitive performance from the Insight-PreAD cohort. They found modifications of cerebral electrical activity in subjects with Alzheimer’s lesions compared to those spared by the disease. EEG modifications were primarily found in anterior brain regions, especially in the frontal lobe, suggesting that compensation mechanisms may allow for stable intellectual and memory performance. Researchers highlighted the existence of a non-linear relationship between amyloid load and EEG recordings, with an increase in cerebral brain activity for an intermediate amyloid load and a slowing of EEG activity for a very high amyloid load. This suggests that initial compensation mechanisms are then surpassed when the amyloid load exceeds a certain threshold. This study is the first on a worldwide level to show electroencephalography modifications in preclinical Alzheimer’s disease. Electroencephalography is non-invasive and inexpensive, and represents a very promising technique to identify subjects in the early phase of Alzheimer’s disease. The next step will be developing a high-performance diagnostic tool that can be used in daily clinical practice.

APATHY: A COMMON YET LITTLE-KNOWN SYMPTOM IN NEUROLOGICAL AND PSYCHIATRIC ILLNESSES

Apathy is illustrated as a lack of motivation, of desire, of emotions, and a deficit in abilities allowing individuals to perform and initiate useful behaviour. It is one of the most commonly observed symptom in patients with Alzheimer’s disease, Parkinson’s disease, schizophrenia, and depression. Up until now, this symptom was poorly understood and subject to subjective assessment.

Bénédicte BATRANCOURT (INSERM), researcher in the team led by Richard LCW (AP HP)Sorbonne University, coordinated the ECOCAPTURE project at ICM with financial support from MMH-Malakoff Médéric Humanis to measure the level and type of apathy in patients with fronto-temporal lobar degeneration (FTD). The study, conducted with 14 healthy subjects and 14 FTD patients, took place at the PRISME platform at ICM dedicated to studying human behaviour.

The methodology was the following: a scenario was implemented combining “waiting” periods and periods of activity in a waiting room where patients could read or enjoy a coffee. Patients in a situation resembling their daily life were observed, with video and motion detection recordings. Results show that patients with FTD display a deficit in exploring a new environment. This behaviour is illustrated by decreased activity and a longer period of time to explore the room, pick an activity such as reading a magazine, and maintaining the same activity compared to healthy subjects. For the first time, analysis of recordings paired with standard neuropsychological test results allowed researchers to achieve precise and objective quantification of apathy observed in patients. This new method for measurement is both simple and objective and provides new opportunities for studies correlating level of apathy with evolution of neurological and psychiatric diseases and those measuring the effects of various treatments on this symptom.

The Brain and Spine Institute’s donors Journal
Juliette, could you tell us about what motivated you to participate in the Heroes Race?
I was aware of the Heroes Race and how it works because I took part in it with an organisation in the past. I feel that it is a good way of getting the word out, standing up for, and raising money for a cause during a fun event.

Why did you choose to support ICM?
There are many reasons to support ICM: the Institute focuses on all nervous system diseases and these affect many individuals. We all know someone with one of these diseases. My family is affected by Huntington’s Disease. Participating in the Heroes Race for ICM was my way of helping research on an individual level.

How did you get your relatives to support this cause?
The race was a project we shared as a family and with my friends. Our loved ones were already very involved and informed when it comes to the disease, research around it, and ICM. We also worked on getting the word out about our fundraising, how the race works, and recent research breakthroughs to get as much support as we could around us and make this event as fun as possible.

How was the race on the morning of June 23rd?
The race is a fun, family-friendly, and supportive event. ICM had a booth where participants all met up and the heat wave didn’t deter us! After the race, we had a picnic under the trees in the shade. Our goal was also to extract the disease from a hospital setting and gather somewhere else.

A word for our donors?
The work carried out at ICM is crucial for research as a whole. We need to provide financial support for it as well as talk about the breakthroughs around us. Thank you all for your involvement and support.

Thank you to all the race participants and donors. Thank you to the teams at ICM and especially to Astrid Crabouillet for setting up the Heroes Race this year. Thank you to Alexandra Durr and her team for their invaluable work.

Confirming memory in patients with mild cognitive impairment
Despite its name, mild cognitive impairment is illustrated by memory, language, thought, and judgement impairment that is much more severe than what one would expect in healthy ageing. These disorders affect roughly 17% of individuals over 65 and are often an initial sign of more severe diseases such as Alzheimer’s.

Sleep plays a key role in memory consolidation and, therefore, in preventing these disorders. Building on this idea, the Memowave project, developed by several teams at ICM in partnership with the sleep disorders unit at Pitié-Salpêtrière Hospital (AP-HP) and start-up Bioserenity, hopes to initiate one of the first clinical trials worldwide to assess efficacy of an in-ear device that would increase slow waves in the brain during sleep to improve memory consolidation in patients.

My Recurrent Donation
Please fill out and return this form with your contribution and your bank identification details to ICM – Hôpital Pitié-Salpêtrière – 47, boulevard de l’Hôpital, 75003 Paris

If you wish to organize an event or raise money for ICM (concert, sporting event, birthday, etc.), please feel free to contact our Communication Department for more information: contact@icm-institute.org or +33(0)1 5172 4022

Yes, I will provide long-term support for ICM researchers with a donation of:

☐ 50€  ☐ 100€  ☐ 200€  ☐ 500€
☐ Other amount ______________ €

Type of payment: ☐ cheque ☐ direct debit (mandate for SEPA)

Starting on 05/...................... / 2019*

By signing this form, you authorise the ICM to instruct your bank to debit your account according the instructions of the ICM. You can be reimbursed by your bank according the present authorisation are explained in a document you can procure from your bank.

MY INFORMATION

Last name : ______________
First name : ______________
Address : ________________________________________________________________
Post office code : ____________
City : ______________________
Signature : ______________________

SEPA WITHDRAWAL AUTHORIZATION

You must receive the reference when the authorization is recorded
I hereby authorise my bank to debit the indicated amount in the frequency that I specified. These regular debits will take place on 5th of each month or each quarter following the date of authorization.

INTERNATIONAL CODE OF YOUR BANK IBAN:

INTERNATIONAL BANK ACCOUNT NUMBER (BIC):

DATE OF PROCESSING: 05/...................... / 2019

Bank Address: INSTITUT DU CERVEAU ET DE LA MOELLE EPINIERE
NCTC - 75021 PARIS

If your contribution is less than 50€, your wishes are not possible to be recorded, and you are not able to authorize your bank to debit your account, please contact cercle@icm-institute.org

Support Memowave through a donation today:

• By cheque payable to ICM
• Online on icm-institute.org/fr/projet-memowave
• By bank transfer or, for foreign residents, via TGE by contacting the Circle of Friends Office: cercle@icm-institute.org

With Memowave, we hope to offer patients and their loved ones a preventive instrument in a field where we currently have no available treatment.”
Dr. Stéphane Epelbaum, neurologist at AP-HP, ICM researcher, and Memowave coordinator.

MEMOWAVE PROJECT: CALL FOR SUPPORT

With Memowave, hope to offer patients and their loved ones a preventive instrument in a field where we currently have no available treatment.”
Dr. Stéphane Epelbaum, neurologist at AP-HP, ICM researcher, and Memowave coordinator.

Memowave is a project led by Dr. Stéphane Epelbaum and Pr. Isabelle Arnulf. It was selected in the Neurocatalyst program, an ICM initiative to support clinical proofs of concept for innovative medical technology or drug repositioning.

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Support Memowave through a donation today:
I recently received an inheritance from my brother. He mentioned a few times that he wanted to donate to ICM, but he did not write a will. I would like to follow his wishes, how should I proceed?

You may bequeath all or a part of your inheritance to ICM.

For example, you may choose to bequeath real estate property and keep all other assets, or donate part of the inherited assets. **You will not pay any inheritance tax on bequests.** This type of donation is called “on inheritance” and must be made in the 6 months following the person’s death. **Discuss it with your notary and contact us to organize the donation before the 6-month date has passed.**

If you wish to speak to a staff member to learn more or receive our bequests, donation and life insurance information pamphlet, contact Carole Clément at +33(0)1 5727 4141 or carole.clement@icm-institute.org

Watch our video for everything you need to know about 2020 advance payments, available on our website: www.icm-institute.org

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**SUPPORT FORM**

Thank you for sending us the completed form today with your donation to the address:

ICM – Hôpital Pitié-Salpêtrière 47 boulevard de l’Hôpital 75013 Paris FRANCE

☑ Yes, I support the ICM in defeating diseases of the nervous system

I am making a donation of: .................................... €

Check payable to ICM

You can also make a donation online at:

www.icm-institute.org

☐ I wish to receive complimentary information on bequests and donations. [Free of charge and obligations]

Your donation to the ICM is deductible up to 66% of income tax (limited to 20% of your taxable income), or up to 75% for the Real Estate Wealth Tax (up to a limit of € 50,000 deducted).