A MESSAGE FROM OUR BOARD PRESIDENT

Dear Friends,

What a wonderful year we have had and it was only possible because of my dedicated Board of Directors. I thank each and every one of you for your hard work and loyalty.

Our dream is becoming a reality. All the hard work, fundraising and the support of each and every person reading this newsletter helped achieve this goal. Dr. Rezak’s vision, the new PDRS Neurodegenerative Diseases Research Laboratory at CDH, has just completed construction. This will enable Dr. Rezak and his team to do in depth studies into Parkinson’s and other neurodegenerative diseases and hopefully one day “Find a Cure.”

We love working with the Cadence Health Foundation through its President, Chris Hensley, Vice President, Rebecca Stimson and Director of Affiliates and Special Events, Holly Kulikowski. Truly remarkable people who have been there for us throughout this past year. Special thanks to Jennifer Biede, Director of the CDH Neurosciences Institute, whose efforts helped bring the research lab to fruition.

I wish to take a moment to honor 2 board members that have passed away in the last year; Howard Naft and Alan Garland. They were extremely active in our organization and helped to make it what it is today. We miss them both very much.

Looking to the future, we are excited to announce that a Western Board of the PDRS has been started. We welcome the new members and can’t wait to be flooded with their energy and fresh ideas! Welcome Mary Anne Ostrenga, William Kallal, Jr., Linda Partyka and Randy Meredith!

We look forward to seeing you on July 21, 2014 at Northmoor Country Club for our 11th Annual “Par for Parkinson’s” Golf Outing! Watch your mail…Invitations will be arriving soon…100% of all proceeds raised go to PDRS…If you cannot join us please buy a raffle ticket!

Please take a moment to check out our webpage: www.parkinsonsprogress.org. Thank you for your continued support of the PDRS. Carol Santi, President

THE REZAK REPORT

Dr. Michael Rezak, a neurologist and Movement Disorders Specialist, also serves as the Medical Director of the PDRS and the APDA Midwest Information and Referral Center and National Young Onset Center. He practices exclusively at the Neurosciences Institute of Central DuPage Hospital where he heads the Movement Disorders Center and the Movement Disorders Functional Neurosurgery Program.

THE PERFECT STORM FOR IMPROVED PARKINSON’S DISEASE CARE ARRIVES IN THE WESTERN SUBURBS

MICHAEL REZAK, M.D., PH.D.

Construction for the first Comprehensive Parkinson’s Disease and Neurodegenerative Disorders Center at Central DuPage Hospital has begun. The approximately 8,000 square foot Center is unique in this region since it will house all aspects of PD clinical care in one location and will allow close collaboration among the many disciplines that treat all aspects of PD. The Center will house neurology and neurosurgery physician offices and treatment rooms, a high-tech prolonged observation room, a large space for physical, occupational and speech therapies, and offices for social workers, and neuropsychologists. A conference

The Rezak Report continued on page 3
Dr. Michael Rezak, Director of the Movement Disorders Center at Central DuPage Hospital, is the Principal Investigator for the clinical trial, “An Open-Label, Two Part, Multicenter Study to Assess the Safety and Efficacy of Levodopa-Carbhidopa Intestinal Gel (LCIG) for the Treatment of Non-Motor Symptoms in Subjects with Advanced Parkinson’s Disease.”

This trial is sponsored by AbbVie (formerly Abbott Laboratories) and they expect 10-11 sites participating nationwide. This is a phase 3b trial, which generally means that studies are conducted just before or during the regulatory filing to the FDA for marketing approval in the US. The sponsor is anticipating FDA approval in 2014, based on prior studies.

The purpose of this trial is multifaceted. One goal is to confirm the drug’s effectiveness, which may provide further evidence to support product claims. Another goal is to develop new and further data on an expanded population of patients, like those patients suffering from advanced Parkinson’s disease and how the study drug affects their non-motor symptoms. Another important purpose of this trial is to increase data regarding the safety profile of the product by demonstrating safety in larger and/or more diverse patient populations.

The number of patients expected to enroll in this trial from all sites is 36. This is a complex trial that uses a new drug as well as a new drug delivery system. This study will utilize a concentrated formulation of levodopa/carbidopa intestinal gel (LCIG) that goes directly into the small intestine. A Percutaneous Endoscopic Gastrostomy (PEG) tube will be inserted in the lower abdomen attached to an inner jejunal tube (PEG-J) to deliver medication continuously into the jejunum, a part of the small intestine that is optimal for l-dopa absorption. The tubes will be attached to a pump which will house a medication cassette to deliver the LCIG drug to the patient continuously at a rate that is optimal for each patient.

This method of drug delivery may allow the drug to bypass the gut and perhaps avoid problems with gastric emptying and erratic gastrointestinal motility, allowing the medication to be more effective for the patient. The more continuous plasma-levels of levodopa-carbidopa may decrease side-effects like dyskinesia and off-times since the precise dose needed for optimal functioning without dyskinesias can potentially be achieved. The result of this new system should give study patients additional hours of quality on-time. Since it may also provide better control of medication dosing, this will result in less total drug for these patients.

The LCIG is a viscous gel formulation that is stable for up to two years while frozen, 15 weeks refrigerated, and 16 hours at room temperature. Medications will start within five days of PEG-J placement. The start-up of medications and dosing (titration) will be performed as an out-patient at the Movement Disorders Center, under the direction of either Dr. Martha McGraw or Dr. Michael Rezak and their trained staff. The LCIG dose will be adjusted until the optimized clinical response from the study subject is determined. This may require several patient visits.

The patient and caregivers, if applicable, will be taught how to use and care for the tubes and pump, along with specific instructions on using the study drug. The patient will return for study visits as outlined in the study protocol. These visits will include participation in keeping diaries, reviewing medications and adverse events, neurological and/or physical examinations along with completion of cognitive and quality-of-life assessments, as described in the patient informed consent document.

This trial requires a multi-disciplinary team of investigators, including neurologists, gastroenterologists, interventional radiologists, dermatologist, wound care advanced practitioners, specialized titration nurses from the Movement Disorders team, ancillary staff from the Endoscopy suites and Interventional Radiology lab and nursing teams, along with research personnel.

*Groundbreaking Clinical Trial continued on page 3*
Dr. Donald Hoscheit, DuPage Medical Group, who is the primary gastroenterologist on this trial, will take the lead in managing the placement of the PEG-J (percutaneous endoscopic gastrostomy with jejunal extension). Two CDH Interventional Radiologists, Dr. Stanley Kim and Dr. Nilesh Patel will participate as back-up physicians for potential problems that may develop with the PEG-J system such as tube displacement, migration, kinking, or blockage.

The Central DuPage Hospital Movement Disorders specialists, Dr. Rezak and Dr. Martha McGraw, will identify potential study patients. After optimal study education, interested patients will sign an informed consent and begin the screening process, which may take up to 30 days. Further education and training will take place between the clinicians and the study patients during these three to five screening visits at the clinic. Patients must undergo rigorous testing and pass all the quality measures which can make them either eligible or ineligible as study candidates. For safety reasons, only the patients that pass all the study designed criteria will be scheduled for the PEG-J placement.

Once the patient completes the PEG-J placement, the remaining study is broken down into two parts. Part 1 includes twelve weeks of close monitoring while on study drug. Part 2 of the study is called the Maintenance Period. Patients will continue getting LCIG therapy, monitoring safety, effectiveness, and health outcome assessments for an additional 48 weeks.

Patients may be removed from the study for a variety of reasons. The patient may choose at any time to discontinue their participation in the study once they inform the study staff. Additionally, the study doctor may withdraw the patient from the trial if they are non-compliant with study requirements or if the patient develops adverse events that are serious in nature and/or would be improved by being taken off study drug.

One of the most important parts of the study is identifying the appropriate patients to participate. Patients that have an interest in helping others, follow directions closely, remain focused, communicate well with the medical team, are able to attend frequent and sometimes lengthy study visits and perhaps have a care-giver that can assist in participation (not required), may be the most suitable candidates for this complex trial. Participating in this trial can be of benefit to many patients who are suffering from advanced idiopathic Parkinson’s disease now and in the future. Of note, experience in Europe where it is already on the market has demonstrated good success.

If you have any questions regarding this trial, please contact the Research Coordinator, Pauline Pastore, RN, BSN at 630-933-3317 during regular business hours.

www.parkinsonsprogress.org

Groundbreaking Clinical Trial continued from page 2

The Rezak Report continued from page 1

room for educational programs serving the medical staff as well as the public will also be incorporated into this space. A unique, but essential component of this Center will be a laboratory equipped to identify autonomic nervous system dysfunction that will be used for both clinical diagnostic purposes as well as for research. The autonomic nervous system controls such functions as blood pressure, heart rate, bowel and bladder activity, as well as the sweat and salivary glands.

Also included within the Comprehensive PD and Neurodegenerative Center will be research space where clinical trials will be conducted, new disease modifying treatment modalities assessed and studies identifying biomarkers for the early detection of PD investigated. Research into new targets for DBS will also be studied. The research portion of the Center will also house a human performance laboratory, which will be used for both clinical evaluations as well as a research measurement tool. The dedicated PD clinical trials coordinator will have an office close to the Center so that subjects can be educated about ongoing research endeavors and then, if appropriate enrolled within a very short time frame. Especially important to mention is the construction of a 1.2 million dollar PDRS supported molecular biology laboratory dedicated to understanding the significance of protein and genetic changes in PD. The molecular biologist, Dr. Jocelyn Nolt, is already in place and is currently developing research protocols.

From a patient’s perspective, the benefit of bringing all currently available treatment options to bear for each individual patient’s PD will result in optimal improvement. Imagine not only seeing the neurologist and having medications adjusted, but also being assessed by the rehabilitative team and then also being advised regarding appropriate research trials—all at the same visit. For new and established patients, regularly scheduled educational programs will be available.

The Rezak Report continued on page 4
From the physician's perspective, having the ability to obtain rapid and if needed, immediate consultations from other specialists who are working in the same Center assures that the best expertise available will be provided to each patient at the time of their visit.

My dream of providing comprehensive care for PD that is immediate, complete and of the highest standards and all under one roof is finally becoming a reality. This is possible only because of the joint efforts and dedication of the Parkinson’s Disease Research Society and the Cadence Healthcare Administration and Foundation. I sincerely thank them for enthusiastically sharing the vision of improving the lives of those afflicted with PD and ultimately finding a cure.

TELL ME HOW YOU REALLY FEEL

BY TOBY KATZ

Hi, my name is Toby Katz. I am 60 years old and I am a Parkinson’s patient.

“PAY IT FORWARD”

About 10 years ago I saw the movie “Pay It Forward”. The concept of the movie was that someone does something special for you, then you in turn do something special for someone else, who then passes on this gift to another person. This goes on and on until the domino effect touches countless lives. A wonderful idea in theory, but unfortunately selfishness, greed, and paranoia can get in the way of selflessness.

How do you thank someone who has given you the ultimate gift? You can, by doing your most to give that gift to someone else. Ever since my DBS surgery on 12/12/12, I have found it extremely difficult to put my appreciation into words. As I have come to learn, Dr. Rezak and his staff will only let you know that what they do is “all in a day’s work”. They have never looked for thanks or accolades, but I do think that they would be thrilled if we could all try to “Pay It Forward”.

Whether you have had DBS or not, there are so many Parkinson’s patients who feel isolated, lost, and hopeless. It is up to those of us who have benefited from the knowledge that these amazing doctors and nurses have imparted to us, to go out into the community to enlighten and comfort others. It doesn’t take much, maybe a phone call to share your experiences, a photo so that others can see what to expect before and after the procedure. Honesty, something that is so appreciated by a patient experiencing the fear of the unknown.

I have found that after I speak with a patient considering DBS, they are so grateful for me sharing my experience. I tell them that a phone conversation is never an intrusion or an interruption. It is always my pleasure if I can alleviate any of their fears.

We can all do this and I know that so many of you do, whether it is a phone call, participating in a support group, giving your time to a Parkinson’s event, or helping to further research. We can share our successes and support each other when we have set backs. We all know that every Parkinson’s patient has a different set of symptoms. We cannot always relate to what someone else is going through, but kindness and taking the time to listen, sharing but knowing that we cannot always share each other’s exact experiences, supporting the Parkinson’s community and the doctors and nurses who give so much of their time in the hopes of making even the smallest change to make our lives better, these are the things that we can do to say “Thank You”.

“Pay It Forward”- there is nothing more gratifying than to know that you have made even the smallest impact on someone’s life, to make the burden they carry a little lighter, to be able to hear the smile in their voice.

So instead of saying thank you I will say “Pay It Forward” and hope that the people who have so impacted my life know how much they mean to me.

Hope to hear from you soon, Toby
Email Toby at tellmehowyoureallyfeel14@gmail.com
Botulinum toxin has been approved for treatment of certain medical conditions since 1989, and is utilized widely by neurologists to treat conditions involving abnormally increased muscle tone, including in situations when this occurs in Parkinson’s disease. Botulinum toxin, a purified form of the toxin produced by the bacteria Clostridium botulinum, can be injected into the body to provide significant, but temporary relief of symptoms. It does so by blocking the release of the neurotransmitter (chemical messenger) acetylcholine at the nerve-muscle junction in muscles that are receiving abnormal signals from the brain.

**DYSTONIA**

Dystonia can be a very bothersome symptom for people with Parkinson’s disease. Dystonia occurs when the brain sends messages to a muscle or a group of muscles to spasm/contract continuously, causing involuntary posturing of the neck, trunk, extremities or any body part. Parkinson’s patients commonly experience dystonia when their medications wear off or at peak dose. Dystonia can be very painful and debilitating. Botulinum toxin is injected directly into the muscles involved to reduce the constant contraction. People with Parkinson's may experience dystonia in the muscles of the neck, shoulders, jaw, hands, or feet, all of which can be injected for treatment.

**BLEPHAROSPASM**

Blepharospasm is a focal dystonia that involves the muscles that control the eyelids. When these muscles spasm, they cause involuntary closing of the eyes, affecting a person’s ability to see and maintain balance. Botulinum toxin can be injected into the eyelids causing these muscles to relax thereby allowing the eyes to be more easily opened and closed in a more normal fashion.

**CAMPTOCORMIA**

Some people with Parkinson’s will experience camptocormia, a dystonia involving the muscles of the abdomen and sometimes spine. When this happens, the person will feel like their upper body is being pulled forward at the waist, causing an abnormal forward bending posture which can be very debilitating and increases the risk of falling. Camptocormia as a result of dystonia is a symptom associated with Parkinson’s that can be very difficult to treat. However, some people will respond to Botulinum toxin being injected directly into the abdominal muscles to reduce spasm and allow for more normal posture.

**SIALORRHEA**

Sialorrhea, or drooling, occurs in people with Parkinson’s who swallow less frequently or have swallowing abnormalities related to slowness, stiffness and poor coordination of the swallowing muscles. The saliva then pools in the mouth and with any forward bending results in drooling. Drooling can be very bothersome, and embarrassing. Botulinum toxin injections can be utilized to treat sialorrhea after other options fail. The toxin is injected into the parotid and submandibular salivary glands to reduce the amount of saliva produced and therefore reduce drooling.

Of note, there are four major brand name options and two serotypes from which to choose for the injections: Botox® (onabotulinumtoxinA), Xeomin® (incobotulinumtoxinA), Dysport® (abobotulinumtoxinA) and Myobloc® (rimabotulinumtoxinB). Botulinum toxin A formulations are generally the first to be chosen (Botox, Xeomin, and Dysport), but if patients develop an immunity to the effects or if inadequate benefit is obtained, the botulinum toxin B can be considered. Cervical dystonia patients who have become resistant to botulinum toxin A can be converted to botulinum toxin B (Myobloc) for symptom relief. Myobloc is often the first choice for sialorrhea due to its effectiveness for this problem even though none of the botulinum toxins are yet FDA approved for this indication. Typically, the injections will need to be repeated approximately every 12 weeks. It is important to seek a physician (usually a neurologist) who is experienced in providing these injections and is aware of potential side effects.

**SAVE THESE DATES!**

“Par for Parkinson’s” Golf Outing
Monday, July 21, 2014

Fight for the Cure/Flip Cup Tournament
Thursday, September 11, 2014

Game Day
Wednesday, October 1, 2014
"PAR FOR PARKINSON’S" EVENT
BY THE HON. EMILIO SANTI

And the beat goes on. On July 31, 2013 we celebrated our 10th Annual “Par for Parkinson’s” Golf Outing. We returned to the lush fairways and ambient clubhouse of Northmoor Country Club. Although ample prizes were awarded for those skilled at the game, those gathered were more concerned with the camaraderie found on the patio. Dinner followed and all departed exhilarated, but saddened, that the day had come to an end. We are thankful to those who attended.

We will once again be playing Northmoor Country Club on July 21, 2014. We are hopeful that those who attended will join us once again and bring a friend or a foursome. We do have 27 holes available to us, so the more the merrier.

Come and celebrate with us …… hope to see you there!

MANAGING BRAIN HEALTH
BY MICHAEL G. MERCURY PH.D.
Clinical Neuropsychologist and Director of Psychology-Cadence Physician Group/Neurosciences

Approximately 20 percent of people with Parkinson’s disease (PD) experience cognitive deficits that significantly interfere with their ability to live their lives to the fullest. Management of such deficits involves three distinct steps. It is important to first understand the typical changes experienced cognitively with PD, to second identify reversible changes, and to third take steps to minimize risk for other brain changes. We will address each of these points. Well informed patients, caregivers, and family are key to minimizing the impact of these deficits.

Individuals with Parkinson’s disease frequently experience changes in psychomotor speed, executive functioning, memory and visuospatial ability as well as physiological anxiety and depression. Psychomotor speed refers to how quickly someone can process information and this often is slowed in PD. Psychomotor slowing can result in a latency in responding to a stimulus, such as a question. This extra time to respond may be misinterpreted as the person not paying attention, laziness, or dementia. It is important to give the person with PD the extra time they need to respond. Executive dysfunction includes difficulties beginning and finishing tasks, apathy, and impulsiveness. It is not necessarily that the person can no longer do a task, rather they may need assistance in initiating and completing the task. Similarly, removing potential distractions and potentially addictive stimuli (e.g. gambling) will help the person. The most common memory issue is not being able to recall something that the person actually knows. Cues, or extra time, will often help in recalling the information. Visuospatial issues can be subtle but can interfere with how someone experiences where they are in space. A common complaint from people is that they notice they drift toward the yellow line when driving. Individuals with PD are also at risk for anxiety and depression. Anxiety interferes with attention and depression further slows processing speed and recall of information. However, in contrast to the other typical changes, anxiety and depression are readily treatable. It is important to let one’s Parkinson’s specialist immediately know if someone is experiencing difficulties in these areas as medical problems, such as infection, can make these cognitive issues worse. In sum, knowledge regarding the typical changes seen with PD allows understanding and accommodation.

Second, it is important to identify reversible changes of cognitive deficits beyond the anxiety and depression noted above. These involve indirect challenges to functioning as

Managing Brain Health continued on page 8
Poop is a frequent topic in my practice since a person’s bowels tell so much about the workings of one’s body. One of the many challenges that those living with Parkinson’s disease face is constipation, which is generally defined as abnormally delayed or infrequent passage of dry hardened feces. Constipation is a symptom with a myriad of causes including the decreased gastric motility from the disease itself, medications, diet, insufficient fluid intake and physical activity level.

Let’s look at some ways that you can help address your constipation.

**WATER INTAKE** – one of the most important changes you can make! Dehydration stimulates the colon to reabsorb the left over water in the stool making it harder to pass. The colon is the first to donate its available water to more vital organs such as the brain and lungs. Tea, coffee and alcohol do not count as fluid intake since they can act as diuretics. Drink at least 6 to 8 glasses per day, but increase to this level slowly to allow your system time to adjust. You may find that you initially retain water, but gradually your body will release the extra fluids and stay at a well-hydrated level.

**DIETARY FIBER** – increase daily intake to 25g to 35g. Although we often reach for bread to fulfill the daily fiber requirement, bread is highly processed which means it’s lacking nutritionally; not to mention that wheat contributes to intestinal inflammation. So instead, reach for black bean salad (1/2 cup of legumes = 8g fiber), berries (1 cup = 8g fiber), pear (6g fiber), sweet potato (1 med = 8g fiber), or sunflower seeds (1/4 cup = 4g fiber). This way you’ll be getting your fiber along with a powerful pack of nutrients. Remember that the fiber soaks up water like a sponge, which helps add bulk to the stool, making it soft and easy to pass; but without taking in enough water, you’ll only aggravate your symptoms.

**PHYSICAL ACTIVITY** - increased activity helps stimulate the intestines.

If diet, water and exercise are not adequate to relieve the constipation, additional steps can be taken:

- In the morning, drink warm water with freshly squeezed lemon juice plus 1 teaspoon of ground flax seed or psyllium husk.
- Drink 1-2 tablespoons of 100% aloe vera juice each day.
- Decrease sugar intake which contributes to constipation by replacing nutrient dense foods and by creating more systemic inflammation.
- Work with a nutritionist who can assist you in addressing your unique needs and lifestyle and provide additional suggestions to relieve constipation.

As the body adapts, the changes will make a difference. But, remember, the changes will take some time, up to 3 to 4 weeks. So, be patient, and avoid trying to solve the problem with the use of laxatives and enemas, which cause rapid removal of bowel contents. Such products can actually worsen constipation and damage the lining of the intestines. Laxative and enema use should be a last resort and should be discussed with your physician.

Marcy offers a wealth of holistic nutrition knowledge to her clients. She inspires her clients to make practical and sustainable changes that work for them by educating and promoting a healthy lifestyle. To learn more about how you can incorporate sound nutrition into your life, contact Marcy at marcy@enhancenutrition.net; 847-987-1128.
well as direct challenges. Indirect challenges include failure to address loss of hearing or vision. If someone has inadequately corrected hearing or vision, their attention is drawn to the mechanics of hearing or seeing, respectively, rather than to the information at hand. Similarly, if one is not feeling refreshed after a good night’s sleep, it is important to see a sleep specialist to determine what is interfering with the quality of their sleep. Lack of restorative sleep diminishes cognitive capacity. Examples of direct challenges to cognitive functioning include medications and lifestyle. Medications that are anticholinergic often interfere with someone’s cognitive functioning (including increasing risk of falls and constipation). Anticholinergic medications are commonly in medicines for sleep and urinary incontinence. It is important to discuss such medications with one’s physician before taking them in order to better understand the risk/benefit ratio for someone with PD. Lifestyle choices can also negatively impact cognition. A consensus statement on alcohol consumption after age 65 recommended no more than 7 alcoholic beverages per week, but data finds that in fact individuals consume the same amount of alcohol they did in their 30s and 40s. With an already vulnerable brain for individuals with PD and with alcohol’s negative effects on thinking and sleep, excess consumption of alcohol will amplify cognitive problems.

Third, it is important to be proactive in taking steps to maximize our general health and specifically our brain health, as we age. Basic health habits such as regular checkups (including a bone density test due to the risk of falling) with one’s doctor are key. It is important to take one’s medicines as their doctor prescribed them and always check with their doctor before starting any over-the-counter medications, herbs or supplements. Ongoing research suggests that the recommendation for basic heart health (e.g. treating high blood pressure, screening for diabetes) also keeps the brain healthy. Having regular nutritious meals is very important! Research suggests that diets which lower the risk of cardiovascular and metabolic disorders (e.g. diabetes) may also promote brain health. It is important to talk with one’s doctor about diet. Regarding what can be done to promote brain health including memory, research suggests the importance of physical exercise (as approved by your physician), intellectual stimulation (e.g. reading, games, hobbies etc.), and social connectedness (e.g. social events).

Always consult your physicians before undertaking any new medicines and/or exercise programs to be sure they are safe for you.

GAME DAY 2013
BY JILLIAN SCHWARTZ

The 8th Annual PDRS Game Day Fundraiser continued to be a great success in 2013! Thanks, once again, to the sponsorship of Jan Ratliff, the event was held on October 1st at Northmoor Country Club in Highland Park. Over 200 ladies and gentlemen enjoyed an afternoon of great food, great company, and fun games of Mah Jong, Canasta, Social Bridge, and Sanctioned Duplicate Bridge.

A huge thank you goes out to Cadence Health for underwriting the event. This dedication to PDRS allowed all proceeds from Game Day to go directly to Dr. Rezak’s Parkinson’s research. In addition, many local businesses donated extraordinary raffle prizes, and Shelly’s Hallmark donated all of the welcome gifts. It is due to the generosity of these businesses and all of the individuals who participated in Game Day that we were able to raise over $38,000 for our cause.

This past Game Day saw a change in leadership with PDRS board members Juliet Plonsker, Linda Schwartz, and Jillian Schwartz taking over as Co-Chairs of the event. Sue Apter and Susan Wellek, who chaired Game Day for the seven years prior, still dedicated much their time and effort to making this transition as smooth as possible – thank you!

Save Wednesday, October 1, 2014 for our 9th Annual Game Day – we look forward to seeing you all there!
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"FIGHT FOR THE CURE" A SUCCESS!

SAVE SEPTEMBER 11, 2014 FOR THIS YEAR’S EVENT AT THEORY!
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