In its first two years, the Boston Prostate Cancer Walk raised more than a quarter million dollars for prostate cancer research. In year three, the brainchild of one dedicated and committed man and his spouse - Stan and Fran Klein - grew even larger. This year the event drew an estimated 2,500 - 3,000 participants to the Boston Common on one of the few bright and sunny weekends so far this year.

(continued on page 6)
**Prostate Cancer News You Can Use**

*Us Too!* publishes a FREE e-mail based news service which provides updates on the latest prostate cancer related news. To subscribe or link to the archives simply visit the *Us Too!* Website: www.us TOO.org

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**SCIENTIFIC PEER REVIEW OF PROSTATE CANCER RESEARCH PROPOSALS FOR THE DEPARTMENT OF DEFENSE**

Prostate cancer advocates once again participated in the evaluation of research proposals submitted to the Prostate Cancer Research Program (PCRP) sponsored by the Department of Defense. Over the past three years dozens of advocates have been nominated for participation in the program by Us Too! International. As a consumer reviewer, advocates are full voting members, along with prominent scientists, at meetings to determine how Congress’ appropriation of $85 million annual expenditure will be spent on future prostate cancer research. This funding program is managed by the U.S. Army Medical Research and Materiel Command (USAMRMC) Congressionally Directed Medical Research Programs (CDMRP) at Fort Detrick, Frederick, MD. Since 1997, congressional appropriations for the PCRP have totaled $480 million.

Consumer advocates represent the collective view of prostate cancer survivors and patients, family members, and persons at risk for the disease. The consumer reviewers assessed the research proposals for relevance to issues such as disease prevention, screening, diagnosis, treatment, and quality of life after treatment.

Consumer advocates and scientists have worked together in this unique partnership to evaluate the scientific merit of prostate cancer research proposals since 1997. This year, 44 consumer reviewers joined approximately 240 scientists in the review process. Colonel Kenneth Bertram, M.D., an oncologist and Director of the CDMRP, expressed his appreciation for the consumer advocates’ perspective in the scientific review sessions. “They have provided valuable insight into funding decisions and helped the scientists understand the consumers’ perspective of innovative research. Likewise, the consumer advocates have been enriched by learning more about prostate cancer through discussing proposed research with scientists and seeing the future hopes of successful research.”

Over 800 research proposals were submitted to the 2003 program cycle. Proposals were received in response to a program announcement that encouraged innovative multidisciplinary prostate cancer research aimed at the elimination of prostate cancer. Proposals were solicited across all disciplines, including the basic, clinical, social, and psychosocial sciences, as well as public health, economics, quality of life, alternative therapies, occupational health, nursing research, and environmental concerns.

Following scientific merit review by consumer advocates and scientists, the proposals then move to programmatic review. Proposals judged scientifically meritorious are evaluated by an advisory council of researchers and consumer advocates to determine their programmatic relevance. This process provides a priority list of prostate cancer research proposals recommended for funding that is submitted to the Fort Detrick Command staff for final approval. The entire review process will be completed by November 2003. More information about the CDMRP is available at the Website of the USAMRMC at http://cdmrp.army.mil.

Through this beneficial partnership between the consumer advocacy and scientific communities, the Department of Defense serves as an effective vehicle for responsible progress in the application of science to our national health concerns.

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**Secrets of Prostate Cancer Spread**

*BBC News*

Scientists say they have found out more about how prostate cancer manages to spread away from the gland to the rest of the body.

Prostate cancer which is confined to the gland is unlikely to kill the patient.
It is only when cancer cells break out into nearby blood vessels and are carried elsewhere in the body that the disease becomes far more serious.

The prostate gland is found in men close to the bladder, and makes a component of semen.

It is one of the most commonly diagnosed cancers, and kills thousands of men every year.

Some prostate cancers never spread and cause problems for the patient - while some are highly aggressive and spread quickly to other sites around the body.

However, scientists still do not understand what differences hold the key to this.

Scientists at the University of Michigan in the US believe they have found a gene which plays a crucial role in determining whether a cancer stays put or “metastasises” - spreads outside the original tumour.

The gene produces a protein called RKIP, which appears to hold back the spread of cells into nearby blood vessels.

When a tumour produces a normal amount of RKIP, they discovered, it cannot make this jump.

However, in tumours lacking RKIP or only making tiny amounts, metastasis takes place.

The finding could help doctors determine which prostate tumours are likely to spread fast and need aggressive treatment - and which are less likely to spread, and can be treated more conservatively.

Often, this could mean the difference between radical surgery to remove the prostate gland - an operation which could affect bladder control and sexual function - or a “wait and see” policy.

If RKIP does turn out to be the key to prostate cancer spread, it is possible that tumours could one day be treated to change their genetic makeup - and reduce the chance of spread.

However, Dr. Evan Keller, who led the study, said that cells entering the bloodstream was not the only factor which decided whether the disease spread.

He said: “Many cancer cells enter the blood stream and don’t go on to form successful metastases.”

**WEEKLY LOW-DOSE DOCE TAXEL IN ADVANCED HORMONE-RESISTANT PROSTATE CANCER PATIENTS PREVIOUSLY EXPOSED TO CHEMOTHERAPY.**


Medical Oncology Division, Institute of Internal Medicine, University of Siena, Siena, Italy.

Oncology 2003;64(4):300-5

OBJECTIVE: The aim of this study was to evaluate the activity and tolerability of docetaxel in patients with hormone-resistant prostate cancer previously exposed to chemotherapy.

METHODS: We enrolled 27 patients with hormone-resistant prostate cancer that had progressed during first-line chemotherapy. The primary end-point was palliative response defined as a 2-point reduction in the 6-point present pain intensity scale, and an improvement in Karnofsky performance status of one 10-point category. The treatment consisted of weekly docetaxel 25 mg/m2 body surface area administered by means of a 1-hour intravenous infusion with corticosteroid premedication.

RESULTS: The primary criterion of palliative response was met in 13 patients (48%) after eight treatment cycles; its median duration was 6 months (range 1-8). Mean global quality of life improved in 8 and 10 patients after respectively four and eight treatment cycles. After a median follow-up of 8 months, 21 patients had died: the median survival was 9 months (range 2-18). Weekly docetaxel was very well tolerated: grade 3 neutropenia occurred in 1 patient and grade 3 anemia in 2.

CONCLUSIONS: Weekly low-dose docetaxel is an effective and well-tolerated treatment for patients with hormone-resistant prostate cancer previously exposed to chemotherapy.

**LONG-TERM OUTCOMES AFTER TREATMENT WITH EXTERNAL BEAM RADIATION THERAPY AND PALLADIUM 103 FOR PATIENTS WITH HIGHER RISK PROSTATE CARCINOMA: INFLUENCE OF PROSTATIC ACID PHOSPHATASE.**

Dattoli M, Wallner K, True L, Cash J, Sorace R.

Dattoli Cancer Center and Brachytherapy Research Institute, Sarasota, Florida 34237, USA.

Cancer 2003 Feb 15;97(4):979-83

BACKGROUND: The objective of this study was to define the long-term prognostic significance of prostatic acid phosphatase (PAP) levels in patients with higher risk, early-stage prostate carcinoma.

METHODS: One hundred sixty-one consecutive patients with Stage T1-T3 prostate carcinoma (according to the 1992 criteria of the American Joint Committee on Cancer) were treated from 1992 through 1996. Each patient had a Gleason score > or = 7 and/or a prostate specific antigen (PSA) level > 10 ng/mL. The original biopsy slides for 130 of 161 patients were retrieved and rereviewed by a single pathologist (L.T.). Enzymatic PAP measurements were determined using a standard method. Values up to 2.5 Units were considered normal. Patients received 41 grays (Gy) of external beam radiation therapy to a limited pelvic field followed 4 weeks later by a palladium 103 (Pd-103) boost using transrectal ultrasound and fluoroscopic guidance as described previously. The prescribed minimum Pd-103 dose to the prostate was 80 Gy (pre-National Institute of Standards and Technology [NIST]-99). Freedom from biochemical failure was defined as a serum PSA level < or =0.2 ng/mL at last follow-up.

RESULTS: There was little correlation between pretreatment (continued on page 4)
nodes are healthy, indicating that the cancer has not spread, surgeons remove the prostate. But if the disease has spread, removing the prostate is not effective, and patients are treated with hormone therapy and radiation, which is often effective in fighting the disease.

The hope is that Combidex would spare patients whose disease has spread from undergoing unnecessary surgeries. Although MRI, or magnetic resonance imaging, technology can be used to detect the spread of cancer, it is not a perfect test.

Shares of Advanced Magnetics began rising this week as news of the New England Journal of Medicine publication leaked out. The company and the journal released the news late yesterday, but an Advanced Magnetics spokeswoman said she believes some subscribers to the journal may have gotten the issue before its official publication date.

“I’m guessing they liked what they read,” said Advanced Magnetics spokeswoman Lisa Gordon.

If approved by the FDA, Combidex could propel both Advanced Magnetics and Cytogen Corp., the Princeton, N.J., company that will market the product, to profitability. Combidex is expected to cost $100 to $200 per procedure. If it is used in the more than 800,000 MRIs done each year in the United States to detect whether cancers of various types have spread to the lymph nodes, analysts said, the imaging agent could reach sales of as much as $160 million a year.

Even a fraction of that sum would make substantial contributions to both companies’ bottom lines, analysts and company executives said. Last year, Cytogen reported sales of nearly $13 million and a loss of $15.7 million. Advanced Magnetics reported $5.7 million in sales and a loss of $1.7 million.

Shares in Advanced Magnetics rose 26 cents yesterday to $6.95. They are up 39 percent since Friday and more than 65 percent this year. Shares in Cytogen rose 20 cents yesterday to $5.81. They have fallen slightly in recent days but are up more than 78 percent this year.

Nonetheless, the question of when and if the FDA will approve the imaging agent remains. Three years ago, the regulatory agency sent Advanced Magnetics an “approvable” letter, indicating that Combidex would be officially approved once certain issues were resolved. The company declined to comment on what those issues are or when the imaging agent is likely to be approved.

Some analysts said those issues could be resolved this year. “It’s still before the FDA,” said Dan DiPietro, an analyst with SCO Financial Group in New York. “But I think this paper will go a long way to getting this product in the hands of oncologists and radiologists.”

With current technology, lymph nodes appear bright on an MRI, and physicians measure their size to determine whether they are cancerous.

But the study, which included 80 patients from Mass. General and the University Medical Center Nijmegen in the Netherlands, showed that more than 70 percent of lymph nodes contained cancer even though they were not large enough to cause concern on an MRI. Combidex improved the detection of cancerous nodes using MRI technology to 98 percent from 65 percent, according to the study results.

Combidex’s tiny iron particles are designed to attach to healthy lymph nodes but not to those containing tumor cells. If the iron particles attach to a lymph node, it appears black on an MRI, making it easily distinguishable from cancerous cells, which are not supposed to be affected by Combidex and therefore should remain bright on the MRI.

Most notably, researchers said, nine out of the 33 patients whose disease had spread would likely have been misdiagnosed by standard procedures. In those patients, the lymph nodes surrounding the prostate, the ones removed and tested during surgical procedures, were healthy because the cancer skipped over them and spread further into the body.

“Once the cancer has spread, it’s a totally different ballgame,” said Dr. Rosaleen B. Parsons, chairman of the department of diagnostic imaging at the Fox Chase Cancer Center. “Catching these cases could lead to a tremendous difference in the outcome.”

PSA levels, Gleason scores, and PAP measurements. Thirty-eight patients developed biochemical failure. The overall actuarial freedom from biochemical progression at 10 years is 79%, with 118 patients followed for > 5 years. In a multivariate Cox proportional hazards analysis that considered each factor as a continuous variable, the strongest predictor of failure was PAP (P = 0.0001), followed by Gleason score (P = 0.13), and PSA (P = 0.04). PAP was especially helpful in stratifying patients with pretreatment PSA levels between 4 ng/mL and 20 ng/mL, for whom the prognosis does not differ when they are subdivided into PSA categories. When the PAP subgroup analysis was limited to this relatively favorable group, there was a wide range of prognoses.

CONCLUSIONS: The biochemical cure rate was remarkably high among the 161 patients evaluated. The fact that the PAP was the strongest predictor of long-term biochemical failure in patients with otherwise higher risk features reported here suggests that it may be a more accurate indicator of micrometastatic disease compared with the Gleason score and the PSA level. This report adds to the rationale for reintroducing PAP measurement into general practice.

EAT YOUR WHEY: IT MAY PROTECT AGAINST PROSTATE CANCER

New research suggests that whey, a liquid byproduct from cheese production, may play a role in helping prevent prostate cancer.
When Ohio State University food scientists treated human prostate cells in the lab with whey protein, cellular levels of the antioxidant glutathione increased. Antioxidants such as glutathione have been shown to control cancer-causing free radicals.

Cancer researchers suspect that the accumulation of free radicals plays a role in the development of prostate cancer.

In the current study, the Ohio State scientists found that treating prostate cells with whey protein elevated glutathione levels in the cells by up to 64 percent.

"The buildup of free radicals is associated with the onset of many chronic illnesses, such as heart disease and cancer," said Joshua Bomser, a study co-author and an assistant professor of food science and technology at Ohio State. "And human prostate tissue is particularly susceptible to oxidative stress."

The study appears in a recent issue of the journal Toxicology in Vitro. Bomser conducted the study with Kyle Kent, a graduate student in the department of food science at Ohio State, and W. James Harper, the J.T. "Stubby" Parker Chair in Food Science and Technology, also at the university.

The researchers treated human prostate cells with two concentrations of whey protein for 48 hours and then measured the levels of glutathione in the cells. Whey contains the amino acid cysteine -- a key ingredient for making glutathione in the body. Surprisingly, both treatments increased the levels of glutathione considerably. The larger dose increased glutathione by 64 percent and the smaller dose, which was half of the larger dose, increased levels by 60 percent.

"The small difference in glutathione levels between the two whey concentrations suggests that it may not take much whey protein to get an effect in the prostate cells," Bomser said.

"In diseases like cancer, there's usually a reduction in the body's overall capacity to deal with oxidative stress," said Bomser. "Keeping antioxidant levels elevated through diet and supplementation may prevent the development of chronic disease."

The researchers treated another batch of prostate cells with casein, the major protein found in cheese. Casein doesn't contain the key ingredient for manufacturing glutathione, and, as expected, glutathione levels in these cells did not increase.

"Unlike casein, whey proteins are rich in cysteine, an amino acid that increases glutathione in the prostate," Kent said.

"Cheese contains various proteins that can influence the levels of different antioxidants in prostate cells," Kent continued. "But cysteine is the amino acid that helps create healthy glutathione levels in the prostate, and glutathione helps keep free radicals under control."

The researchers warn that simply eating cheese won't ensure an increase in glutathione levels, because cysteine is contained in the whey that's separated from cheese early in the cheese-making process. But cysteine is also found in foods such as poultry, wheat, broccoli and eggs.

While whey protein supplements have become popular among body builders, Bomser and his colleagues say that most people living in the United States already get plenty of protein in their diet, so adding an additional protein shake isn't necessary. They stress the importance of a well balanced diet, adding that whey is a complete protein, one that has the right amount of amino acids that are essential to our bodies.

Researchers sought to identify factors associated with screening behavior in brothers and sons of men with prostate cancer. The 40 to 70-year-old sons and brothers of 837 men with prostate cancer were contacted and invited to enroll in the study.

The sons and brothers who agreed to participate were sent a questionnaire regarding sociodemographic and medical characteristics, prostate cancer family history, prostate cancer knowledge, self-efficacy, barriers to screening, perceived benefits, perceived vulnerability, and medical support.

Overall, 86 (62%) of the 138 subjects who completed the survey had undergone PSA and digital rectal examinations during the 2 prior years. The investigators noted that since 71% of the respondents answered at least half of the questions correctly, the level of knowledge about prostate anatomy and function appeared high.

In addition, a large portion of the group knew that digital rectal examination and PSA evaluation were included in prostate cancer assessments (88% and 89%, respectively). Furthermore, 99% knew that finding prostate cancer early can help with the treatment, but only 80% knew the recommended frequency of screening.

Lead author Luc Cormier and team found that men older than aged 50 years; men who had discussed prostate cancer screening with their physician; men with good knowledge of recommended screening frequency; and men with no comorbidity had undergone screening more often than others.

It is essential that the physicians who diagnose and/or treat cancer should inform probands about the importance of screening first-degree relatives," the authors concluded.

A new study suggests that physician support and prostate cancer screening knowledge appear to be positively associated with previous screening among the sons and brothers of men with prostate cancer; effective interventions should target physicians to increase screening in at-risk families, research indicates.
**Father’s Day Events**  
(continued from page 1)

In addition to the Walk the crowd was treated to celebrities, a concert by a well known men’s chorus, and an award presentation to Jeffrey Steinberg, MD, co-chair of the Walk Planning Committee in recognition of his dedication and support of the effort and men with prostate cancer.

Also available at the event were free health screenings for men - including PSA, DRE, Cholesterol, Diabetes and Blood Pressure testing - and a father’s day gift from Gillette for every man tested!

**History of Boston’s Prostate Cancer Walk**

In December 2000 some members of the Longwood Medical Area Prostate Cancer Support Group and a few other people agreed to be on a committee to plan and implement a walk for prostate cancer in 2001 to increase awareness and raise money for research.

This all-volunteer committee of 13 people started meeting and 6 months later a wonderful event occurred when 1400 people walked in friendship, joy and camaraderie with a common purpose: to increase awareness about prostate cancer. Eighteen hundred people donated over $130,000 in 2001 and over $145,000 in 2002 for prostate cancer research. Two thousand people walked in 2002.

Each year the money has been awarded to the most promising research proposals after a peer review committee selected them from the many proposals that were submitted. The award winners represented six hospitals.

After the walk, the participants once again joined another event on the Boston Common, “Dad’s Make A Difference, a celebration of Fathering and Families”, where free music, food and entertainment was available for the entire family.

The Boston Prostate Cancer Walk is a project of Us Too! International.

**Pittsburgh**

Pittsburgh area Us Too! Chapter’s successfully sponsored a Father’s

**Us Too! INTERNATIONAL**

**Pittsburgh**

Pittsburgh area Us Too! Chapter’s successfully sponsored a Father’s screening were made available at Allegheny General Prostate Center, a co-sponsor, and information was available on prostate cancer. The event attracted 400 runners and walkers and will become an annual event. Awareness, education and early detection events are being planned for Prostate Cancer Month in September.

**Louisville**

**FAMILIES BATTLE PROSTATE CANCER - ONE STEP AT A TIME. WALK AIMS TO RAISE AWARENESS OF DISEASE**

By Nancy C. Rodriguez  
The Courier-Journal

It still makes Traci Ball and Aimee Farmer of Louisville tear up to remember when their father, David Farmer, was diagnosed with prostate cancer two years ago.

“It can happen to anybody when you least expect it,” Aimee Farmer said.

But yesterday, those thoughts gave way to smiles, as David Farmer, a cancer survivor, linked arms and posed for pictures with his two daughters before enjoying a three-mile walk under blue skies from Papa John’s Cardinal Stadium to Churchill Downs and back.

The family, along with Ball’s 2-year-old daughter, Sophie, were among about 200 men, women and children who celebrated Father’s Day weekend by taking part in the Families for Fathers Walk for Prostate Cancer.

The event was set up by several organizations, including Caritas Health Services and WAVE-3 TV, to show the need for men to get checked for the disease, which affects one in six men and is most common in men over age 50, African Americans and men with a family history of cancer.

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However, if detected early, men with prostate cancer have an 85 to 95 percent chance of survival.

“We need to get men to go to the doctor. They’re not going to go themselves, and so we’re having their families encourage their dads to go,” said Bob Mack, promotion manager for WAVE-3. “If you went up to your dad and said, ‘Dad, I want you to be at my wedding. I want you to see your grandkids. I want you to get tested. I want you to live a long life.’ Your dad would probably respond.”

That’s what made Louisville Metro Police Chief Robert White, who served as the walk’s honorary chairman, go for a prostate screening last month after celebrating his 51st birthday.

“My wife and my kids called me every day for about three weeks asking me to have it done,” said White, whose test came back negative. “They harassed me.”

Like many men, Louisville resident Ray Schuhmann, 57, never thought he would be diagnosed with the disease.

“I was sure I didn’t have it. There was no cancer on either side of my family,” he said. “I eat right. I bicycle 3,000 to 4,000 miles a year. I take care of myself. So when he said, ‘You’ve got it,’ I said, ‘It can’t be.’

Schuhmann walked yesterday with his wife, Mary Ann, their daughter, Nicole, his grandson, Alex, and other family members.

“I think the awareness side of this is really the smart thing, more so than even trying to raise money for research. If people would just become aware that they need to be checked,” Schuhmann said. “A ton of people are probably walking around and don’t know they have it.”

Sisters Angela Dulin, Cheryl Pleasant and Bridgette Woolfolk lost their grandfather, Edwin Smith, to prostate cancer. They walked yesterday as a way to raise awareness of the disease, they said.

“All of us are married, so we’re concerned about our husbands. And I have a son, and I’m concerned about my son,” said Woolfolk, whose husband, James, also took part in the walk.

The event took walkers down Central Avenue and onto Churchill Downs’ infield, where they could have their pictures taken with the track mascot before returning to the stadium’s football field for pizza and other activities, like face painting. Each participant received a T-shirt, and the first 500 people received free admission to Churchill Downs.

Participants were not required to pay a fee or raise sponsorship money.

“At some point in the future we may start raising money for research, but right now I just want guys to get tested,” Mack said. “If you’re over 50 years old and you get tested this month then we’ve succeeded because early detection will save your life.”

During the event, Kentucky African Americans Against Cancer helped register families, and provided information about prostate screenings.

Information also was available for prostate cancer support groups; Man 2 Man, which is run through Baptist Hospital East’s Cancer Resource Center at 896-3009, and (continued on page 8)
Father’s Day Events
(continued from page 7)

Us Too! International, which can be reached at (800) 808-7866.

Other sponsors of the event included Papa John’s pizza, 98.9 KISS FM, the American Cancer Society and the Kentucky Cancer Program.

Houston

The unofficial total at the Annual Houston Father’s Day 5K was 500 plus, a record, so I want to say a very big thank-you and well done to all coordinators and volunteers who helped get this one into the record book. The many volunteers from Shell were evident at the finish line, and those from all three hospital groups added greatly - almost a health fair at the last minute. The key basics - water, food and beer - were also graciously donated and appreciated.

For a change the weather cooperated, to our great relief. We also got enough extension cords for the band and PA system, thanks to the city event coordinator, Anna Cardona, as well as the Andy Williams Blues Band. Both added greatly to the success of our effort.

A calm & superior new Race Director, Dave Rainey, also guided our efforts and deserves all the credit for picking our great new location. Parking was no problem. We especially appreciated a last minute e-mail plug from Jerry Smith of HARRA to all 2000 members. I hope we measured up and can earn their support next year.

A 42 year-old from Austin, Robert Kerr, won first place among the PC survivors. Who said prostate cancer is simply an old man’s disease?

None of this would be possible without the help of our sponsors, to whom we remain strongly indebted.

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